



Wheelers Hill Child Care Centre

303-307 Jells Road, Wheelers Hill VIC 3150 – (03) 9561 7789

wheelershillccc@bigpond.com
www.wheelershillchildcare.com.au



Dealing with Infectious Diseases

POLICY

POLICY STATEMENT

Our organisation prioritises the health, safety and wellbeing of all children, staff, families and visitors. We work to prevent and effectively deal with infectious diseases in line with the *Education and Care Services National Regulations* and all recommended health guidelines.

BACKGROUND

The *Education and Care Services National Regulations* require approved providers to ensure their services have policies and procedures in place in relation to dealing with infectious diseases and take reasonable steps to ensure those policies and procedures are followed.

LEGISLATION

- National Law Act – 172, 174
- National Regulations – 85–88, 103, 168, 170–173, 175
- National Quality Standard – 1, 2.1.2, 2.2.2, 3.1.2, 4, 6.1, 7

RELEVANT POLICIES

- Administration of First Aid
- Anaphylaxis Management
- Dealing with Medical Conditions
- Delivery and Collection of Children
- Emergency and Evacuation
- Enrolment and Orientation
- Excursions
- Governance and Management
- Health, Safety and Wellbeing
- Incident, Injury, Trauma & Illness
- Nutrition, Food, Beverages, and Dietary Requirements
- Providing a Child-Safe Environment
- Sleep and Rest
- Staffing Arrangements

LOCATION OF INFORMATION

- Centre Policy and Procedure Handbook
- Wheelers Hill Child Care Centre Website

MONITORING AND REVIEW

This policy is required to be reviewed at least annually by the approved provider, in conjunction with nominated supervisors, responsible persons, staff, families and children.

- Dates of Review: March 2024
January 2023
January 2022



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PROCEDURES

MANAGING INFECTIOUS DISEASES

- Children, families, staff, and visitors **MUST NOT** attend the service if they are feeling unwell or displaying signs or symptoms of illness or infection.
- Children, families, staff and visitors **MUST NOT** attend the service for any period during which they are suffering from an illness, infectious disease or infectious condition that is contagious through normal social contact.
- All reasonable and practical steps should be taken by families, staff and visitors to avoid the spread of infectious disease at the service.
- To protect all children, families, staff, and visitors from the risk of cross-infection, unwell children will be excluded from the service in accordance with the *Exclusion Periods for Primary Schools and Children's Services*.
- A full list of infectious diseases and *minimum periods of exclusion from schools and children's services* is available at the service and at the end of this policy.
- Children may not return to the service until the conditions fulfill the criteria for return to care. Medical certificates, if required, must clearly state that the child is not infectious to other children and the child is well enough to participate fully in the program.

COMMON INFECTIOUS DISEASES

- Children will be excluded from the service if they are displaying any of the following signs or symptoms of these common infectious diseases:

VOMITING AND DIARRHOEA

- If a child or adult suffers from vomiting or diarrhoea, they will be excluded from the service for a minimum of 24 hours from the last symptom and until fully recovered.
- If the child or adult returns to the service after 24 hours, and the symptoms re-occur, they will again be excluded for a further 24 hours and must not return until fully recovered.
- A child must have resumed their normal diet before returning to the service.
- If a child has vomited or had diarrhoea at home less than 24 hours before attending the service, they will be sent home until the 24-hour time frame has been reached.
- If the service or local community is experiencing a gastroenteritis outbreak, children and adults with these symptoms will be excluded for 48 hours to eradicate the infection as quick as possible.
- If a child has had 2 or more nappies which contain runny stools and/or diarrhoea, they will be excluded for a minimum of 24 hours from the last runny stool and until fully recovered.



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FEVERS AND TEMPERATURES

- A fever is defined as a temperature of 37.8°C or above. Families are asked not to bring a child into the service if they have had a fever within the last 24 hours.
- If a child has had a fever at home less than 24 hours before attending the service, they will be sent home until the 24-hour time frame has been reached.
- If a child presents with a fever while attending the service, staff will contact families to seek permission to administer paracetamol and request that arrangements are made to collect the child within one hour.
- Even if paracetamol has been administered, children will still be excluded until well and the 24-hour exclusion period has been reached. Teething is not an exception to this rule.
- During a COVID-19 outbreak, a fever will be defined as a temperature of 37.5°C or above.

CONJUNCTIVITIS AND EYE INFECTIONS

- Highly contagious eye infections are characterised by soreness, redness, itchiness, swelling, eye-rubbing, yellow-green discharge, crusting around the eyelids, a dislike of bright lights, and/or excessive tears or watering.
- A child will be excluded while the symptoms of conjunctivitis or an eye infection exist including while there is any evidence of discharge or excessive irritation of the eye.
- Conjunctivitis must be treated with eye drops that have been prescribed by a medical practitioner and labelled by a pharmacist, for that particular child.
- Any child showing signs of eye infection will need to be collected immediately to avoid the infection being rapidly spread.
- To return, families will need to provide a written medical clearance.

SKIN RASHES, CHICKEN POX (*Varicella*), SCHOOL SORES (*Impetigo*), SLAPPED CHEEK (*Fifth Disease*), AND HAND, FOOT & MOUTH

- If a child develops a skin rash or irritation, families are required to seek medical attention to have the child cleared as non-infectious by a medical certificate prior to returning to the service.
- If multiple children are showing signs of a rash, any children displaying similar symptoms will be excluded for at least 48 hours to eradicate the infection as quick as possible.
- If an infection begins to spread at a rapid rate, the extended exclusion period will immediately be implemented, without prior warning.
- Children with chicken pox can be infectious from 2 days before symptoms appear. The average incubation period is 14-16 days, but may range from 10-21 days. Symptoms are cold-like symptoms and a spotty rash.
- Children over the age of 18 months should have had a *Varicella* immunisation so are less likely to contract chicken pox, and if they do, it is usually a mild case.
- Children are excluded 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. Children with incomplete immunisation records will be excluded until the infection has been fully cleared.



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- Impetigo, also known as school sores, causes sores on the skin, which are usually itchy. The sores may start out as blisters that burst and become weepy, before being covered with a crust.
- The sores can be anywhere on the body, but are often on the face near the mouth and nose, or on the arms and legs. It may start with a blister or a group of blisters. The blisters burst leaving a patch of red, wet, weepy skin.
- A sore takes about one to three days to develop after contact with fluid or crusts from a sore, and can be infectious for as long as it is weeping.
- Children with impetigo are excluded until 24 hours after appropriate treatment has commenced. Sores on exposed surfaces must be covered with watertight dressings in order to return.
- Slapped cheek makes cheeks look like they have been slapped, which is where the virus gets its name. The incubation period is between 4-14 days after the child has been exposed to slapped cheek.
- Children with slapped cheek are contagious until 24 hours after their fever has resolved, so are excluded until this time frame has been reached. They will not be able to spread the infection to others after this time, even if they have a rash.
- Hand, foot & mouth infection is a common early childhood illness that spreads very quickly. Children can be infectious for as long as the blisters contain fluid. Faeces can remain infectious for several weeks.
- The average incubation period is usually 3-5 days, and can last from 7-10 days. Symptoms are fever, sore throat, runny nose, cough, fatigue, poor appetite, and/or tiny blisters in hand, foot, mouth & nappy regions.
- Children are excluded until all blisters have dried. Leave blisters to dry naturally. Do not pierce or squeeze them. The blisters last a little longer than a week.
- All skin rashes, unusual spots or skin irritations are treated as infectious until a written clearance letter from a medical practitioner is provided to the service.

UNUSUAL SPOTS, COLD SORES (*Herpes*), MOLLUSCUM CONTAGIOSUM, AND WARTS

- If a child develops unusual spots, families are required to seek medical attention to have the child cleared as non-infectious by a medical certificate prior to returning to the service.
- If multiple children are showing unusual spots, any children displaying similar symptoms will be excluded for at least 48 hours to eradicate the infection as quick as possible.
- If an infection begins to spread at a rapid rate, the extended exclusion period will immediately be implemented, without prior warning.
- Cold sores are painful, blister-like sores, usually around the mouth. A child with cold sores will be excluded until the sores have completely healed.
- Staff displaying symptoms of a cold sore should cover the lesion where appropriate, refrain from touching the infected area, and heighten handwashing practices.
- Molluscum is a common viral skin infection that causes small, harmless, raised spots to appear on the skin. Molluscum spots may stay on the body for a few weeks, several months or more than a year. It does not usually need any treatment.



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- Children with molluscum spots are not excluded from the service, but a medical certificate will need to be supplied which confirms that the spots are not contagious.
- Warts are generally harmless skin growths that are very common. Warts can come up anywhere on the skin or mucous membranes. However, they are most commonly found on the hands, fingers, feet and face.
- Children with warts are not excluded from the service, but a medical certificate will need to be supplied which confirms that the spots are not contagious.
- All skin rashes, unusual spots or skin irritations are treated as infectious until a written clearance letter from a medical practitioner is provided to the service.

HEAD LICE (*Pediculosis*)

- Upon enrolment, families give permission for staff to check their child's hair if symptoms of head lice are present, *e.g., visible lice and/or eggs; excessive scratching of the scalp.*
- Head lice is transferred via direct head-to-head contact with another person who has head lice. This can happen when people play, cuddle, or work closely together. Head lice do not have wings or jumping legs so they cannot fly or jump from head-to-head. They can only crawl.
- Head lice do not live or breed on animals, bedding, furniture, carpets, clothes, or soft toys.
- If a child is found to have head lice or eggs, they will be excluded until at least the day after appropriate treatment has commenced.
- In the event of head lice being present, staff will contact the child's family to collect them from the service and treat their hair accordingly.
- No treatment kills all eggs so hair must be retreated after 7 to 10 days to kill any head lice that may have hatched or survived the first treatment.
- No single treatment will work for everyone and head lice can develop resistance to treatment.
- The service will provide a '*Head Lice Action Form*' which needs to be followed, filled out, signed and handed to a staff member before the child can return.
- Families should check their child's hair regularly to reduce the incidence of head lice.
- To help prevent the spread of head lice, the service will:
 - Regularly remind families to be vigilant in checking for head lice.
 - Confidentially notify the family of a child who is suspected of having head lice and request that the child is treated before returning to the service the following day.
 - Keep families informed if there is someone at the service with head lice, ensuring confidentiality is not breached.
 - Reduce head-to-head contact between children when the service is aware that someone has head lice.
 - Provide information about head lice and suggest treatment options to families.
 - Ensure that a child with head lice is not isolated or excluded from learning.
 - Encourage families to tie back children's hair when attending the service.
 - Record all cases confidentially so an outbreak can be avoided or minimised.
 - Encourage children to learn about head lice and how to prevent further outbreaks, *e.g., avoid sharing hairbrushes and hats.*



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- To help prevent the spread of head lice, families must:
 - Regularly check their child's hair for head lice.
 - Notify the service immediately if head lice or eggs are found in their child's hair.
 - Check hair of all members of the family if one person has head lice, and treat accordingly.
 - Ensure their child does not attend the service with untreated head lice.
 - Remove eggs (nits) from their child's hair using the conditioner method & head lice comb.
 - Check for effectiveness of treatment every 2 days until no live lice are found for 10 consecutive days.
 - Ensure their child's long hair is tied back.
 - Only use safe and recommended practices to treat head lice.
 - Maintain a sympathetic attitude and avoid blaming families who are experiencing difficulty with control measures.

EAR INFECTIONS

- Ear infections are very common in children. They may have ear pain which can cause irritability. They may also have symptoms of a cold, *e.g., runny nose; fever; sore throat.*
- Children with an ear infection will be excluded if the child feels or appears unwell, develops further symptoms or requires extra care due to the illness.
- A child will be excluded from the service if there is any fluid coming out of their ear.

TONSILLITIS AND SORE THROAT

- It is common for tonsils to get infected by viruses or bacteria. Tonsillitis is common in children of all ages and often occurs when children have a cold, with a runny nose and a cough.
- Children with tonsillitis or a sore throat will be excluded until at least 24 hours after their fever has gone and they are able to swallow again. This will usually be three to four days.

INFLUENZA AND RESPIRATORY INFECTIONS

- Influenza is a highly contagious illness and can spread to others for 24 hours before symptoms start. To prevent the spread of influenza, the organisation encourages staff and children to be vaccinated annually.
- Children with symptoms of bacterial infections of the respiratory tract, nose and throat, *e.g., green mucous with a fever of 37.8°C or above,* will be excluded while the child is unwell.
- Viral upper respiratory tract infections are very common in children, occurring 6-10 times a year on average with the highest number usually being during the first 2 years in childcare, kinder or primary school. Symptoms may include coughing, runny nose and a slight temperature.
- In circumstances where a child appears to have symptoms of respiratory illness, staff will determine if the child is well enough to continue at the service or if they need to be collected.
- Respiratory Syncytial Virus (RSV) is the most common cause of respiratory and breathing infections in children.
- If a child has asthma, RSV is likely to trigger their asthma symptoms.
- RSV in children is normally associated with mild to moderate cold-like symptoms, which generally last between 8-15 days. They may have a runny nose, cough, wheeze and/or fever.
- Children with RSV should be kept at home if unwell. A child with RSV will be excluded and referred to a medical practitioner if:



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- they have a high temperature and do not look well.
- their nose is filled with mucus and they are having difficulty feeding.
- their cough becomes worse, or the child starts coughing up mucus.
- the child is dehydrated.
- they are a baby and refusing to breast or bottle feed and are irritable.

COMMON COLD

- A child with symptoms of a common cold, *e.g., a runny, blocked nose, sneezing, mild cough*, may attend the service. However, they must be well enough to enjoy a full day of normal activities and there must be no other symptoms of illness, *e.g., fever, green nose, etc.*
- Children with the common cold will be excluded if the child feels or appears unwell, develops further symptoms or requires extra care due to the illness.
- Staff and families must ensure all reasonable steps are taken to minimise the risk of infection through use of disposable tissues, hand washing practices, and washing of toys and linen.
- During a COVID-19 community outbreak, children with symptoms of the common cold, however mild, will be excluded until fully recovered, in line with government advice.

COVID-19 (Coronavirus)

- Most people displaying symptoms such as fever, cough, sore throat, tiredness or shortness of breath are likely suffering with a cold or other respiratory illness - not COVID-19. However, any child, staff member, family member or visitor displaying symptoms of a respiratory illness must not return until they have been cleared of COVID-19 by either a:
 - *Medical Practitioner*: This clearance must be submitted in writing, signed and dated, and clearly state that they have been cleared of, or have not contracted, COVID-19. The individual must be completely symptom free before returning to the service.
 - *Rapid Antigen Test (RAT)*: This clearance must be submitted via photo, with the date included in the photograph. There must be no line next to the Test section, no matter how faint. The individual must be completely symptom free before returning to the service.
 - *Polymerase Chain Reaction Test (PCR)*: This clearance is done via COVID-19 testing clinics. Clearance texts and/or clearance documentation need to be provided to the service. The individual must be completely symptom free before returning to the service.
- Children, staff members, family members or visitors that have tested positive to COVID-19 will be excluded for a minimum of 5 days.
- If a close contact of a positive person is attending the service, they must wear a mask and refrain from bringing siblings into care.
- During a pandemic period, children **MUST NOT** come to the service if they are unwell and/or showing symptoms of COVID-19, no matter how mild, *e.g., fever, cough, sore throat, shortness of breath, runny nose, diarrhoea, vomiting*.
- If a child, family member, staff member or visitor is diagnosed with COVID-19, they must notify the service immediately so others who may be at risk of infection can be notified.
- If a family member is dropping off or collecting their child and they are symptomatic, they are encouraged to ring the doorbell and remain outside.



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- Staff are guided by the Victorian Government for exclusion and notification guidelines.
- Staff who are unwell should not come to work. If a staff member develops any symptoms at work such as fever, cough, sore throat, diarrhoea, vomiting, shortness of breath etc., they should be excluded immediately and seek medical advice.
- On arrival, if staff consider a child to be unwell, they will be automatically excluded. This policy will be strictly enforced by all staff members.
- During a COVID-19 community outbreak, a fever will be defined as a temperature of 37.5°C or above. Families must not bring a child into the service if they have had a fever within the last 24 hours. If a child has had a fever at home less than 24 hours before attending, they will be sent home for an additional 24 hours.
- If a child presents with a fever while in care, staff will contact families to seek permission to administer paracetamol and request that arrangements are made to collect the child within one hour. Even if paracetamol has been administered, children will still be excluded until well and the 24-hour exclusion period has been reached. Teething is not an exception to this rule.
- Families, staff and visitors must comply with any isolation and/or exclusion periods introduced by the service including periods which exceed government requirements.

WHOOPING COUGH

- Whooping cough is extremely contagious. It is particularly serious in babies under six months of age, who are at risk of severe complications and will usually need to be admitted to hospital.
- Whooping cough usually starts with cold-like symptoms, such as a runny nose and dry cough, which last for about one week. After that, a more definite cough develops, which may last for 10 weeks or more. The cough comes in long spells and often ends with a high-pitched 'whoop' sound when the child breathes in.
- Children with whooping cough are infectious just before the start of the cough until three weeks after the cough started. Children are excluded for 21 days after the onset of cough or until they have completed 5 days of a course of antibiotic treatment.
- Close contacts aged less than 7 years in the same room as the case who have not received three effective doses of pertussis vaccine will 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
- If there is a case of whooping cough at the service, unimmunised children will be excluded for three weeks, or until the outbreak settles.

THREADWORM

- Threadworm is a type of roundworm that is commonly found in children. However, adults can also become infected.
- Threadworm is spread when children scratch their bottom, causing the eggs to collect under the fingernails. The child then carries the worm eggs back to their mouth with their hands. The eggs can also be spread indirectly, in food, dust, or other items. The eggs can survive up to two weeks outside the body.
- Children with worms are not excluded from the service, but a medical certificate will need to be supplied which confirms that their symptoms are related to the threadworm infection.



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SIGNS AND SYMPTOMS OF ILLNESS OR INFECTION

- Staff will be observant to any signs, symptoms and/or behaviours in children that may be indicative of illness or infection. These include, but are not limited to:
 - Children's verbal cues
 - Children's non-verbal cues, gestures and expressions
 - Behaviour that is unusual for the individual child, such as a child who is normally active, suddenly becoming lethargic or drowsy
 - High temperature or fever
 - Diarrhoea or unusual bowel movements
 - Faeces which is grey, pale or contains blood
 - Constipation
 - Vomiting, reflux and/or nausea
 - Discharge from the eye or ear
 - Skin rashes, irritations, blisters, spots, sores, and/or unusual skin conditions
 - Reduced or no appetite
 - Dark urine or poor urine output
 - Headaches and/or earaches
 - Neck stiffness
 - Muscular and/or joint pain
 - Lumps and/or swelling
 - Continuous scratching of scalp or skin
 - Difficulty in swallowing or complaining of a sore throat
 - Persistent, prolonged and/or severe coughing, or a barking cough
 - Difficulty breathing
 - Noisy, rapid and/or shallow breathing
 - Drowsiness, lethargy and/or extended sleep periods
 - Uncharacteristically difficult to wake up
 - Red, watery, crusty and/or glazed eyes
 - Blocked or runny nose
 - Coloured and/or thick nasal discharge or phlegm
 - Persistent sneezing
 - Change of skin colour, e.g., *pale, blotchy, blue, mottled, cold hands and feet*
 - Purple or blue lips
 - Unexplained pain
 - Excessive thirst or reduced water consumption
 - Shivering
 - Seizures or febrile convulsions
 - Poor feeding in an infant aged three months or younger

- Staff will consider:
 - The child's overall presentation.
 - Whether the child is presenting with other signs or symptoms of illness.
 - The child's demeanor.
 - Whether the child is behaving and participating in their program as they usually do.
 - Information about the child provided by their family.
 - Whether the child has a previously known medical condition.
 - Whether other children are presenting with similar signs or symptoms.

CHILDREN BECOMING UNWELL AT HOME

- As soon as practicable, families must inform the service if their child:
 - is unwell and will not be attending.
 - has been diagnosed with an infectious disease, illness or condition.
 - is a close contact of a condition listed on the *minimum period of exclusion from primary schools and children's services for infectious diseases cases and contacts list*.



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CHILDREN ARRIVING AT THE SERVICE UNWELL

- On arrival, if staff consider a child to be unwell, they will be automatically excluded. This policy will be strictly enforced by all staff members.
- Staff will not accept a child into the service if they:
 - have a contagious illness or infectious disease.
 - have a temperature above 37.8°C.
 - are unwell and unable to participate in normal activities or require additional attention.
 - have had a temperature, diarrhoea or have been vomiting within the past 24 hours.
 - have been vomiting or had diarrhoea within the past 48 hours (during an outbreak).
 - have runny, thick and/or green nasal discharge.
 - have started a course of antibiotics within the past 24 hours.
 - have been given medication for a temperature within the past 24 hours.
 - are within the *minimum period of exclusion from children's services for infectious diseases* cases and contacts.
- Siblings of unwell children will be closely monitored while attending the service. Families are expected to collect them immediately should staff observe similar signs, symptoms or behaviours of illness or infection.

CHILDREN BECOMING UNWELL AT THE SERVICE

- If a child appears unwell while attending the service, staff will:
 - Contact the family and discuss the child's symptoms and wellbeing.
 - If necessary, request that the child be picked up from the service as soon as practical. The compulsory time frame is within one (1) hour.
 - Complete an illness record, detailing the time, date, symptoms, how the child progressed, temperature, action taken, and if a medical certificate or exclusion period is required.
- Staff respond to children's individual symptoms of illness & provide immediate comfort and care.
- Children will be closely monitored until collection by their family. Staff will be mindful of escalating symptoms so they can act quickly to manage the illness.
- Staff will attempt to lower a child's temperature by:
 - removing excessive clothing, e.g., shoes, socks, jumper, pants.
 - encouraging the child to take small sips of water.
 - moving the child to a quiet area where they can rest whilst being closely supervised.
- Staff will thoroughly clean and disinfect any toys, resources, equipment and/or linen that may be contaminated by a unwell child.
- Siblings of unwell children will be closely monitored while attending the service. Families are expected to collect them immediately should staff observe similar signs, symptoms or behaviours of illness or infection.

COLLECTION OF AN UNWELL AND/OR INFECTIOUS CHILD

- It is important for families to develop a support network of family and friends in case a child becomes unwell.
- If a child becomes unwell during the day, the child's parent or guardian will be contacted immediately and will be required to collect the child within a one (1) hour time frame.
- If a family member is unable to collect their child immediately or cannot be contacted, another parent, guardian or authorised nominee will be called to collect the child.



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- Once a family has been contacted to collect an unwell child, the family is required to organise for the child to be collected within a one (1) hour time frame. If the child has not been collected after one hour, the family will be contacted a second time for an estimated time of arrival.
- If after one hour, the family member is still more than 15 minutes away or has not organised someone to collect the child, other authorised nominees on the child's collection list will be contacted to find someone who can collect the unwell child sooner.
- In the event that an unwell child is not collected in a timely manner, or should the family refuse to collect the child, a warning letter will be sent to the family outlining infection control policies and requirements. The letter of warning will specify that if there is a future breach of this nature, the child's position may be terminated.

SEPARATION OF UNWELL AND WELL CHILDREN

- After the family of an unwell child has been notified and asked to pick up the child from the service, the unwell child will be separated, where practical, from the other children in a quiet area - on a mattress or in a cot - away from the other children. They will be closely supervised by staff and have their condition monitored and recorded at regular intervals.
- Staff will try to make the child as comfortable as possible, by providing a soft area for them to rest in and giving them a washable toy or item to play with quietly.

NOTIFICATION OF AN INFECTIOUS DISEASE

- If a child has been diagnosed with an infectious disease listed on the *minimum period of exclusion from primary schools and children's services* list, staff will display a notice stating that there has been an occurrence of an infectious disease at the service.
- Infectious diseases notices will detail information on symptoms, incubation and infectious periods, and exclusion requirements, if necessary.
- Where there is an occurrence of an immunisable infectious disease, families will be notified as soon as practicable.
- The service records details of infectious diseases to monitor any potential outbreaks.
- Staff are guided by the recommended practices in *Staying Healthy in Childcare* and the Department of Health for exclusion and notification guidelines.

REPORTING OUTBREAKS TO THE PUBLIC HEALTH UNIT

- The service is required to notify the local *Public Health Unit* as soon as possible after they are made aware that a child enrolled at the service is suffering from any of the following infections:
 - Diphtheria
 - Mumps
 - Poliomyelitis
 - Haemophilus influenzae Type b (*Hib*)
 - Meningococcal infection
 - Rubella (*German measles*)
 - Measles
 - Pertussis (*Whooping cough*)
 - Tetanus
 - Hepatitis A
 - Tuberculosis
 - Typhoid
 - Two or more people displaying symptoms of gastrointestinal or respiratory illness.



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- The Department of Health and local council may require notification of outbreaks of immunisable infectious diseases or multiple outbreaks of infectious illness. All personal information regarding children with an illness is strictly confidential and will not be disclosed.

MEDICAL CLEARANCES

- A medical clearance may not always be sufficient evidence to allow a child to return to the service. If the child presents with conditions and symptoms of an excludable illness, *e.g.*, fever, discharge from the eye, green runny nose, diarrhoea, vomiting or signs of being unwell, they may be re-excluded.
- Parents or guardians who are medical practitioners cannot write medical clearances for their own children. The service will only accept clearances from an alternate practitioner.

EXCLUSION DUE TO AN INFECTIOUS DISEASE

- The *minimum period of exclusion from primary schools and children's services for infectious diseases cases and contacts* list is strictly adhered to.
- Staff will not be influenced by medical clearance letters stating that a child can return to the service unless the child's condition fulfils all criteria for returning.
- Challenges may arise when negotiating with families and interpreting medical clearance certificates, where:
 - Families find exclusion difficult due to work and/or personal commitments.
 - A medical clearance certificate is considered inconsistent with a current situation.
- If a challenge is unable to be resolved at the service level, the service will seek the guidance of the Public Health Unit.
- Families of children who are not immunised may be excluded from contact with other children in accordance with the Department of Health exclusion guidelines.
- If the service or local community is experiencing a gastroenteritis outbreak, children and adults with these symptoms will be excluded for 48 hours to eradicate the infection as quick as possible.
- If multiple children are showing signs of a rash, any children displaying similar symptoms will be excluded for at least 48 hours to eradicate the infection as quick as possible.
- If an infection begins to spread at a rapid rate, the extended exclusion period will immediately be implemented, without prior warning.

FEES FOR UNWELL CHILDREN

- Fees are still payable for days which children do not attend due to illness. If a child is excluded due to illness, families are still required to pay for these absent days.
- Any child that is considered unimmunised will be charged full fees during the period of exclusion.
- If a family does not use a purchased day of care, *e.g.*, *the day is no longer needed or the child is absent due to being unwell*, the family will still be charged the full usual cost of the day.

RETURNING TO CARE AFTER SURGERY

- Families of children who have undergone any type of surgery will need to take advice from their doctor as to when it is appropriate and safe to return to the service. A medical clearance will be required to ensure the child is fit to return and well enough to participate fully in the program. Families should discuss with the service if the child requires extra care due to the surgery.



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‘OVER THE COUNTER’ MEDICATIONS

- The service **WILL NOT** administer ‘over the counter’ medications to children without a current letter from a medical practitioner stating the reason, dosage and period of time the child requires the medication.
- All medication prescribed must be in the original container and labelled by a pharmacist with the child's name, dosage and the times when the medication is to be administered. The medication must not be past its use by date. This applies to over-the-counter medications, ointments, asthma puffers and allergy medications.
- Cough and cold syrups are not recommended for children under the age of two without medical advice. The service will not administer any of these medications without a current letter from a medical practitioner.
- The service will keep *Panadol* on the premises in the event of a child experiencing an extreme temperature. *Panadol* will only be administered after permission from a parent, guardian or authorised nominee has been given and whilst the child is waiting to be collected.
- The service will keep *Zyrtec* on the premises in the event of a child experiencing an allergic reaction. *Zyrtec* will only be administered after permission from a parent, guardian or authorised nominee has been given and whilst the child is waiting to be collected.
- The service will keep *Ventolin* puffers on the premises in the event of a child experiencing breathing difficulties. *Ventolin* will only be administered after permission from a parent, guardian or authorised nominee has been given and whilst the child is waiting to be collected.
- The service will keep a backup *EpiPen Junior* on the premises in the event of a child experiencing anaphylaxis, or if a child prescribed an *EpiPen* needs a backup.

INFECTION CONTROL

- Good hygiene practices for children and adults are important for assisting in infection control and prevention of disease transmission. The most common ways of controlling infection are handwashing, immunisation, cleaning, disinfecting and exclusion of unwell children and adults.
- The service follows infection control and cleaning recommendations listed in the *Staying Healthy in Child Care* guidelines.
- To minimise exposure to infectious diseases or viruses such as COVID-19, the organisation adheres to all recommended guidelines from the *Australian Health Protection Principal Committee (AHPPC)* and the *National Health and Medical Research Council (NHMRC)*.
- Children are involved in discussions and programmed experiences that are developmentally appropriate, regarding rules of health, hygiene and oral care.
- Families are provided with information regarding practices and principles of good health, hygiene and oral care.
- Staff ensure children's rooms, resources and equipment are hygienic and safe.
- Messes and spills are cleaned up swiftly using correct cleaning procedures.
- Each child has their own set of bedding and this is washed on a weekly basis, as a minimum.
- Children are encouraged to flush the toilet after each use.



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- Staff ensure children do not use bowls, plates, cups or utensils that have been previously used by another child and do not eat food which another child has eaten or dropped on the floor.
- As part of their daily routines, children wash and dry their hands before and after meals and at many other times throughout the day.
- Mouthed toys are removed, washed and dried each day.
- Staff role model appropriate health, hygiene and handwashing techniques to children.
- Cleaning contractors hygienically clean the service after closing and on weekends.
- Cleaning procedures are implemented including handwashing, use of gloves, bathroom cleaning schedules, colour-coded cleaning systems, and laundry management.

HANDWASHING

- Children and staff are required to frequently wash their hands with soap and warm, running water.
- Toilets and handwashing facilities are accessible to children. Children are actively encouraged to flush toilets and wash their hands after going to the toilet. Paper towel is provided in the children's bathrooms.
- For staff, this should occur at a minimum:
 - Before preparing, serving or eating food.
 - After each nappy change and assisting with toileting.
 - After handling animals.
 - After cleaning tasks.
 - Whenever cross contamination from body fluids is possible, *e.g., administering medicines, applying first aid, wiping of mouth or nose.*
- For children, this should occur at a minimum:
 - Before preparing, serving or eating food.
 - After a nappy change or toileting.
 - After handling animals.
- It is recommended that all adults and children wash their hands thoroughly with soap and warm water, or use an alcohol-based sanitiser:
 - upon arrival at the service.
 - when hands are visibly dirty.
 - when coming inside from being outside.
 - before eating.
 - before putting on disposable gloves.
 - before preparing food items.
 - after touching raw meats.
 - before and after toileting children and coming into contact with any body fluids such as blood, urine or vomit.
 - before and after wearing gloves to change nappies.
 - after touching animals or pets.
 - after blowing their nose or sneezing and after assisting a child to blow their nose.
 - after meals.
 - after going to the toilet.
 - before and after administering first aid.
 - before and after administering medication.
 - before and after preparing children's bottles.
 - after removing protective gloves.



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- after using any chemical or cleaning fluid.
- after gardening or attending to plants.

BLOOD SPILLS

- The person will be treated by a first aid trained staff member that is wearing disposable gloves.
- Staff must avoid direct contact with blood. If a staff member is cleaning a person's face which has blood on it, they will ensure that they are not at eye level with the injured person. If they are at eye level and the person is upset, there is a chance, through their crying or coughing, for their blood to enter a staff member's eyes or mouth.
- If blood enters the eye, rinse the eyes while they are open, gently but thoroughly, for at least 30 seconds. If blood enters the mouth, spit it out and then rinse the mouth with water several times.
- Staff must cover any cuts and abrasions on their hands with a waterproof dressing.
- Another staff member is to collect materials from first aid kit to stem the bleeding.
- Any disposable materials used to administer first aid must be sealed in a plastic bag and discarded immediately.
- Clothes must be placed in a plastic bag and sent home with the child.
- Place paper towel over a blood spill. Carefully remove the paper towel and contents. Place the paper towel and gloves in a plastic bag, seal the bag and put it in a bin.
- Any cloths used will be soaked in a bleach solution to minimise the spread of diseases.
- Any spills on the ground or surfaces will be cleaned with disinfectant by a staff member whom is wearing gloves.
- If a person comes into contact with blood, take the following precautions:
 - Wash the area of contact thoroughly with soap and warm water
 - If the blood contacted mouth or eyes, rinse the area very well with water.
 - If the blood contacted a wound or broken skin, wash the area thoroughly with soap & water.
 - Seek medical advice.
- Always wash hands thoroughly with soap and warm water after dealing with blood.

NAPPY CHANGING

- Children must never be left unattended on a nappy change mat as accidents happen very quickly. One hand is to be kept on the child at all times, *e.g., when reaching for wipes.*
- Change nappies only in the nappy change areas.
- Ensure correct lifting techniques are used at all times.
- Separate nappy change areas from food preparation and eating areas.
- Do not allow pacifiers, toys, bottles, or food on the nappy change bench.
- Ensure all items required are within reach, *e.g., nappies, wet wipes, paper towel, gloves etc.*
- Dispose of soiled nappies properly.



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- Staff must wash their hands before and after each nappy change and before and after assisting each child with toileting.
- The change bench must be disinfected and wiped clean after each nappy change.
- Hand soap, hand sanitiser and disposable gloves are provided for staff use during these routines.
- All staff must follow the nappy changing procedure:
 - Encourage walking child to walk to the change area. Carry a non-walking child.
 - Wash hands.
 - Place paper on the change table.
 - Always wear gloves when changing nappies.
 - Remove the child's nappy and put it in a 'hands-free' lidded bin.
 - Remove any clothes with urine or faeces on them.
 - Clean the child's bottom.
 - Remove the paper and put it in a 'hands-free' lidded bin.
 - Remove gloves by peeling them back from wrists, and turning them inside out. Do not let skin touch the outer contaminated surface of the glove.
 - Put the gloves in the bin.
 - Put on a clean nappy and redress the child.
 - Wash and dry the child's hands.
 - Take the child away from the change table.
 - Clean the change table with detergent and warm water.
 - Wash hands thoroughly with soap and water and then dry them with a hand dryer, face washer or paper towel.
- At the end of each day:
 - Thoroughly wash the nappy change mat and table well with disinfectant and warm water.
 - Use a paper towel to clean and dry the surface.
 - Thoroughly wash the nappy bins well with disinfectant and warm water.
 - Use a paper towel to clean and dry the inside and outside of the bin.

TOILET TRAINING

- Staff will assist children with toilet training when they demonstrate they are interested and developmentally ready to toilet train.
- A child may be ready to toilet train when they:
 - Tell an adult they are wet or soiled.
 - Tell an adult they want to go to the toilet.
 - Can wait and control the urge to wet or soil.
 - Show an interest in the toilet, or a desire to not wet or soil nappies.
 - Undress or at least pull own pants down.
- Other signs that the timing is right include, but are not limited to:
 - Longer, dryer periods between wet nappies.
 - Regular bowel movements that are passed easily.
 - General good health.
- Strategies to support children's positive toileting experiences include, but are not limited to:
 - allowing children to take their time, avoiding pressuring them.
 - responding to children's cues and allowing them to be active participants in the process.
 - using the correct terms for going to the toilet.
 - being sensitive to individual children's needs and styles, and tailoring individual toileting procedures to each child.
 - prompting children by asking or reminding them about using the toilet.



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- always being positive about toilet training.
- being respectful and sensitive to children's dignity and rights to privacy.
- It is recommended that toilet training is not started if a child is unwell.
- Families are asked to provide multiple changes of spare clothing and underwear whilst their child is toilet training.
- Staff will not wash soiled underpants and clothing for hygiene reasons. Staff will put on gloves and carefully tip any excess faeces into the toilet and flush away. They will not scrape, rinse or wash any soiled clothing.
- Soiled clothing will be placed into a plastic bag and sealed tightly. It will be kept out of the children's reach until home time in a soiled clothing bucket. The bag will be given to the family at the end of the day for soaking and washing.
- Information fact sheets and resources on toilet training are available at the service.
- Children are encouraged to flush the toilet and wash their hands with soap and running water after using the toilet. It is recommended that children count to ten slowly or sing a song, e.g., *"This is the way we wash our hands..."*
- Staff monitor bathroom areas throughout the day and clean toilets and taps as required.
- Staff assist children's independence in the bathroom, encouraging them to pull down and pull up their own clothing, use the toilet independently, flush the toilet, and wash and dry their own hands.
- Children's independence is encouraged in accordance with their abilities.
- Staff check toilet, bathroom & nappy changing areas regularly. Children are never left unattended in these areas at any time. Visitors to the service, including students on practicum placements, are never left unsupervised when in a toilet, bathroom or nappy changing area with children.

EQUIPMENT, RESOURCES AND TOYS

- Before equipment is bought, it is checked for suitability of use and any recommendations that need to be put in place for its use.
- Equipment and resources will be checked regularly by staff to ensure they are clean and safe.
- Children will be carefully introduced to new toys and pieces of equipment and taught how to use and care for them appropriately.
- Staff will notify the approved provider, nominated supervisor or responsible persons on any equipment that needs maintenance.
- Equipment that should only be used under supervision will be stored in a safe place out of children's reach.
- The use of pools and toys or equipment which involves the use of water will be used under the direct supervision of staff. All equipment will be emptied of water when not in use and stored in such a manner that it cannot collect water.
- Resources and equipment will be chosen to reflect the cultural diversity of the community and the cultural diversity of contemporary Australia.



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- Staff clean the children's equipment and toys on a regular basis in order to minimise cross contamination and the spread of illnesses.
- Staff wash resources immediately if they have been sneezed on, mouthed, soiled or have been discarded after play by a child who has been unwell.
- Rooms are to clean their resources frequently as per these toy washing procedures:
 - Remove toys for washing during the day if they are visibly dirty or have been mouthed, sneezed on, soiled or used by a child who is unwell.
 - Use warm water and detergent help to loosen the germs so that they can be washed away.
 - Frequently used resources to be washed weekly or when visibly soiled.
 - Larger equipment to be wiped cleaned and dried regularly.
 - Equipment and resources to be washed, disinfected and dried before going back in cupboards, storerooms, on shelves and returning to play.
 - The dishwasher may be used for washing and drying hard plastic resources.
 - Sunlight is the preferred method of drying.
 - Soft resources to be washed weekly.
 - Tables, chairs, benches, and play surfaces to be wiped down daily.
 - Nappy changing mats to be disinfected at least daily and also after each nappy change.
 - Children's bedding is to be washed at least once per week, and after soiling.
 - The service is cleaned daily after hours by contract cleaners.

IMMUNISATION

- Immunisation is a proven and safe way to be protected against diseases that cause serious illness and sometimes death. It is important children are fully vaccinated before they start to:
 - help protect them from diseases that can be prevented by vaccination.
 - help protect others who cannot be vaccinated for medical reasons from being exposed to these diseases.
- Children should be vaccinated at birth, 2 months (from as early as six weeks), 4, 6, 12 and 18 months of age and 4 years of age.
- Routine childhood immunisations help to protect children against:
 - diphtheria
 - tetanus
 - whooping cough (pertussis)
 - polio
 - pneumococcal disease
 - meningococcal C disease
 - hepatitis B
 - haemophilus influenzae type b (Hib)
 - rotavirus
 - chickenpox (varicella)
 - measles
 - mumps
 - rubella (German measles)
 - influenza

NO JAB, NO PLAY

- In an effort to improve childhood immunisation rates, the Victorian Government introduced *the 'No Jab, No Play'* legislation on January 1st, 2016. Under this legislation, before enrolling a child, the service has to first obtain evidence that the child is up to date with all vaccinations that are due for their age, or that they are able to receive.



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- An Immunisation History Statement from the *Australian Immunisation Register (AIR)* is the only form of documentation accepted for the purposes of enrolling a child in the service.
- An Immunisation History Statement (IHS) is a personalised document that shows:
 - if a person is up to date with immunisations recommended for their age.
 - if a person is due, or overdue for immunisations.
 - the date of administration of each immunisation a person has had.
 - whether that person has a medical exemption to an immunisation/s.
 - if the person is on a catch-up immunisation schedule.
- To have an enrolment confirmed, families have to provide the service with:
 - a current Immunisation History Statement from the Australian Immunisation Register (AIR) for their child; AND
 - the statement must show that the child is up to date with all vaccinations that are due for their age, or that they are able to receive.
- The service cannot accept:
 - immunisation documentation from overseas.
 - a letter from a doctor or council.
 - a document indicating "*homeopathic immunisation*".
 - a statutory declaration from parents or guardians.
 - a conscientious objection.
 - the "green book" immunisation record.
- After enrolment, families need to continue to supply up to date Immunisation History Statements to the service whenever their child receives an immunisation.
- If a child's immunisation record is not regularly updated, the child will be seen as unimmunised.
- If there is an outbreak of infectious disease that can be prevented by immunisation, children that are considered unimmunised will be excluded from attending until the disease is no longer infectious, or proof of immunisation is submitted. Full fees are payable for the period of exclusion.
- The payment of Child Care Subsidy is linked to a child's immunisation status. Further information is available from the Family Assistance Office.
- If the child's family cannot provide an Immunisation History Statement, the service will assess whether the child is eligible for the 16-week 'support period'.

NO JAB, NO PLAY 16-WEEK SUPPORT PERIOD

- The support period is a provision in the *No Jab, No Play* policy that allows some children to be enrolled when they have not provided evidence that they are up to date with their immunisations.
- Children whose family have not provided evidence of their immunisation status, or have provided evidence that states they are not up to date with their immunisations, are eligible for the support period if they:
 - identify as Aboriginal or Torres Strait Islander.
 - are a refugee or asylum seeker.
 - are from multiple births of triplets or more.
 - hold or their parent/guardian holds a healthcare card.
 - have a parent/guardian who is a pension concession card holder.
 - are evacuated from their home due to an emergency, *e.g., flood; bushfire*
 - are in the care of an adult who is not their parent due to exceptional circumstances, *e.g., parental illness or incapacity*
 - are in the care of a Gold or White Department of Veterans' Affairs card holder.



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- are involved with child protection services, or have been in the past.
 - receive support through family services, or have in the past.
 - are living in crisis or emergency accommodation.
 - are being supported by a housing agency or family violence service.
 - are in out-of-home care.
- Families who answer 'yes' to any of the following criteria are eligible for the 'support period':
 - Are you and your child currently evacuated from your home due to an emergency such as a flood or bushfire?
 - Is your child in the care of an adult who is not the child's parent due to emergency or exceptional circumstances such as parental illness or incapacity?
 - Did your child arrive in Australia as a refugee or asylum seeker?
 - Is child protection involved with your family, or have they been in the past?
 - Has your family received support through Family Services?
 - Are you living in crisis or emergency accommodation, or are you supported by a housing agency or family violence service?
 - Do you or your child hold a health care card?
 - Do you hold a pensioner concession card?
 - Do you hold a veteran's affairs Gold or White card?
 - Is your child from multiple births of triplets or more?
 - Some children may be exempt from the requirement to be fully vaccinated on medical grounds. Valid medical reasons that a child could not be fully vaccinated may include, but are not limited to:
 - an anaphylactic reaction to a previous dose of a particular vaccine.
 - an anaphylactic reaction to any vaccine component.
 - has a disease which lowers immunity, e.g., *leukemia*, *cancer*
 - is having treatment which lowers immunity, e.g., *chemotherapy*.

EXCLUSION DUE TO BEING UNIMMUNISED

- The service is guided by the *minimum period of exclusion from primary schools and children's services* list and government advice.
- A child with incomplete immunisation records will be considered unimmunised and will be excluded for attending if there is an outbreak of infectious disease that can be prevented by immunisation. Full fees are payable for the period of exclusion.
- All staff are required to abide by the periods of exclusion for infectious diseases.

STAFF IMMUNISATIONS

- *National Health & Medical Research Council (NHMRC)* recommend staff are immunised against:
 - Hepatitis A
 - Measles, Mumps and Rubella (*MMR*)
 - Varicella (for staff who have not had chicken pox)
 - Pertussis (whooping cough)
- All staff should also consider having yearly influenza vaccinations.
- Additional vaccinations are recommended for special categories of staff:
 - Hepatitis B is recommended for staff who care for children with intellectual disabilities.
 - Japanese Encephalitis is recommended for staff who work in the outer Torres Strait Islands for 1 month or more during the wet season.
- Pregnant staff members should be made aware that some infections can affect an unborn child, particularly rubella, chicken pox and cytomegalovirus.



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GOVERNMENT DIRECTIVES

- Recommendations from the *Australian Health Protection Principal Committee* and *Department of Health* will be adhered to when required.
- To minimise exposure to infectious diseases or viruses such as COVID-19, the organisation adheres to all recommended guidelines from the *Australian Health Protection Principal Committee (AHPPC)* and the *National Health and Medical Research Council (NHMRC)*.
- During a pandemic, such as COVID-19, risk mitigation measures may be implemented within the service to manage the spread of the virus. These measures may include, but are not limited to:
 - mandatory COVID-19 vaccinations and boosters for staff.
 - encouraging influenza vaccinations for staff.
 - implementing social distancing between adults.
 - exclusion of unwell staff, children and visitors.
 - notifying vulnerable people within the workplace of the risks of the illness including:
 - persons with underlying medical needs.
 - persons with compromised immune systems.
 - First nations persons over the age of 50 with chronic medical conditions.
 - adhering to public health orders for mandated vaccination requirements for all early childhood education and care staff.
 - enforcing face coverings, temperature checks, work permits and visitor sign-in procedures.
 - restricting the number of visitors entering the service.
 - requesting families drop off and collect children from designated points outside the service.
 - reducing mixing of children by separating cohorts.
 - enhancing personal hygiene for children, staff, families and visitors.
 - fully adhering to the NHMRC childcare cleaning and disinfecting guidelines.
 - avoiding any situation when children are required to queue.
 - ensuring cots, mats, cushions, highchairs are positioned at least 1 metre apart.
 - cancelling events, incursions and extra-curricular activities.
 - lowering room capacity and restricting attendance.
 - conducting service tours and enrolments virtually.
 - cancelling or restricting orientation procedures.
 - enforcing rapid antigen testing in order to attend or return to care.

ROLES AND RESPONSIBILITIES

Approved Provider	<ul style="list-style-type: none"> • Take reasonable steps to prevent the spread of infection at the service. • Ensure families are notified when there has been an occurrence of an infectious disease as soon as practicable and in a manner that is not prejudicial to the rights of any child or staff member. • Meet jurisdictional requirements relating to the enrolment or attendance of children who are not up-to-date with scheduled immunisations. • Follow exclusion periods consistent with health advice. • Contact the Public Health Unit as soon as possible after being made aware of an occurrence of an infectious disease at the service. • Ensure notification requirements to the regulatory authority are met in relation to an outbreak of an infectious disease at the service. • Ensure the premises, furniture and equipment are kept safe, clean and well maintained, including high risk, clothing, linen, resources and equipment. • Ensure appropriate and current information is provided to staff and families regarding identification and management of infectious diseases. • Communicate any changes to the exclusion table or immunisation schedule to staff and families in a timely manner. • Stay informed on current legislation, information, research & best practice.
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	<ul style="list-style-type: none"> • Exclude any child who has not been immunised if a vaccine preventable disease is reported within the service. • Take all reasonable steps to encourage staff to be vaccinated. • Conduct a thorough inspection of the service on a regular basis, and consult with staff to identify potential hazards and sources of infection. • Comply with health advice, government directives and legislation in an epidemic or pandemic event. • Maintain confidentiality at all times. • Read, understand, follow and enforce the organisation’s policies and procedures.
<p>Nominated Supervisor and Responsible Persons</p>	<ul style="list-style-type: none"> • Take reasonable steps to prevent the spread of infection at the service. • Ensure families are notified when there has been an occurrence of an infectious disease as soon as practicable and in a manner that is not prejudicial to the rights of any child or staff member. • Meet jurisdictional requirements relating to the enrolment or attendance of children who are not up-to-date with scheduled immunisations. • Follow exclusion periods consistent with health advice. • Ensure minimum exclusion periods for infectious diseases are adhered to. • Contact the Public Health Unit as soon as possible after being made aware of an occurrence of an infectious disease at the service. • Ensure notification requirements to the regulatory authority are met in relation to an outbreak of an infectious disease at the service. • Ensure the premises, furniture and equipment are kept safe, clean and well maintained, including high risk, clothing, linen, resources and equipment. • Ensure appropriate and current information is provided to staff and families regarding identification and management of infectious diseases. • Communicate any changes to the exclusion table or immunisation schedule to staff and families in a timely manner. • Stay informed on current legislation, information, research & best practice. • Exclude any child who has not been immunised if a vaccine preventable disease is reported within the service. • Take all reasonable steps to encourage staff to be vaccinated. • Conduct a thorough inspection of the service on a regular basis, and consult with staff to identify potential hazards and sources of infection. • Comply with health advice, government directives and legislation in an epidemic or pandemic event. • Maintain confidentiality at all times. • Raise concerns with the approved provider if any circumstances arise that may pose a risk to a child’s health, safety and wellbeing, including cultural, environmental and operational risks. • Notify the approved provider of any infectious disease outbreaks. • Notify families and staff of any infectious disease outbreaks using a range of communication methods. • Model safe hygiene practices to staff and children where possible. • Support children in their understanding of health and hygiene practices throughout the educational program and daily routine. • Contact the family of a child suspected of suffering from an infectious disease and request the child be collected as soon as possible. • Request that families notify the service if their child has, or is suspected of having, an infectious disease. • Exclude children from care that are unwell or have an infectious disease.



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	<ul style="list-style-type: none"> • Advise families they must keep children home if they are unwell. • Ensure that a minimum of one staff member with current approved first aid qualifications is in attendance and immediately available at all times the service is in operation. • Ensure all children have supplied up-to-date immunisation details as per the <i>No Jab, No Play</i> legislation. • Consistently implement and refer to <i>Staying Healthy in Childcare</i> recommendations. • Ensure staff follow all infection control and exclusion measures. • Ensure staff who have diarrhoea or an infectious disease do not handle food and do not to return to work until symptom free for 48 hours. • Conduct head lice inspections whenever an infestation is suspected. • Notify families of head lice outbreaks and provide information on head lice identification and treatment options. • Read, understand, follow and enforce the organisation’s policies and procedures.
<p>Educators and Staff Members</p>	<ul style="list-style-type: none"> • Take reasonable steps to prevent the spread of infection at the service. • Ensure families are notified when there has been an occurrence of an infectious disease as soon as practicable and in a manner that is not prejudicial to the rights of any child or staff member. • Follow exclusion periods consistent with health advice. • Ensure minimum exclusion periods for infectious diseases are adhered to. • Ensure the premises, furniture and equipment are kept safe, clean and well maintained, including high risk, clothing, linen, resources and equipment. • Ensure appropriate and current information is provided to families regarding identification and management of infectious diseases. • Stay informed on current legislation, information, research & best practice. • Exclude any child who has not been immunised if a vaccine preventable disease is reported within the service. • Conduct a thorough inspection of the service on a regular basis, and consult with the approved provider, nominated supervisor and responsible persons to identify potential hazards and sources of infection. • Comply with health advice, government directives and legislation in an epidemic or pandemic event. • Maintain confidentiality at all times. • Raise concerns with the approved provider, nominated supervisor or responsible persons if any circumstances arise that may pose a risk to a child’s health, safety and wellbeing, including cultural, environmental and operational risks. • Notify the approved provider, nominated supervisor or responsible persons of any infectious disease outbreaks. • Notify families of any infectious disease outbreaks using a range of communication methods. • Model safe hygiene practices to staff and children where possible. • Integrate infection control awareness, hygiene and protective practices into the educational program and daily routines. • Support children in their understanding of health and hygiene practices throughout the educational program and daily routine. • Contact the family of a child suspected of suffering from an infectious disease and request the child be collected as soon as possible. • Request that families notify the service if their child has, or is suspected of having, an infectious disease.



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	<ul style="list-style-type: none"> • Observe signs and symptoms of children who may appear unwell and inform the approved provider, nominated supervisor or responsible persons. • Ensure any child suspected of having an infectious illness is responded to and their health and emotional needs supported at all times. • Complete an illness record for any child who is unwell. • Take appropriate measures to reduce a child's temperature. • Take appropriate measures to minimise cross-infection. • Isolate any child suspected of having an infectious illness from other children and monitor closely whilst waiting for collection by family. • Exclude children from care that are unwell or have an infectious disease. • Advise families they must keep children home if they are unwell. • Ensure appropriate health and safety procedures are followed when treating unwell children including the wearing of personal protective equipment. • Consistently implement and refer to <i>Staying Healthy in Childcare</i> recommendations. • Monitor children's health, safety and wellbeing on a daily basis and manage accordingly. • Ensure staff follow all infection control and exclusion measures. • Stay at home if unwell or have an excludable infectious disease. • Ensure staff who have diarrhoea or an infectious disease do not handle food and do not to return to work until symptom free for 48 hours. • Conduct head lice inspections whenever an infestation is suspected. • Notify families of head lice outbreaks and provide information on head lice identification and treatment options. • Maintain current approved first aid, CPR, anaphylaxis and emergency asthma management qualifications, as required. • Be immunised against infectious diseases as recommended by recognised health advice and authorities. • Read, understand, follow and enforce the organisation's policies and procedures.
<p>Parents, Guardians and Families</p>	<ul style="list-style-type: none"> • Provide correct and up-to-date immunisation documentation for their child upon enrolment and after each subsequent immunisation. • Respectfully comply with <i>No Jab No Play</i> legislation. • Keep their child at home if they are unwell or have an infectious disease. • Respectfully comply with recommended minimum exclusion periods. • Keep their child at home if there is an infectious disease at the service and their child is not fully immunised. • Inform the service when their child is unwell and will be absent. • Inform the service if their child has an infectious disease or has been in contact with a person who has an infectious disease. • Wait the required 24 or 48 hours following an infection before returning. • Promptly pick up an unwell or infectious child that has become unwell whilst attending the service. • Respectfully comply with illness and exclusion procedures. • Refrain from administering any fever reducing medication to their child prior to arrival at the service. • Provide a medical clearance for their child if requested by the service before returning. • Provide proof of a negative COVID test if their child is tested for the virus. • Communicate with the service about their child's health and wellbeing. • Notify the service if their child is being tested for an infectious disease.



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	<ul style="list-style-type: none"> • Regularly check their child's hair for head lice, inspect all household members, and treat any infestations as necessary. • Notify the service if head lice or lice eggs have been found in their child's hair, when treatment was commenced and what treatment was used. • Refrain from attending the service when they are unwell themselves. • Refrain from bringing other children into the service who are unwell. • Implement effective hygiene routines at home including handwashing, sneeze and cough routines. • Provide sufficient spare clothing, particularly if the child is toilet training. • Read, understand and follow the organisation's policies and procedures.
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EXCLUSION TABLE – SCHEDULE 7

Minimum period of exclusion from primary schools and children's services for infectious diseases cases and contacts.

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
Cytomegalovirus Infection (CMV)	Exclusion is not necessary	Not excluded
Diarrhoeal Illness	In an outbreak of gastroenteritis, exclude until there has not been vomiting or a loose bowel motion for 48 hours, & for all other diarrhoeal illness, 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 2 negative throat swabs, the first not less than 24 hours after finishing a course of antibiotics and the other 48 hours later	Exclude family/household contacts until cleared to return by the Chief Health Officer
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
Haemophilus Influenzae 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



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Hepatitis B	Exclusion is not necessary	Not excluded
Hepatitis C	Exclusion is not necessary	Not excluded
Herpes (cold sores)	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 Immunodeficiency 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 & 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
Molluscum Contagiosum	Exclusion is not necessary	Not excluded
Mumps	Exclude for 5 days or until swelling goes down (whichever is sooner)	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



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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 Escherichia coli (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)	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

EXPLANATORY NOTES

- Diarrhoeal illness includes instances where certain pathogens are identified including Amoebiasis (*Entamoeba histolytica*), *Campylobacter* spp., *Salmonella* spp., *Shigella* spp. and intestinal worms, but is not limited to infection with these pathogens.
- 'Medical certificate' means a certificate of a registered medical practitioner.
- Exclusion of cases and contacts is not necessary for latent tuberculosis.

PUBLIC HEALTH AND WELLBEING REGULATIONS 2019 (REGULATION 11)

- On 14 December 2019, the Public Health and Wellbeing Regulations 2019 replaced the previously existing regulations.
- If you are in charge of a primary school or children's service, you must not allow a child to attend your primary school or children's service either:
 - as specified in column 3 ('Exclusion of cases') of the table in Schedule 7 if you have been informed that the child is infected with an infectious disease listed in column 2 ('Condition') of the table, or
 - as specified in column 4 ('Exclusion of contacts') of the table in Schedule 7 if you have been informed that the child has been in contact with a person who is infected with an infectious disease listed in column 2 ('Condition') of the table.



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- A parent or guardian must also inform the person in charge of the primary school or children's service their child attends if the child is infected with an infectious disease/condition listed in the regulations.
- The Chief Health Officer may occasionally identify that a child is at material risk of contracting a vaccine-preventable disease. As a result, Chief Health Officer may direct a person in charge of a primary school or children's service to exclude that child. The Chief Health Officer will then direct when attendance can be resumed.

SOURCES

- ACECQA – *Dealing with Infectious Diseases Policy Guidelines* – August 2021
- Australian Children's Education and Care Quality Authority
- Children, Youth and Families Act 2005 – September 2023
- Department of Education and Training
- Department of Health – *Communicable Diseases* – March 2024
- Department of Health – *Exclusion Periods for Children's Services* – May 2023
- Department of Health – *Immunisation Schedule Victoria* – November 2023
- Department of Health – *No Jab, No Play for ECEC Services* – February 2024
- Department of Health – *Notifiable Infectious Diseases and Conditions* – February 2024
- Department of Health – *School Exclusion Table for Children's Services* – June 2023
- Department of Health – *Vaccination for Infants and Children* – October 2023
- Early Childhood Australia Code of Ethics 2016
- Education and Care Services National Law Act 2010 – July 2023
- Education and Care Services National Regulations 2011 – July 2023
- Guide to the National Quality Framework 2018 – July 2023
- NHRMC – *Staying Healthy in Childcare* – June 2013
- Public Health and Wellbeing Regulations 2019 – January 2023
- The Royal Children's Hospital Melbourne – *Kids Health Information* – February 2024
- Victorian Government – *Immunisation* – September 2023
- Victorian Government – *Infectious Diseases* – December 2023