



# **EDUCATION AND CARE GUIDING PRINCIPLE** Infectious Diseases & Illness Exclusion

#### INTRODUCTION

The aim of Cumberland City Council's Education and Care Services is to ensure that a healthy and safe environment is maintained in accordance with Regulation 77 and 79 and that we prevent the spread of infectious diseases.

A child's health is an important part of their well-being. If a child is ill, they are not able to enjoy their time in care and their attendance increases the chance of cross infection to other children. We believe that the health and wellbeing of all children and educators in care is of upmost importance and all steps will be taken to reduce the risks of cross infection. The most effective way to ensure this occurs is to exclude anyone from the care environment who is unwell.

In accordance with Regulations 85, 88 and 168 in the Education and Care Services National Regulations, all services must have policies and procedures that are followed by all staff members and Family Day Care (FDC) educators in the event that a child 'becomes ill' [Reg 85(b)1.

Exclusion due to illness will be based on recommendations from 'Staying Healthy -Preventing infectious diseases in early childhood education and care services (5th Edition)' at nhmrc.gov.au/about-us/publications. A copy of this document is kept at each service and is available for reference.

All educators and families are encouraged to act in an educated and mature manner when dealing with infectious diseases and other illnesses. Remember that quality care should be available to all children.

### HIV, HEPATITIS AND BLOOD

- It is important that we prevent the spread of infectious diseases such as HIV and Hepatitis, and that the additional needs of individuals who are diagnosed are recognised. All families (caregivers/ parents/guardians) deserve the right to quality education and care.
- Our services will at all times follow proper Universal Control Procedures to eliminate the risk of transmission of HIV/Hepatitis as recommended by the World Health Organisation, the Department of Health and NSW Health.
- Educators, prospective employees, families and children shall not be discriminated against on the grounds of having or being assumed to have HIV/AIDS or Hepatitis. Full acceptance and support will be given by all services.
- If an educator is informed that a child, family or another educator is HIV positive or has Hepatitis this MUST REMAIN CONFIDENTIAL at all times. It is requested that families give the Centre Director of the service permission to inform educators in contact with the child. However, this information will be strictly confidential.

- Being infected with HIV or Hepatitis is not grounds for exclusion of a child, family or educators.
- No child, family or educator shall be denied first aid at any time.
- The service shall at all times follow the necessary hygiene procedures to eliminate the risk of transmission of HIV or Hepatitis.
- This includes educators and children thoroughly washing hands:
  - before preparation of food
  - before serving food
  - before eating
  - o after toileting and nappy changing
  - after blowing noses
  - before (if possible) and after giving first aid.
- All services should have access to information issued by NSW Health and other resources to promote accurate information to families and educators regarding HIV/AIDS and Hepatitis.
- Education and Care educators' role includes showing support to children and their families in a sensible and informed manner.
- Should there be any queries please speak to the Centre Director of the service.
- Families are responsible to keep children with HIV at home during outbreaks of other infectious diseases in the Education and Care Services.

#### **Procedure**

# Educators involved in toileting or nappy changing of children must exercise strict hygiene at all times

- Educators must wear disposable gloves when dealing with faeces, urine or blood.
- Wash blood, faeces and urine off the skin with warm soapy water.
- Protect any cuts or broken skin from direct contact with bodily fluids.
- Cover any cuts on educator's or children's skin with a waterproof dressing.
- Wipe vinyl-covered change mats with detergent/D10 and warm water after each change or use disposable nappy change paper.
- Floors must be cleaned at least twice a day.
- All equipment and toys will be washed in hot soapy water.
- Air, soap, detergent and disinfectant destroy the HIV virus.

#### All cases of external bleeding should be dealt with carefully

- Avoid contact with blood if hands or lower arms have cuts or open unhealed wounds.
- Disposable gloves must be worn and the hands and lower arms washed thoroughly with soap and water if in contact with or splashed by blood.
- When cleaning or treating a child's face that has blood on it, do not put yourself at eye level with the child – their blood could enter your eyes or mouth if the child is crying or coughing.

- If educators or children get blood splashed in their eyes or face it should be rinsed with running water for several minutes, as soon as possible. If you have any concerns seek medical advice.
- Dispose of or place in sealed plastic bags any bloodied clothes as per Cleanliness and Hygiene Guiding Principle.
- Any biting incidences which result in skin breaking must be washed with warm soapy water and rinse the biting child's mouth.

#### Should any blood spills occur it should be cleaned as follows:

- Use spill kits
- Wear disposable gloves
- Soak up with paper towel
- Clean up area with detergent/D10 and warm water
- Wipe the area again with paper towel
- Wipe the area with diluted bleach and allow to dry
- All soiled material to be placed in sealed plastic bags
- Wash hands and lower arms with soap and water
- The bagged material should be disposed of as soon as possible in an appropriate way (deposited in the ladies' sanitary bins or deposited in a contaminated waste container – DO NOT USE THE NAPPY BINS)

#### ILLNESS EXCLUSION

Below are reasons that a child or educator must be excluded from attending Cumberland City Council's Education and Care Services:

- Infectious diseases [Reg 88]
- Temperature over 38°
- Two (2) or more symptoms of diarrhoea (watery stools, abdominal cramps) within 24 hours
- Two (2) or more repeated vomiting within 24 hours
- Unidentified or infectious rash or skin infection.
- Undiagnosed eye discharge
- Symptoms of an upper respiratory tract infection (cough, nasal discharge, sore throat, ear ache) associated with a fever
- Extreme lethargy or fretting
- Started a course of antibiotics within the last 24 hours
- Not been immunised, in the event of an outbreak of a vaccine preventable disease in a child care facility.

If a child becomes ill whilst in care:

the child's family (caregivers/parents/guardians) will be notified by the service [<u>Reg 86</u>].
 It is important the family comes to the service immediately or arrange for another person

to collect their child straight away. If the family cannot be contacted, a person authorised by a parent or an authorised nominee named in the child's enrolment record will be contacted to collect the child from the premises [Reg 99]. Please note educators will ring families when they are genuinely concerned about a child's health.

- permission from the family will be sought to administer paracetamol if the child has a temperature above 38.5°C, based on the child's age. Educators are to ensure the authority to administer paracetamol has been signed on the enrolment form, in addition to contacting the parent or the authorised person. The Medication Record in the Medication Guiding Principle is to be completed in full by the educator administering the paracetamol and the parent or authorised person is required to sign the Medication Record on arrival to collect the child [Reg 92]. All medication must be administered in accordance with Regulation 95.
- an Illness Record will be given to the family when they collect their child. If a person
  other than the parent collects the child, the form will be emailed to parent for them to sign
  and return to the service.

If a child arrives into care and the educator feels that the child is too ill to stay at the service or if they return without a doctor's clearance, then families will be asked to take the child home.

Please remember that if a child is well enough to attend care then they will be expected to engage in general activities and routines with the other children. Often sick children will ask to come to care and although they may be disappointed, please keep them at home. The best place for a child who is unwell is at home with one to one supervision and where they can rest.

The close proximity of children and educators within the service makes the risks of cross infections very high. We emphasise that we need families' cooperation in keeping their unwell child at home so that the spread of illnesses can be kept to a minimum.

Children who have been sent home or are absent from the service will be advised if a doctor's clearance certificate is required before returning to the service.

Following cases of vomiting and diarrhoea, children should be excluded until vomiting/diarrhoea has stopped for a least 24 hours.

If children have had vomiting or diarrhoea, they should not participate in cooking activities until they have been symptom-free for 48 hours.

Educators and other staff who have a food handling role should always be excluded until there has not been a bout of vomiting or diarrhoea for 48 hours.

In the event that a child contracts head lice, effective treatment must occur prior to the child returning to care.

A child will need to be excluded from care during the first 24 hours of antibiotic therapy while symptoms of illness exist.

In the event a FDC educator or staff member of the educator's household has an infectious or contagious disease, the educator will be closed with no fee payable. The FDC educator must notify the Coordinator Unit of service closure.

If a child has been given medication before coming to care, an educator must be notified by the family and the reason for the medication provided.

Children should have a normal temperature up to 38°C for at least 24 hours prior to returning to care.

When a child returns to care they must have a doctor's clearance, if stated in the Illness Record.

If educators are concerned with a child's change in behaviour, temperature, or physical symptoms then they will:

- refer to 'Staying Healthy Preventing infectious diseases in early childhood education and care services (5th Edition)'
- · contact family to consult about treatment and organise collection of the child
- monitor child
- respond to symptoms (isolate if necessary)
- fill in the attached Illness Record for the family when they collect the child
- if necessary, seek medical advice or treatment.

#### **NOTIFICATION OF DISEASES**

If there is an occurrence of an infectious disease at a service (centre-based or FDC), the approved provider must ensure 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 [Reg 88(2) & (3)].

Services must also inform the local Public Health Unit of the following conditions:

- Gastroenteritis (if 2 or more cases outside of the same family are ill)
- Haemophilus influenza type B (Hib)
- Hepatitis A
- Hepatitis B (recent illness only)
- Human Immunodeficiency Virus (HIV)
- Coronavirus (COVID-19)
- Measles
- Meningococcal infection
- Parvovirus B19 (if 2 or more cases)
- Pertussis (whooping cough)
- Roseola (if two or more children in one group are ill)
- Scarlett fever
- Tuberculosis (TB)
- Diphtheria
- Mumps
- Poliomyelitis
- Rubella
- Tetanus
- Influenza outbreaks e.g. Swine Flu (H1N1), Bird Flu (H5N1)

By informing the Public Health Unit, the service benefits because public health staff may be able to help:

- identify the cause of the illness
- explain the consequences to children and educators of an infection
- trace the source of the infection (for example, contaminated food)
- advise on appropriate control measures (for example, vaccines, antibiotics, exclusion, education, infection control practices)
- by providing information to families and educators.

All staff and educators must inform Senior Coordinator Education and Care if any staff member is tested for COVID-19 and the provide test results. Senior Coordinator Education and Care must then notify Cumberland City Council's Manager Human Resources.

#### **Procedure**

- Educators are to notify the nominated supervisor immediately if they are notified or suspect that a child has one of the above infectious diseases.
- Nominated supervisor/educator to notify Manager Children, Youth and Families and the Local Public Health Unit within 24 hours of diagnosis.
- Nominated supervisor/educator is responsible for notifying families of disease at the service as directed by the Public Health Unit and in accordance with Regulations 88(2) & (3).
- If applicable, a notice should be displayed and clearly visible at the main entrance to the service or FDC residence stating that there has been an occurrence of an infectious disease at the premises [Reg 173(2)(g)].

#### Statutory legislation and considerations

- Children (Education and Care Services) National Law (NSW): Sections 172(f), 174
- Australian Children's Education and Care Quality Authority (ACECQA), <u>Education and Care Services National Regulations</u>: Regulations <u>77</u>, <u>79</u>, <u>85-88</u>, <u>93</u>, <u>95</u>, <u>96</u>, <u>99</u>, <u>168</u>, <u>173(2)(g)</u>, <u>177</u>, <u>178</u> & <u>183</u>
- Australian Children's Education and Care Quality Authority (ACECQA), <u>National Quality Standards</u>: Quality Area: 2.1.2

#### **Further reading**

- National Health and Medical Research Council Staying Healthy Preventing infectious diseases in early childhood education and care services (5th Edition)
- The University of New South Wales Health & Safety in Family Day Care Model Policies and Practices (2nd Edition) - 2003
- NSW Government Health Ending HIV <u>www.health.nsw.gov.au</u>
- Cumberland City Council Policy: Vaccinations and Health Surveillance
- Cumberland City Council's Education and Care Guiding Principles:
  - Biting
  - Cleanliness and Hygiene
  - Immunisation
  - Medication

#### **Attachments**

Illness Record

Implementation date: February 2020

Next review date: February 2021



# **ILLNESS RECORD**

(Regulation 87)

\*Please complete this record as soon as practicable, but not later than 24 hours after the onset of the illness

| Details of person completing this record             |                  |
|--|------------------|
| Name:  | . Position/role: |
| Date and time record was made:                       | . Signature:     |
| Child's details                                      |                  |
| Child's full name:                                   |                  |
| Date of birth:                                       | . Age:           |
| Gender:  | le               |
| Illness details                                      |                  |
| Illness date:/ Time:                                 | m/pm Location:   |
| Name of witness:                                     |                  |
| Witness signature:                                   | Date:            |
| General activity at the time of illness:             |                  |
|  |                  |
|  |                  |
| Circumstances surrounding any illness, including app | arent symptoms:  |
| 3 7 7 3 11   |                  |
|  |                  |
|  |                  |
|  |                  |
|  |                  |

### Nature of Illness

## Indicate on diagram the part of body affected

|  | ☐ Abrasion / Scrape  | ☐ Eye disease                                |
|--|--|--|
|  | ☐ Allergic reaction (not anaphylaxis   | ☐ Infectious disease (inc. gastrointestinal) |
|  | ☐ Amputation   | ☐ High temperature                           |
|  | <ul><li>☐ Anaphylaxis</li><li>☐ Asthma / respiratory</li></ul>   | ☐ Ingestion / inhalation / insertion         |
|  | ☐ Bite wound   | ☐ Internal injury / Infection                |
|  | ☐ Bruise   | ☐ Poisoning                                  |
|  | ☐ Broken bone / fracture /   | □ Rash                                       |
| 3.3  | dislocation  | □ Respiratory                                |
|  | ☐ Burn / sunburn   | ☐ Seizure /unconscious/                      |
|  | ☐ Choking  | convulsion                                   |
|  | ☐ Concussion   | ☐ Sprain / swelling                          |
|  | ☐ Crush / jam  | ☐ Stabbing / piercing ☐ Tooth                |
|  | ☐ Cut / open wound   | ☐ Venomous bite/sting                        |
|  | ☐ Drowning (non-fatal)   | ☐ Other (please specify)                     |
|  | ☐ Electric shock   | Li Other (picase speeliy)                    |
|  |  |  |
| The state of the s |  |  |
| Action taken   |  |  |
|  | ïrst aid, administration of medication   | etc):  |
|  | ïrst aid, administration of medication   | etc):  |
|  | îrst aid, administration of medication   | etc):  |
|  |  | etc):  |
| Details of action taken (including f   |  |  |
| Details of action taken (including f   | Yes / No<br>n a registered practitioner / hospital?  | : Yes / No                                   |
| Details of action taken (including f   | Yes / No   | : Yes / No                                   |
| Details of action taken (including f   | Yes / No<br>n a registered practitioner / hospital?  | : Yes / No                                   |
| Details of action taken (including f   | Yes / No<br>n a registered practitioner / hospital?  | : Yes / No                                   |
| Details of action taken (including functions)  Did emergency services attend?:  Was medical attention sought from the above, provided the services attends.  Have any steps been taken to min  | Yes / No<br>n a registered practitioner / hospital?  | : Yes / No<br>emperature management          |
| Details of action taken (including functions)  Did emergency services attend?:  Was medical attention sought from the above, provided the services attends.  Have any steps been taken to min  | Yes / No n a registered practitioner / hospital? de details: nimise the effects of the illness (e.g. t | : Yes / No<br>emperature management          |
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| Details of action taken (including functions)  Did emergency services attend?:  Was medical attention sought from the above, provided the services attends.  Have any steps been taken to min  | Yes / No n a registered practitioner / hospital? de details: himise the effects of the illness (e.g. t | : Yes / No<br>emperature management          |

| Notifications (including attempted notifications)                   |  |  |
|---|--|--|
| Parent/guardian: Time:am/pm Date:                                   |  |  |
| Director/educator/coordinator:                                      |  |  |
| Other agency (if applicable):                                       |  |  |
| Regulatory authority (if applicable):                               |  |  |
| Parental acknowledgement  |  |  |
| I (name of parent/guardian)   |  |  |
| have been notified of my child's illness.                           |  |  |
| Signature of parent/guardian:                                       |  |  |
| Additional notes  |  |  |
| Diarrhoea last bout(time)   |  |  |
| ☐ Vomiting last bout(time)  |  |  |
| Eye discharge (time)  |  |  |
| Other symptoms(time)  |  |  |
| High temperature Time taken:am/pmam/pmam/pm                         |  |  |
| Temperature:  |  |  |
| Rash (description and time of onset)                                |  |  |
| Permission to give (child's name) Paracetamol was given             |  |  |
| by (parent or authorised person's name).                            |  |  |
| Paracetamol was given: Yes / No / N/A (please circle)               |  |  |
| Paracetamol   |  |  |
| While at the service today, your child ate and drank the following: |  |  |
|   |  |  |
|   |  |  |

It is Cumberland City Council's Education and Care Services' policy that if your child vomits or has had diarrhoea, they are excluded until the diarrhoea/vomiting has stopped for a least 24 hours. If your child has a temperature they are unable to attend the centre/service for at least 24 hours from when the temperature returns to normal.

It is important that any symptoms which may indicate an infectious illness be confirmed by a doctor as soon as possible. If your child is prescribed antibiotics, they **must not** return to the centre within 24 hours of their first dosage. If they have a highly infectious disease such as chicken pox, measles, mumps, conjunctivitis, etc, the centre must be notified and they must have a Doctor's Clearance Certificate on their return to child care.

The close proximity of children / babies and educators in care makes the risk of cross infection very high. We emphasise that your cooperation in keeping sickness to a minimum is needed.

A doctor's certificate is required on your child's return to child care: Yes / No