



Wattle Grove Out of School Hours Care/Vacation Care
Cressbrook Drive, Wattle Grove NSW 2173
Phone; 02 98254700
Wattlegrovekidsclub@optusnet.com.au

PLEASE NOTE COVID-19 WORK HEALTH AND SAFETY POLICY OVERRIDES RELAVENT IMPLEMENTATION MEASURES AND PROCEDURES IN THE SERVICE. SEE COVID-19 WORK HEALTH AND SAFETY POLICY FOR COVID-19 WHS MEASURES. SEE * NEXT TO INFORMATION THAT HAS BEEN AFFECTED BY THIS POLICY.

PREVENTING THE SPREAD OF INFECTIOUS DISEASES POLICY

2020

Aim

Wattle Grove Out of School Hours Care will minimise the spread of potentially infectious diseases between children, and the Service, by excluding children, educators/staff, and visitors, who may have an infectious disease or are too ill to attend the Service.

Separate policy related to this:

- * Covid-19 Work Health and Safety Policy
- * Covid-19 Pandemic Risk Assessment

Legislative Requirements

Education and Care Services National Law Act 2010
Education and Care Services National Regulation 2011
National Quality Standards 2011
Work Health and Safety Act 2011
Work Health and Safety Regulations 2011
Public Health Act and Regulation (NSW) 1991

Who is affected by this policy?

Child
Parents
Family
Educator
Staff
Management
Visitors
Volunteers

Implementation

To minimise the spread of Infectious disease between children, educators/staff and visitors, Wattle Grove Out of School Hours Care will:

- Exclude from care and notify the local Public Health Unit and provide details of any known or suspected persons with any of the following vaccine preventable diseases:
 - Diphtheria



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- Poliomyelitis
 - German Measles
 - Tetanus
 - Measles
 - Mumps
 - Whooping Cough
 - Chicken Pox
- Exclude a child or educator/staff member with any of the following symptoms which might indicate they have a potentially serious illness:
 - Vomiting,
 - Rash, especially if purplish or hemorrhaging spots (possibly meningococcal) or blistering (possibly staphylococcal),
 - Headache,
 - Stiffness of the neck,
 - Aversion to light (photophobia),
 - Drowsiness or any unusual state of consciousness or behaviour,
 - Convulsion or epileptic seizure.
 - Severe pain anywhere (including toothache),
 - Swelling of the lips, mouth, tongue, throat, neck or airways,
 - Hives,
 - Asthma, wheezing, or any difficulty breathing,
- Exclude a child or educator /staff member with any of the following symptoms which might indicate they have an infectious illness:
 - Diarrhea,
 - Generalized rash,
 - Enlarged or tender lymph glands,
 - Severe cough with fever,
 - Head lice, nits, scabies, ringworm, impetigo, or mouth ulcers not yet treated,
 - Mouth ulcers due to herpes simplex virus or coxsackie virus,
 - Infection or yellow or green discharge of the eyes or ears,
 - If any other infectious disease is suspected.
- Exclude children, educators/staff, volunteers or visitors who have infectious diseases other than listed above in accordance with the NHMRC Recommended Minimum periods of exclusion.
- Ensure all educators/staff and persons working at the Service conform to all infectious disease policies.
- Isolate the child from other children. Make sure the child is comfortable, and is supervised by an educator/staff member.
- Contact the child's parents/guardians or, if they are unable to be contacted, an authorised nominee for emergencies as listed on the enrolment form. Inform the parents/guardian or authorised nominee of the child's condition, or suspected condition, and ask that the child be picked up from the Service as soon as possible.
- Ensure all bedding, towels, clothing, etc., which has been used by the child is disinfected – these articles should be washed separately and, if possible, aired in the sun to dry.
- Ensure all contact toys are separated and disinfected.
- Ensure all eating utensils are separated and sterilized.



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- Information will be available in relevant community languages when required.
- Inform all families of the presence of an infectious disease in the Service.
- The Service will ensure confidentiality of any personal or health related information obtained by the Service, in relation to any children, educators/staff, children's parents/guardian and families.
- If a child or an educator/staff member has been unable to attend the Service because of an infectious illness, when the child or an educator/staff member has fully recovered the family, or an educator/staff member must obtain a certificate from their doctor which specifically states the child or an educator/staff member is not infectious and is able to attend care, or return to work.

Criteria for Exclusion (not allowed to attend centre or will be required to be collected):

1. Fever in excess of 38.0C. Child being kept away at least 24 hours unless a Medical Clearance is provided. ***Unless suspected COVID-19 case, in which case call NSW Department of Health and act upon their advice.**
2. Two (2) or more loose bowel movements, showing symptoms of diarrhea (an increase in the frequency, running or volume of the faeces) within 24 hours. Child to be kept away min 24 hours after the last bowel (runny) movement. No Clearance required.
3. Two (2) or more repeated vomiting, Child to be kept away for min. 24 hours after the last vomiting. No Clearance required
4. Unidentified or infectious rash or skin infection. Medical clearance is required before child is returning to care. Please ask doctor for SPECIFIC CONDITION and to write down if contagious or non contagious and to NOTIFY the service.
5. Eye discharge, Medical Clearance required if child returns within 48 hours.
6. Symptoms of an upper respiratory tract infection (cough, nasal discharge, sore throat, ear ache) associated with a fever Child being kept away at least 24 hours unless a Medical Clearance is provided.
7. Extreme lethargy or fretting. Childcare return next day if symptomless.
8. If they have a "rattling" chest, which is a sign of congestion. Medical Clearance is required if returned within 24 hours.
9. If the child has a discharge of the nose, the carers advise the parents throughout the day.
10. If the child has a discharge from the nose and associates with other symptoms, such as fever, lethargy, loss of appetite, etc., the staff will notify parents, who will be required to collect the child.

If a child becomes ill whilst in care:

Parents will be contacted by staff/carers, and parents are reminded to come to the service immediately or arrange for another person to collect the child straight away. Staff/carers do not ring parents unless they are genuinely concerned about a child's health.

***If the child has flu like symptoms, encourage them to rest in the sick bay area, which is distanced from other children and staff and accessible by parents from a low populated area. This area should be disinfected and cleaned properly according to COVID-19 PANDEMIC RISK ASSESSMENT.**



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If parents cannot be contacted, those persons listed on the enrolment form as emergency contacts will be called.

If your child arrives into care and the staff/carer feels that your child is too ill to stay at the centre, then you will be asked to take your child home. We will also contact you if your child becomes ill during the day. An illness letter will be given to the person collecting the child.

Remember that if a child is well enough to attend care then they will be expected to go outside 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 sick child is at home in their bed. Close proximity of children and staff/carers within the service makes the risks of cross infections very high. We emphasize that we need your co-operation in keeping your sick child at home, so that illnesses can be kept to a minimum.

1. Children who have been sent home or are off from the service will be advised if a doctor's certificate is required before returning to the service, if they had a rash, discharge of eyes and fever if returning within 24 hours.
2. Following cases of vomiting and diarrhea a child is not to attend the service for at least 24 hours after the last episode of vomiting/diarrhea.
3. Head Lice – Effective treatment is to commence prior to the child returning to care
4. A child will need to be excluded from care during the first 24 hours of antibiotic therapy while symptoms of illness exist

If staff/carer are concerned with a child's change in behavior, temperature, or physical Refer to "Staying Healthy in symptoms then: Childcare"

- Contact parent to consult about treatment and organize collection of the child
- Monitor child
- Respond to symptoms (isolate if necessary)
- Fill in the attached letter for the parent when they collect the child
- If necessary, seek medical advice or treatment

If a staff/carer are still concerned with a child's behavior, temperature or physical symptoms when they return, then:

- Request doctor's certificate for contagious illnesses
- Child not to attend Centre until a doctor's certificate is provided
- If child continues being unwell, second opinion will be requested.
- Child stays home until recovered
- Second/new medical clearance is provided if child remains unfit/ and symptoms persists.

Ongoing practices:

Staff;

Staff checks each child on arrival and throughout the day.

Staff contacts parents if any of symptoms occur.

Staff provides an illness letter to parents when requesting a medical clearance.

Staff provides info to all parents on any infectious diseases occurring in centre.

Parents:

Parents to provide medical clearance if required.

Parents to request the medical practitioner to specify illness on clearance letter.

Parents to notify centre as soon as possible if a medical practitioner diagnoses an infectious disease.

Nominated Supervisor:



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To provide up to date information to all parents, staff and the health authorities if a reportable infectious disease occurred in the centre.

Director to provide ongoing support and training for staff in their effort of minimizing the risk of spreading infectious diseases in the service.

NOTIFICATION OF DISEASES:

Childcare centers should inform the local public health unit of the following conditions:

Diarrhea (if several children in one group are ♦ ill)

Haemophilus influenza type B (Hib)

Hepatitis A

Hepatitis B (recent illness only)

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

TB

Diphtheria Mumps

Poliomyelitis

Rubella

Tetanus

Flu outbreaks e.g.; Swine Flu (H1N1), Bird Flu ♦ (H5N1)

By informing the public health unit, the centre benefits because public health staff may be able to help:

Identify the cause of the illness

Explain the consequences to children and staff 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).

If a child has not been immunised, they may be excluded from care during outbreaks of some infectious diseases, even if their child is well, depending on advice from the Public Health Unit.

The Approved Provider/Nominated Supervisor will ensure that this policy is maintained and implemented at all times.

Sources

Education and Care Services National Law Act 2010

Education and Care Services National Regulation 2011

Guide to the National Quality Standard 2011



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Work Health and Safety Act 2011
Work Health and Safety Regulations 2011
Staying Healthy in Child Care Preventing Infectious Diseases in Child Care 4th Edition
Immunise Australia www.immunise.health.gov.au Retrieved May 2012
Public Health Act and Regulation (NSW) 1991

Review

The policy will be reviewed annually. Management, employees, parents and any interested parties, will conduct review.

Reviewed: May 2014

Reviewed: May 2015

Reviewed: May 2017

Reviewed: May 2018

Reviewed: May 2020

Date for next review: May 2021



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National Health & Medical Research Council

Recommended Minimum Periods of Exclusion

From *Staying Healthy in Child Care*. 4th edition, National Health and Medical Research Council, Commonwealth of Australia 2001, copyright Commonwealth of Australia reproduced by permission.

Recommended minimum periods of exclusion from school, pre-school and child care centers for cases and contacts with cases with infectious diseases.

CONDITION	EXCLUSION OF CASES	EXCLUSION OF CONTACTS
Amoebiasis (<i>Entamoeba histolytica</i>)	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded.
Campylobacter	Exclude until there has not been a loose bowel motion for 24 hours.	Not excluded.
Candidiasis	See Thrush	
Chicken pox	Exclude for at least 5 days AND until all blisters have dried.	Any child with an immune deficiency (e.g. leukemia) 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	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded.
Diarrhoea	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded.
Diphtheria	Exclude until medical certificate of recovery is received following at least two 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 an appropriate health authority.
German Measles	See "Rubella"	
Giardiasis	Exclude until there has not been a loose bowel motion for 24 hours	
Glandular fever (mononucleosis)	Exclusion is not necessary.	Not excluded.
Hand, Foot and Mouth disease	Until blisters have dried.	Not excluded.



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Haemophilus influenza type b (Hib)	Exclude until medical certificate of recovery is received.	Not excluded.
Head Lice	Exclusion is not necessary if effective treatment is commenced prior to the next day at child care.	Not excluded
Hepatitis A	Exclude until medical certificate of recovery is received, but not before 7 days after the onset of jaundice or illness.	Not excluded.
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.
Hookworm	Exclusion is not necessary.	Not excluded.
Human immune-deficiency virus infection (HIV/AIDS virus)	Exclusion is not necessary unless the child has a secondary infection.	Not excluded.
Hydatid Disease	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 and influenza like illnesses	Exclusion is not necessary.	Not excluded.
Legionnaires disease	Exclusion is not necessary	Not Excluded
Leprosy	Exclude until approval to return has been given by an appropriate health authority.	Not excluded.



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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 hrs of their first contact with the first case they may return to school.
Meningitis (bacterial)	Exclude until well and received appropriate antibiotics	Not excluded.
Meningitis (viral)	Exclude until well	Not excluded
Meningococcal infection	Exclude until adequate carrier eradication therapy has been completed.	Not excluded if receiving rifampicin.
Molluscum contagiosum	Exclusion is not necessary.	Not excluded.
Mumps	Exclude for 9 days or until swelling goes down (whichever is sooner).	Not excluded.
Norovirus	Exclude until there has not been a loose bowel motion for 48 hours	Not excluded
Parvovirus (erythema infectious fifth disease, Slapped cheek)	Exclusion is not necessary.	Not excluded.
Ringworm, scabies, pediculosis (lice), trachoma	Re-admit the day after appropriate treatment has commenced.	Not excluded.
Rubella (German measles)	Exclude until fully recovered or for at least 4 days after the onset of rash.	Not excluded.
Roseola	Exclusion not necessary	Not excluded
Ross River virus	Exclusion not necessary	Not excluded
Rotavirus infection	Exclude until there has not been a loose bowel motion or vomiting for 24 hours	Not excluded
Salmonella, Shigella	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded.



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Streptococcal infection (including scarlet fever)	Exclude until the child has received antibiotic treatment for at least 24 hrs and the person feels well.	Not excluded.
Shigella infection	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Toxoplasmosis	Exclusion not necessary	Not excluded
Tuberculosis	Exclude until a medical certificate from an appropriate health authority is received.	Not excluded.
Typhoid fever (including paratyphoid fever)	Exclude until approval to return has been given by an appropriate health authority.	Not excluded unless considered necessary by public health authorities.
Viral gastroenteritis (viral diarrhea)	Exclude until there has not been a loose bowel motion or vomiting for 24 hours	Not excluded
Whooping cough	Exclude the child for 5 days after starting antibiotic treatment.	Exclude unimmunised household contacts aged less than 7 years for 14 days after the last exposure to infection or until they have taken 5 days of a 14-day course of antibiotics. (Exclude close child care contacts until they have commenced antibiotics).
Worms (intestinal)	Exclude if diarrhea present.	Not excluded.
Coronavirus (COVID-19)	Exclude once symptoms arise for 14 days or until cleared to return by an appropriate health authority. If child has been in contact with a confirmed case or is confirmed to have COVID-19, call and act upon the advice of relevant health authorities (NSW Department of Health).	All confirmed cases in and in close contact with the service must be acted upon in coordination with the advice of the NSW Department of Health.

Note: The NHMRC recommends that children who are physically unwell should be excluded from attending school, pre-school and child care centers. This list should be read in conjunction with the National Health and Medical Research Council's publication:

National Health and Medical Research Council. June 2001. *Staying Healthy in Child Care*. 4th edition, Canberra, AGPS.