

# Illness & Infectious Diseases Policy

## Policy Statement & Commitments

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Brunswick East Primary School Outside School Hours Care Service (BEPS OSHC Service) operates to provide education and care for children, and aims to ensure a healthy environment for all children, families and educators.

The health and safety of all children is of major concern to educators, and families utilising BEPS OSHC Service, as staff-to-child ratios prevent staff from providing the degree of individual care and comfort that a child who is unwell deserves. BEPS OSHC Service has the responsibility not to compromise the health, safety and wellbeing of other children and educators, as children that are unwell pose a risk of infection to other children and educators.

This policy documents BEPS OSHC Service's approach to the provision of a healthy environment, and to the implementation of effective infection control procedures to assist in the protection of all staff, children and families from, and minimise the potential risk of, illness and infectious disease.

### BEPS OSHC Service is committed to:

- As far as practicable, providing a safe and healthy environment for all children, staff, and any other persons participating in the program
- Responding to the needs of the child if they become ill whilst in attendance at the service
- Ensuring safe and appropriate administration of medication in accordance with legislative requirements (see BEPS OSHC Service Dealing with Medical Conditions and Medication for Children Policy).
- Providing up-to-date information for families and educators regarding immunisation and the protection of all children from infectious diseases
- Complying with the exclusion requirements for infectious diseases cases and contacts set out in Schedule 7 of the Public Health and Wellbeing Regulations 2009.

## Responsibilities

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BEPS OSHC Service implements this policy to ensure the following:

- Children are protected from infections and are supported to feel physically and emotionally well, and feel safe in the knowledge that their wellbeing and individual healthcare needs will

Approved	May 2017	Review date:	December 2018
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be met when they are not feeling well.

- Families are kept informed about their child’s wellbeing while at BEPS OSHC Service, and can expect that educators will protect their child from unnecessary exposure to infection, and will care for their child should they become unwell while at BEPS OSHC Service.
- Educators are protected from infection and receive support to understand the issues regarding the care of children who are feeling unwell; maintain communication with families and support them to take responsibility for their child when they are sick; and be provided with information on childhood illness, communicable and notifiable diseases and vaccinations offered to educators at risk.
- The OSHC Management Sub-committee, through the auspices of the School Council will empower the OSHC Coordinator (and educators at BEPS OSHC Service) to take action when they suspect a child is not well enough to be in attendance at BEPS OSHC Service, and support families to cooperate in keeping sick and infectious children away from the Service.

**To support the BEPS OSHC Service to actively implement this policy, families have a responsibility to ensure the following:**

- Any child with a fever (higher than normal temperature) should be kept at home (or will be sent home) and is required to stay at home fever free for at least 24 hours.
- A child who has been prescribed antibiotics for an acute illness should be kept at home for at least 24 hours.
- A child who is vomiting is kept at home for 24 hours after the cessation of vomiting.
- A child who is experiencing diarrhoea is kept at home for at least 24 hours after the cessation of diarrhea.
- The medical permission included in the **Enrolment Form** is signed before care commences. This allows staff to seek medical, hospital or ambulance assistance for their child and the family will pay for all costs connected with this treatment.
- The **illness/non-critical injury parent notification form** is signed after educators have informed them of the specific incident to demonstrate that they have been notified.
- There are additional provisions for families whose child requires antibiotics:
  - o Antibiotics are prescribed to help combat an infection. At times this infection may not be potentially harmful to others but in all instances of an infection, a child’s immunity to other illnesses is lowered.
  - o Children are required to be cared for away from BEPS OSHC Service for the first 24 hours upon commencement of a course of antibiotics, unless the child fits the criteria for being ‘well’ AND the condition is not at significant risk of transmission, such as a urinary tract infection, otitis media (ear infections), prophylaxis (preventative) antibiotic use.

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**Infectious Diseases Cases requiring exclusion periods from BEPS OSHC Service include**

Amoebiasis (Entamoeba histolytica)	Influenza & Influenza type illnesses	Salmonella, Shigella
Campylobacter	Leprosy	Severe Acute Respiratory Syndrome (SARS)
Chickenpox	Measles	Streptococcal infection
Conjunctivitis	Meningitis (bacteria – other than meningococcal meningitis)	(including scarlet fever)
Diarrhoea	Meningococcal infection	Tuberculosis
Diphtheria	Mumps	Typhoid fever (including paratyphoid fever)
Hand, foot and mouth disease	Pertussis (whooping cough)	Verotoxin producing Escherichia coli (VTEC)
Haemophilus influenza type B (Hib)	Poliomyelitis	Worms (Interstinal)
Hepatitis A	Ringworm, scabies,	
Herpes	pediculosis (head lice)	
Impetigo	Rubella (German measles)	

**Identifying signs and symptoms of illness**

It is important to remember that educators are not health care professionals and are unable to diagnose an illness. However, educators are to be aware of symptoms that may indicate possible infection or serious medical illness or condition. The publication *Staying Healthy in Child Care* recommends being alert to the following symptoms:

- severe, persistent or prolonged coughing (child goes red or blue in the face, and makes a high-pitched croupy or whooping sound after coughing)
- severe, breathing trouble
- yellowish skin or eyes
- unusual spots or rashes
- patch of infected skin (crusty skin or discharging yellow area of skin)
- feverish appearance
- unusual behaviour (child is cranky or less active than usual, cries more than usual, seems uncomfortable or just seems unwell)
- frequent scratching of the scalp or skin

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- sore throat or difficulty in swallowing
- headache, stiff neck
- loss of appetite.

**Procedures for When an Educator believes that a Child is Unwell**

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If a child attending the program becomes ill the parent/caregiver will be contacted.

- Children who are unwell cannot be educated or cared for at BEPS OSHC Service, to safeguard the health of other children and educators.
- A child who has any of the following symptoms cannot be admitted to BEPS OSHC Service:
  - discoloured ear, eye or nasal discharge
  - an undiagnosed rash
  - high temperature
  - infectious sores or diseases (in this case children will need doctor’s clearance before readmission to BEPS OSHC Service)
  - vomiting and/or abnormally loose bowel actions for that child (exclude for 24 hours after last bout). BEPS OSHC Service will contact the public health unit when two or more children or educators present with a gastroenteritis illness at the same time.
- To reduce the risk of spreading infection, children will not be accepted at BEPS OSHC Service, or will be sent home from BEPS OSHC Service if they display any of the symptoms listed above, and if the child is generally unwell and not coping with normal routine as determined by the OSHC Coordinator and/or educators.
- Children must stay at home for the recommended period of exclusion for infectious diseases cases and contacts as listed in Schedule 7 of the Public Health and Wellbeing Regulations 2009.
- The OSHC Coordinator or an educator will telephone the family and discuss their concerns.
- The parent will be asked to collect the child if, in the OSHC Coordinator’s judgment, the child is too ill to continue the session at BEPS OSHC Service, or may be suffering an infectious disease.
- In the event that no parent can be contacted, the emergency contact person as listed on the child’s enrolment form will be contacted.
- Educators concerned will document details of signs and symptoms, observations and record of contact or attempted contact with the parents, in the **illness/non critical injury parent notification form** kept in the administration office.
- When the parent arrives to collect the child, the parents must read and sign the **illness/non-critical injury parent notification form**.

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- In the event that no contact can be made with either a parent or emergency contact person, it shall be at the discretion of the OSHC Coordinator to seek medical attention.
- The parents of the child shall be responsible for medical costs incurred. It shall be a condition of enrolment that parents sign the authority for the OSHC Coordinator to seek medical attention for their child on their behalf.

### **Procedures for dealing with illness**

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BEPS OSHC Service do not have separate facilities for the care of sick children, and educators are not able to provide the one-to-one care and support that a sick child requires to ensure their health and wellbeing. In the event of illness, the following procedures apply:

- A suitably equipped and labelled first aid kit (as recommended by the Department of Education and Early Childhood Development) is maintained in a readily accessible position, available for educators who hold first aid qualifications.
- Each suspected illness is assessed and appropriate first aid is applied as soon as practicable if applicable.
- Children are monitored and recorded for any further signs or symptoms of illness.
- Where a child requires further medical treatment, the families will be contacted as soon as practicable.
- Where a child requires medical or hospital assistance the Department of Education and Training, as the regulatory authority, will be notified.
- All illnesses will be documented using the appropriate form provided.
- Families and the community will be notified of the occurrence of any infectious disease at BEPS OSHC Service through a notice in the main entrance.
- In the event of an outbreak of a communicable disease at BEPS OSHC Service, educators, families, visitors and the Department of Health and Human Services will be notified immediately and in accordance with the National Health & Medical Research Council (NHMRC) recommended notifiable diseases, to help minimise the number of people who become unwell.

### **Procedures for Dealing with Infectious Diseases**

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Children at BEPS OSHC Service are at risk of catching coughs and colds because of increased exposure to infections a mixed-age-group setting. BEPS OSHC Service will therefore provide information to families about infection control requirements, including hygiene and respiratory etiquette. To manage the spread of infectious diseases, the following procedures apply:

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- The OSHC Coordinator will ensure that the **Exclusion Table** is part of the family handbook, and is displayed at BEPS OSHC Service.
- Educators will adhere to the exclusion requirements for infectious diseases, as set out in the **Exclusion Table**.
- BEPS OSHC Service will notify families and the community of any outbreak of an infectious disease within the service.
- Educators will request the parent/guardian notify BEPS OSHC Service if their child has an infectious disease.
- BEPS OSHC Service will keep the children’s enrolment records up to date, including the immunisation status of each child, by ensuring an enrolment form is completed EACH calendar year for every child.
- Educators will ensure that hygiene is maintained at all times by personally practicing infection control procedures e.g. hand washing, disinfecting toys and equipment where required.
- Children and contacts will be excluded from BEPS OSHC Service when they have an infectious disease, in keeping with the recommended periods of exclusion outlined in the School Exclusion table.
- Families are required to notify BEPS OSHC Service if their child has an infectious disease, and of their child’s immunisation status.
- Each family is also required to provide accurate and current information regarding the immunisation status of their child when they commence care and any subsequent changes while they are attending BEPS OSHC Service.

Children may be excluded from the program due to the categories and specified diseases listed by the Department of Human Services earlier in this policy. The most up-to-date list can be found on the Department of Health website at [www.health.gov.au](http://www.health.gov.au).

The program also has a copy of ‘Staying Healthy in Childcare’ Preventing Infectious Diseases in Childcare by the National Health and Medical Research Council available to educators and families.

A notice will also be displayed near the sign-in, sign-out table to notify families if a child or staff member at the program has contracted any of the listed infectious diseases.

### **Procedures for Dealing with High Temperature**

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- If a child has a temperature of 37.2 degrees, the child will be monitored and efforts will be made to reduce the temperature. Should the child’s temperature increase to between 37.5 and 38 degrees, families will be contacted to collect their child, or arrangements will be made for an ambulance if the child’s family/authorised contact cannot collect the child. It should be kept in mind that if other symptoms are present, arranging the collection of the child earlier may be necessary.

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- If a child has a temperature of 37.2 degrees and is also displaying signs of ill health, such as drowsiness, paleness, breathing difficulty, passing less urine than usual, or any of the symptoms listed on the exclusion criteria, the child's family/emergency contact will be notified and asked to collect the child from BEPS OSHC Service.
- If the family/emergency contact cannot be contacted to arrange collection of the child, an ambulance will be called. While waiting for the ambulance, the educators will take physical steps to try to reduce the child's temperature such as:
  - removing the child's clothing as appropriate
  - laying the child in a cool placer
  - encouraging the child to drink cool water
  - using a cold/wet face washer.
- Over the counted medications will not be administered to children with a temperature as this may mask signs of serious illness.

### **Procedures for Dealing with Diarrhoea & Vomiting**

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In comparison with normal stools, diarrhoea is defined by the Victorian Government Department of Health as either an increase in the number of stools passed in a 24-hour period, or a decrease in their consistency. Diarrhoea can be a particular problem as it is infectious and generally difficult to control. Diarrhoea is not considered to have ceased until the rate of bowel actions has returned to normal for 24 hours, and, after a normally formed stool is passed.

- A child passing loose stools or suspected of being potentially infectious will be required to stay home for a minimum of 24 hours, or until after having passed a solid stool.
- The parents of a child who is returned to BEPS OSHC Service within 24 hours and who continues to pass loose stools may be asked to immediately remove the child from the Service, and in this case the child must not be returned within 24 hours from the collection time.

Vomiting is generally a sign of ill health.

- If a child has vomited at home either the night before, overnight or in the morning, we request the child is cared for at home for 24 hours to ensure there are no further signs of illness.

### **Procedures for Managing Staff Illness & Infectious Diseases**

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- If an educator becomes ill while on duty, and circumstances allow, the educator should try to remain on duty until a reliever is in attendance and/or where there are sufficient educators to allow for correct child-educators ratios.

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- Educators must report any illness or infectious disease to the Coordinator as soon as possible.
- If the illness/infectious disease is of a serious nature, the Coordinator will arrange for medical attention for the educator.
- Educators who are unwell should not attend BEPS OSHC Service for duty. To assist in the smooth running of BEPS OSHC Service, educators are required to notify the OSHC Coordinator, giving as much notice as possible before the start of their shift, of their expected absence, and its likely duration.
- Educators must notify the OSHC Coordinator of contagious illness so that children may be observed for early symptoms. After exposure to contagious illnesses, educators must be aware of the incubation periods and monitor their health.
- Educators will be excluded when they have an infectious disease in line with the recommended periods of exclusion in the School Exclusion table.
- Educators with the following symptoms will not attend work or will be replaced and sent home if they start to display these symptoms while at work:
  - discoloured ear, eye or nasal discharge
  - an undiagnosed rash
  - high temperature
  - infectious sores or diseases (in this case children will need doctor's clearance before readmission to BEPS OSHC Service)
  - vomiting and/or abnormally loose bowel actions for that educator.
- If an educator has a work-caused illness, it will be notified to WorkSafe as required by the Occupational Health & Safety Act 2004.

## **Immunisation**

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Parents have the right to choose to vaccinate or not to vaccinate their child.

Children with medical contraindications or natural immunity, which are certified in writing by a General Practitioner are exempt from immunisation requirements.

Each child's immunisations status will be recorded by BEPS OSHC Service.

The Victorian Government Department of Health publishes up-to-date information about the primary school immunisation schedule available online at:

[www.health.vic.gov.au/immunisation/factsheets/schedule-victoria.htm](http://www.health.vic.gov.au/immunisation/factsheets/schedule-victoria.htm)

Children who have not been immunised for preventable infectious diseases will have to be excluded if BEPS OSHC Service receives any reports of these illnesses.

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**This policy should be read in conjunction with:**

- General Service Information Policy
- Acceptance & Refusal of Authorizations
- Dealing with Medical Conditions & Medications
- Incidents, Injury, trauma & the Administration of First Aid
- Partnerships with Families
- Record Keeping & Confidentiality Policy

**Sources & Legislative References**

Department of Health, Victoria, Australia, *Minimum Period of Exclusion from Primary Schools and Children’s Services Outside School Hours Care Services for Infectious Diseases Cases and Contacts* (Public Health and Wellbeing Regulations 2009) [www.health.vic.gov.au](http://www.health.vic.gov.au)

National Professional Support Coordinator Alliance 2012, *Getting started with policies for the NQF: Policies in Practice template- Health Hygiene & Infection Control*, [www.pscalliance.org.au](http://www.pscalliance.org.au)

National Professional Support Coordinator Alliance 2012, *Getting started with policies for the NQF: Policies in Practice template – Illness*, [www.pscalliance.org.au](http://www.pscalliance.org.au)

National Health and Medical Research Council 2005, *Staying Healthy in Child Care. Preventing infectious diseases in child care (5th Edition)*, NHMRC Publications Unit, [www.nhmrc.gov.au/publications/synopses/files/ch43.pdf](http://www.nhmrc.gov.au/publications/synopses/files/ch43.pdf)

Outside School Hours Care Service for Community Child Health, Royal Children’s Hospital 2005, ‘Infection control and some common infections in young children’, *Child Care and Children’s Health*, vol. 8 no. 3, Melbourne [www.rch.org.au/emplibrary/econnections/CCH\\_Vol8\\_No3\\_May2005.pdf](http://www.rch.org.au/emplibrary/econnections/CCH_Vol8_No3_May2005.pdf)

Department of Human Services, *Head lice – scratching for answers*, [www.health.vic.gov.au/headlice/resources/pages/childcare.htm](http://www.health.vic.gov.au/headlice/resources/pages/childcare.htm)

<i>Education &amp; Care Service National Law Act Vic (2010) - Sections 2(2)(a) &amp; 167(1)(2)(3)</i>
<i>Education &amp; Care Services National Regulations (2011) – Regulations 4, 85, 86, 87, 88, 95, 98, 99, 103, 106, 161, 162, 168(2)(b)(c)(d) &amp; (m)</i>
<i>National Quality Standard for Early Childhood Education and Care &amp; School Age Care (2010) – Elements 2.1.1, 2.1.4, 2.3.2, 4.1.1 &amp; 7.3.3</i>
<i>Occupational Health &amp; Safety Act 2004 (Vic)</i>
<i>Public Health &amp; Safety Wellbeing Regulations 2009 (Vic) – Schedule 7</i>

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