**Infectious Diseases Policy**

***Quality area 2– Children’s health and safety***

**2.1 Health- Each child’s health and physical activity is supported and promoted.**

2.1.1 Wellbeing and comfort

Each child’s wellbeing and comfort is provided for, including appropriate opportunities to meet each child’s need for sleep, rest and relaxation.

2.1.2 Health practices and procedures

Effective illness and injury management and hygiene practices are promoted and implemented.

**2.2 Safety- Each child is protected**

2.2.2 Incident and emergency management

Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practices and implemented.

2.2.3 Child protection

Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk or abuse or neglect.

***Quality area 6– Collaborative partnerships with families and communities***

**6.1 Supportive relationships with families- Respectful relationships with families are developed and maintained and families are supported in their parenting role.**

6.1.1 Engagement with the service

Families are supported from enrolment to be involved in the service and contribute to service decisions.

6.1.3 Families are supported

Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing.

**6.2 Collaborative partnerships**

**Collaborative partnerships enhance children’s inclusion, learning and wellbeing.**.

6.2.3 Community engagement

The service builds relationships and engages with its community.

***Quality Area 7- Governance and Leadership***

7.1.2 Management systems

Systems are in place to manage risk and enable the effective management and operations of a quality service

7.1.3 Roles and Responsibilities

Roles and responsibilities are clearly defined, and understood, and support effective decision making and operation of the service

**7.2 Leadership- Effective leadership builds and promotes a positive organisational culture and professional learning community**

7.2.3 Development of professionals

Educators, co-ordinators and staff members’ performance is regularly evaluated and individual plans are in place to support learning and development

Linked to Education and Care Services National regulations (2011) and Education and Early Childhood Services

(Registration and Standards) Law 2011

**Regulation**

**Law**

**Policy statement**

Toybox CCCC complies with State Health and Medical guidelines. Every child is entitled to be kept safe and well while in care. A record of illness is kept on the premises. Parents/care givers are encouraged to support the centre in following exclusion periods of communicable diseases and where exclusion guidelines are not present, to observe their child's general health and keep away from the centre if showing signs of illness.

Table of Recommended Exclusion Periods

|  |  |  |
| --- | --- | --- |
| **CONDITION** | **Exclusion of case** | **Exclusion of contacts**  |
| *Campylobacter* infection(Gastro) | Exclude until there has not been a loose bowel motion for 24 hrs  | Not excluded |
| Candidiasis (thrush) | Not excluded | Not excluded |
| Cytomegalovirus (CMV) infection | Not excluded | Not excluded |
| Conjunctivitis | Exclude until discharge from the eyes has stopped, unless a doctor has diagnosed non-infectious conjunctivitis | Not excluded |
| *Cryptosporidium*(Gastro) | Exclude until there has not been a loose bowel motion for 24 hrs  | Not excluded |
| Diarrhoea(No organism identified) | Exclude until there has not been a loose bowel motion for 24 hrs  | Not excluded |
| Fungal infections of the skin or nails (e.g. ringworm, tinea) | Exclude until the day after starting appropriate antifungal treatment | Not excluded |
| Giardiasis(Gastro) | Exclude until there has not been a loose bowel motion for 24 hrs  | Not excluded |
| Glandular fever (mononucleosis)Epstein-Barr virus [EBV]infection) | Not excluded | Not excluded |
| Hand foot and mouth disease | Exclude until blisters have dried | Not excluded |
| *Haemophilus influenza type b* (Hib) | Exclude until the person has received appropriate antibiotic treatment for at least 4 days  | Not excludedContact a public health unit for specialist advice |
| Head Lice (pediculosis) | Not excluded if effective treatment begins before the next day at the education and care service.  | Not excluded |
| Hepatitis A | Exclude until a medical certificate of recovery is received and until at least 7 days after the onset of jaundice  | Not excludedContact a public health unit for specialist advice about vaccinating or treating children in the same room or group |
| Hepatitis B | Not excluded | Not excluded |
| Hepatitis C | Not excluded | Not excluded |
| Herpes simplex (cold sores, fever blisters | Not excluded if the person can maintain hygiene practices to minimise the risk of transmissionIf the person cannot comply with these practices (e.g. because they are too young), they should be excluded until sores are drySores should be covered with a dressing, where possible  | Not excluded |
| Human immunodeficiency virus (HIV) | Not excludedIf the person is severely immune compromised, they will be vulnerable to other people's illnesses  | Not excluded |
| Human parvovirus B19 (fifth disease, erythema infectiosum, (slapped cheek syndrome) | Not excluded | Not excluded |
| Hydatid Disease | Not excluded | Not excluded |
| Impetigo | Exclude until appropriate antibiotic treatment has started Any sores on exposed skin should be covered with watertight dressing | Not excluded |
| Influenza and influenza-like illnesses | Exclude until person is well | Not excluded |
| Listeriosis | Not excluded | Not excluded |
| Measles | Exclude for 4 days after the onset of the rash | Immunised and immune contacts care not excludedFor non-immunised contacts, contact a public health unit for specialist adviceAll immunocompromised children should be excluded until 14 days after the appearance of the rash in the last case |
| Meningitis (Viral) | Exclude until person is well | Not excluded |
| Meningococcal infection | Exclude until appropriate antibiotic treatment has been completed | Not excludedContact a public health unit for specialist advice about antibiotics and/or vaccination for people who were in the same room as the case |
| Molluscum contagiosum | Not excluded | Not excluded |
| Mumps | Exclude for 9 days or until swelling goes down (whichever sooner) | Not excluded |
| Norovirus | Exclude until there has not been a loose bowel motion or vomiting for 48 hours | Not excluded |
| Pertussis (whooping cough) | Exclude until 5 days after starting appropriate treatment, or for 21 days from the onset of coughing | Contact a public health unit for specialist advice about excluding non-vaccinated contacts, or antibiotics  |
| Pneumococcal disease | Exclude until person is well | Not excluded |
| Roseola | Not excluded | Not excluded |
| Ross River virus | Not excluded | Not excluded |
| Rotavirus infection | Exclude until there has not been a loose bowel motion or vomiting for 24 hours  | Not excluded |
| Rubella (German Measles) | Exclude until the person has fully recovered or for at least 4 days after the onset of the rash | Not excluded |
| Salmonellosis | Exclude until there has not been a loose bowel motion for 24 hrs  | Not excluded |
| Scabies | Exclude until the day after starting appropriate treatment | Not excluded |
| Shigellosis | Exclude until there has not been a loose bowel motion for 24 hrs  | Not excluded |
| Streptococcal sore throat (including scarlet fever) | Exclude until the person has received antibiotic treatment for at least 24 hours and feels well | Not excluded |
| Toxoplasmosis | Not excluded | Not excluded |
| Tuberculosis | Exclude until medical certificate is produced from appropriate health authority | Not excludedContact a public health unit for specialist advice about screening, antibiotics or specialist TB clinics |
| Varicella (chicken pox) | Exclude until all blisters have dried- this is usually at least 5 days after the rash first appeared in non-immunised children, an less in immunised children | Any child with an immune deficiency )for example, leukaemia) or receiving chemotherapy should be excluded for their own protection as they are at high risk of developing severe disease Otherwise not excluded |
| Viral gastroenteritis (viral diarrhoea)  | Exclude until there has not been a loose bowel motion for 24 hrs  | Not excluded |
| Worms | Exclude if loose bowel motions are occurring Exclusion is not necessary if treatment has occurred | Exclude until there has not been a loose bowel motion for 24 hrs |

When an infectious disease is present in the centre, families will be notified via notices in each room, the Health, Nutrition and Wellbeing Display in the reception foyer or by individual notices, and given information about symptoms and exclusion periods.

If educators suspect a child has an infectious disease, families will be asked to collect their child from care and further medical advice is recommended for an accurate diagnosis.

If a child is unwell at home families are asked to not bring the child into care. Families should notify the centre if their child is diagnosed with or suspected of having an infectious disease.

If an educator is unwell they should not report to work. Educators should contact the centre or the Director/Assistant Director at the earliest possible time to advise of their inability to report to work.

In the case of serious ill health or hospitalisation, the child or educator will require a medical certificate from their medical practitioner or specialist, verifying their recovery is sufficient to enable their return to the centre.

**SICK CHILDREN**

The best place for sick children is at home. As a general rule, children should not be brought into the centre unless they are able to cope with normal child care routines and activities.

If a child becomes unwell whilst at the centre the family (or emergency contact if an immediate family member cannot be contacted) will be notified and asked to collect the child. The child will be made comfortable and, if possible, separated from the other children until a family member or emergency contact arrives. If educators consider it necessary, emergency medical advice/treatment will be sought.

**Source**  Staying Healthy in Child Care - 5th edition 2012

 www.nhrmc.gov.au

 Health (Infectious Diseases) Regulations 2001

 www.health.vic.gov.au/headlice/downloads/infectious\_diseases\_regulations.pdf

 Australian Children's Education and Care Quality Authority ACECQA 2012

 www.acecqa.gov.au

 National Quality Framework and Standards - 2012

 [www.acecqa.gov.au/national-quality-framework/national-quality-standard/](http://www.acecqa.gov.au/national-quality-framework/national-quality-standard/)

**Review**

The policy will be reviewed annually

The review will be conducted by:

* Management
* Employees
* Families
* Interested Parties

**Last reviewed: May 2014**

**Updated October 2017**