

31 - ILLNESS POLICY

Position Statement

Maintaining a healthy community in early learning services is the shared responsibility of parents and team members. Quality standards require services to put specific strategies into action to minimise the spread of infectious illnesses. Early Learning Services are unable to provide care to contagious and ill children.

Related Policies

Health & Hygiene Policy
Health and Wellbeing Policy
Incident, Injury, Trauma and Illness Policy
Infectious Diseases and Immunisation Policy
Medical Conditions Policy
Interactions with Children Policy
Rest Time/Sleep Policy
Occupational Health & Safety Policy
Anaphylaxis Policy
Asthma Policy
Diabetes Policy
Coronavirus Policy
Cystic Fibrosis Policy
Epilepsy Policy
First Aid Policy
Medication Policy
Excursion Policy
Fees Policy
Nutrition, Food, Beverage & Dietary Requirements Policy

Reference Documents

Staying Healthy in Child Care – Preventing Infectious disease in child care Fifth Edition publication:
<https://www.nhmrc.gov.au/sites/default/files/documents/attachments/ch55-staying-healthy.pdf>

Objective

We aim to maintain the health and wellbeing of all children, staff, and their families, ensuring a healthy environment and minimising cross contamination and the spread of illnesses. This policy sets guidelines for caring for and managing children's illnesses to maintain a safe and healthy enrolment.

Department of Health (Victoria) Infectious Disease Guidance

(Source: <https://www.health.vic.gov.au/infectious-diseases/exclusion-periods-for-primary-schools-and-childrens-services>):

- In Victoria, children's services such as childcare centres and kindergartens have a responsibility under the Public Health and Wellbeing Regulations 2019 to help manage infectious diseases in their facilities and exclude certain children for periods as specified in the regulations. There is also a responsibility to follow any direction to exclude a child that is made by the Chief Health Officer. If the service has a sick child, management and educator must:
 - ensure that unwell children do not attend the service, as per national guidelines (Staying healthy: preventing infectious diseases in early childhood education and care services, 5th edition);

- isolate children who become unwell during the day from other children and send the unwell child home as soon as possible;
- exclude the unwell child from the service; and
- consider actions such as alerting parents or displaying signage.
- It is noted by the Department of Health that childcare services are at particular risk of transmitting infectious diseases because of:
 - close contact with other children and staff
 - lack of previous exposure to common infections
 - lack of toilet training
 - lack of control of other body secretions
 - mouthing behaviour

Implementation

- Our Service adopts the Staying Healthy in Child Care – Preventing Infectious disease in child care (Fifth Edition) publication, developed by the National Health and Medical Research Council to guide the health and wellbeing of children. We aim to provide families with up-to-date information regarding specific illnesses and ways to minimise the spread of infection within the Service.
- As part of illness prevention and communication protocols, the service will display notices and provide information to inform families of illness occurring at the service.
- We understand that it can be difficult for families to know when their child is sick. Families may experience problems taking time off work or study to care for their child at home. However, it is imperative that families preserve a focus not only on the well-being of their own child but also upon the well-being of other children and the Service team.
- Children are more susceptible to picking up illnesses when they first start childcare because they come into contact with more people than they do in their own homes and are exposed to a range of infections they may not yet be immune to.
- The need for exclusion and the length of time a person is excluded depend on how easily the infection can spread, how long the person is likely to be infectious and how severe the disease can be. To protect the health of children and staff within the Service, it is important that children and staff who are ill stay away from the Service for the recommended exclusion period.
- The Approved Provider, Nominated Supervisor, Centre Director and/or the Responsible Person/s in Charge of Service has the ultimate responsibility for deciding if a child is well enough to be at and/or return to the Centre.
- Our Educators and Staff are not medical practitioners and are not able to diagnose whether a child has an infectious illness. However, our team have experience in managing illness in an early childhood setting and if an infectious illness or sickness is suspected, we will ask the family to collect their child from care as soon as possible or to not bring the child to care. The service may request families to seek medical advice and provide a medical certificate or clearance stating the following information:
 - the nature of the illness;
 - that the child is not infectious or no longer infectious;
 - if any medical treatment is required or not;
 - the child is well and able to return to childcare; and
 - any other information of importance.
- On receipt of information, the service will determine the exclusion period applicable and return to care plan.
- A child who has been excluded with an infectious illness will require a doctor's clearance or a medical certificate stating length of time required for infectious illness to clear (before they return to childcare).
- A doctor clearance or medical certificate is not required after 5 days of non- at service (and child is illness symptoms free and well).
- Please see Staying Healthy in Childcare for specific guidance on infectious disease and recommended exclusion period. General guidance when Doctor prescribed child antibiotics; child not to attend care if unwell. Child not to attend care until at least 24 to 48 hours after antibiotics are taken based on infectious disease treatment. (Child able to return when not infectious and child is well.)

- Please refer to the Common Illness Guidelines table below for the service policy on illness management and exclusion periods. The table should be read in conjunction with all policies and procedures of the service and the guide “Staying Healthy in Childcare (5th Edition)”.
- Sometimes children have ongoing medical needs that can be taken care of at the service such as asthma, anaphylaxis, etc. In these situations, services and family will document the child’s general health and behaviour status at enrolment through completion of Medical Management Plans. Please refer to the specific policy for these medical conditions.
- For children with a reportable illness, the Centre Director, Nominated Supervisor or Responsible Person in Charge of Service will notify the state Health Authorities as appropriate. To ascertain if an illness is reportable, please refer to Staying Healthy for exclusion periods and responsibilities of childcare providers and team members. <http://www.nhmrc.gov.au/publications>. Service team members are also required to maintain the Infectious Disease register at the centre (HEI005). See below further guidelines on notifications and reporting.

Symptoms indicating a suspected illness may include (but are not limited to):

<ul style="list-style-type: none"> • Behaviour that is unusual for the individual child, such as child who is normally active and who suddenly becomes lethargic or drowsy; • High temperature of above 38 Degrees Celsius • Poor circulation; • Loose bowels; • Discharge from the eye or ear; • Red or purple rash; • Poor urine output; • Headaches; • Sensitivity to light; • Difficulty in breathing; • Green mucus discharge from nose 	<ul style="list-style-type: none"> • Difficulty in swallowing or complaining of a sore throat; • Persistent, prolonged or severe coughing; • Faeces which is grey, pale or contains blood; • Vomiting; • Loss of appetite / poor feeding; • Skin that displays rashes, blisters, spots, crusty or weeping sores; • Dark urine; • Stiff neck or other muscular and joint pain; • Continuous scratching of scalp or skin; • Drowsiness; • Pain.
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Common Illness Guidelines – Quick Reference

The following table should be read in conjunction with all service policies and procedures and the “Staying Healthy in Childcare (5th Edition)” guide.

Symptom	What to Consider	Summary of Illness Actions and Exclusions
COVID	<p>COVID-19 symptoms range in severity. The following symptoms are considered mild symptoms in children:</p> <ul style="list-style-type: none"> • mild upper respiratory tract symptoms such as congested or runny nose, sneezing, or a scratchy or sore throat • cough with no difficulty breathing • not drinking their usual amount of fluid (such as water) in the past 24 hours • mild vomiting and diarrhoea (fewer than 4 times in the past 24 hours) • mild headache or body aches • mild fever • mild fatigue <p>It’s also possible to have COVID-19 but have no symptoms at all.</p>	<p>COVID is an infectious disease.</p> <p>If your child displays symptoms of COVID or is diagnosed with COVID stay home.</p> <p>Where children become symptomatic at the service they should:</p> <ul style="list-style-type: none"> • be collected by their parents or carers. • undergo testing for COVID-19 using a Rapid Antigen Test(RAT) or PCR test). • Advise service of COVID test result. <p>Guidance:</p> <ul style="list-style-type: none"> • Person who test positive to COVID-19 should stay home and isolate for 5 days

		<ul style="list-style-type: none"> • Person should not attend the service after 5 days if still symptomatic • Person who are symptomatic but have not tested positive should not attend ECEC services. (If child is negative and has other illness symptoms please refer to policy for guidance.) • Stay at home until well and symptoms have resolved. <p>(Source: Department of Health, from 11.59pm 12/10 2022)</p> <p>Based this advice, parents and carers should advise the service of COVID-19 positive test result and not attend the service for 5 days. (Day zero is day of positive test result.) This aims to prevent the wide spread of COVID to other children, families and educators.</p> <p><i>Symptomatic is defined as exhibiting or involving medical symptoms.</i></p>
Fever	<p>Children and older infants with a temperature of above 38°C. No other symptoms but not normal wellbeing.</p> <p>Per guidelines of Staying Healthy in Childcare (5th Ed), key things to remember about fever:</p> <ul style="list-style-type: none"> • The normal temperature for a child is up to 38°C. • Fevers are common in children. • If the child seems well and is happy (no other symptoms), there is no need to treat a fever. Monitor and rest. • If the child is less than 3 months old and has a fever above 38 °C, contact the child's parent and recommend they take the child to a doctor. <p><u>Teething:</u> If guardian or parent believe that regular fever is caused by teething and not another illness, a doctors certificate needs to be obtained and documented on a Long Term Illness Form. If child is ill due to teething, the child is still unable to attend the service and exclusion periods still apply until child is well.</p> <p>First Aid will be applied, and Educators will attempt to lower the child's temperature by:</p> <ul style="list-style-type: none"> ▪ Taking off their shoes and socks. ▪ Applying a cool washer behind their neck and on their forehead. ▪ Removing extra clothing layers (jumpers etc). ▪ Place the child in a quiet area where they can rest, whilst being supervised. ▪ Continue to document any progressing symptoms. ▪ Complete Illness Record, ensuring the form has been completed correctly and signed by the parent/guardian/emergency contact. 	<p>When undertaking temperature checks. If initial temperature check is high; please complete two temperature checks using two different thermometer devices each time. Undertake 2 temperature tests 10 minutes apart. Allow child body to stabilise, remove any excess jackets, etc).</p> <p><i>If COVID symptoms, test for COVID:</i> undergo testing for COVID-19 using a Rapid Antigen Test(RAT) or PCR test). Provide service test results. If positive, see COVID guidance below.</p> <p><u>Initial fever / high temperature:</u></p> <ul style="list-style-type: none"> • Child's temperature is above 38°C <u>and unwell</u>. Child not to be taken to care or child needs to be collected from service by family. 12 hour exclusion period from last high temperature. • Child able to return to care provided is well; temperature below 38°C and no illness symptoms. Temperature should be taken without medication such as Panadol / Nurofen as these medications will mask fever and illness symptoms. <p><u>Next day of care:</u></p> <ul style="list-style-type: none"> • <i>if child temperature is above 38°C and unwell. Suspected enduring illness. Child not to be taken to care or child need to be collected from service by family. 24 hour exclusion period from last high temperature. (Or obtain doctors clearance needed to return earlier than 24 hours if symptom free). Child able to return to care when well and not displaying illness symptoms.</i> • If child returns to care after 24 hour exclusion period and temperature is above 38°C and unwell again, a doctor clearance is required before returning to care.

		<p>Child should not be provided medication such as Panadol / Nurofen before arrival if child has a fever or another illness. If child is provided medication as part of medical management plan before attending or at service by parent, this needs to be documented on a Medication Form and educator team advised upon drop-off.</p>
Common Cold - various symptoms	<p>Symptoms may include coughing, runny nose and a temperature.</p> <p>The common cold (Viral upper respiratory tract infections) are common in children during the first 2 years in childcare setting.</p> <p>Following of hygiene and hand washing procedures are essential to be followed to stop the spread of infection between people.</p>	<p><i>Child not to attend the Service. Minimum of 24 hour exclusion period or obtain doctors clearance needed to return earlier than 24 hours if symptom free. Child able to return to care when well and not displaying illness / cold symptoms.</i></p> <p><i>If COVID symptoms, test for COVID:</i> undergo testing for COVID-19 using a Rapid Antigen Test(RAT) or PCR test). Provide service test results. If positive, see COVID guidance below.</p> <p>The service team will determine if the child is well enough to continue at the service or if the child requires parental care. Our Service aims to support the family's need for childcare, however families should understand that a child who is unwell will need one-on-one attention and cannot attend the service. Also, staying home breaks the chain of infection.</p> <p>A child with a fever - All children will occasionally have an elevated temperature (fever). Having a fever is one of the most common reasons for children to see a doctor.</p> <p>Colds and flu symptoms are very similar to the symptoms of COVID-19. Even if your child's symptoms are mild, they should get tested for COVID-19 immediately and isolate at home until they have received a negative test result.</p>
Diarrhoea	<p>If child has 2 or more consecutive bowel motions that are loose or watery. They may also have stomach cramps.</p> <p>Per Staying Healthy in Childcare; in cases of gastroenteritis, children, educators and other staff who no longer have diarrhoea (loose stools) may still shed diarrhoea-causing germs in their faeces for some time. This means that they are still a potential source of the germ. For this reason, it is important that the infection control process is always followed by all people in the education and care service. This is why exclusion periods are in place.</p>	<p><i>Please do not attend the Service for at least 24 hours after loose bowel motion or diarrhoea has stopped and no other illness symptoms. (Staying Healthy in Childcare)</i></p> <p><i>Diagnosed as Gastroenteritis (gastro) by a doctor:</i> To assist in the management and control of gastroenteritis (gastro), medically diagnosed people with this illness will be excluded from the service for 48 hours after symptoms have ceased/disappeared. If diagnosed with Gastroenteritis (gastro) a doctor clearance is needed to be provided before return to care.</p> <p><i>If have loose bowl motion or diarrhoea and is vomiting do not attend the Service for at least 48 hours after symptoms stop. Child to return once well and after exclusion period.</i></p>
Vomiting	<p>If your child has vomited more than twice in 24 hours. Or if vomit once and displays other illness symptoms (i.e. is unwell)</p>	<p><i>Child not to attend the Service for at least 24 hours after vomiting has stopped and no other illness symptoms. (Staying Healthy in Childcare)</i></p>

	<p>Watch for signs of dehydration.</p>	<p><i>If have loose bowel motion or diarrhoea and is vomiting do not attend the Service for at least 48 hours after symptoms stop. Child to return once well and after exclusion period. (see above)</i></p> <p><i>Parent or guardian to keep the child home until they are feeling well and they have not had any symptoms for at least 24 hours.</i></p>
Cough	<p>This will depend on the severity of the cough. Trouble breathing, wheezing or a harsh cough can be the sign of something more serious such as bronchitis, pneumonia or whooping cough.</p> <p>When an infected person sneezes or coughs, tiny droplets are spread into the air and onto surrounding surfaces. A sneeze can spread droplets as far as 2 metres away. The droplets may be breathed in directly by another person, or another person may touch a surface contaminated with the droplets, then touch their mouth, eyes or nose.</p> <p>Cough and sneeze etiquette should be followed. This is sometimes difficult with young children and an ongoing and persistent cough may require child be sent home or stay at home until cough stops as a strategy to prevent the spread of infection.</p>	<p><i>Persistent cough and unwell – Child not to attend the Service. Minimum of 24 hour exclusion period or obtain doctors clearance needed to return earlier than 24 hours if symptom free.</i></p> <p><i>Child able to return to care when well and not displaying illness symptoms.</i></p> <p><i>If COVID symptoms test for COVID:</i> undergo testing for COVID-19 using a Rapid Antigen Test(RAT) or PCR test). Provide service test results. If positive, see COVID guidance below.</p> <p>If other illness symptoms occur, refer to guidance on these symptoms and the associated exclusion period.</p>
Bronchiolitis	<p>Bronchiolitis is a potentially serious chest infection caused by a virus. The virus infects the small breathing tubes (bronchioles) of the lungs, causing inflammation, mucus production and breathing difficulties.</p> <p><i>Respiratory syncytial virus (RSV)</i> is usually responsible for bronchiolitis, although other viruses may cause outbreaks. Infections often occur in infants less than 1 year old, usually in winter. The incubation period for RSV is usually 5 days but can range from 2 to 8 days.</p>	<p>People are infectious just before symptoms begin and during the active stage of the disease—this is usually 1 week in total.</p> <p><i>A child with bronchiolitis should stay at home until they are feeling well and display no symptoms. Doctor's clearance needs to be provided for return to care and child is well.</i></p> <p><i>If child diagnosed with bronchiolitis; not to attend care until for 24 hours after antibiotics are taken and present no illness symptoms. If child not taken antibiotics minimum 48 hours exclusion period and no illness symptoms.</i></p>
Rash	<p>Rashes can be caused by the following (<i>Staying Healthy in Childcare</i>):</p> <ul style="list-style-type: none"> • Allergic reactions to a variety of things (e.g. food, medication, soap, clothing material, grass or any number of irritants). Examples of allergic reactions include hives or eczema. Watch the child for signs of more serious reactions, including swelling around the face, tightness in the throat, difficulty breathing or vomiting. • Sensitivity to something—examples include nappy rash or dribble rash. • Viruses—examples include varicella, human parvovirus and roseola. • Bacteria—examples include impetigo (school sores). • Fungi—examples include ringworm. • Insect bites—can often appear as several red bumps. 	<p><i>A Doctor needs to evaluate your child before sending them to care or after being sent home from care.</i> Please provide service with a medical clearance before returning to the service. The exclusion period depends on the cause of the rash. Even if the rash is not infectious, the child should stay at home if they are not feeling well. Child can return to care if rash is not infectious and feeling well.</p>

Hand, foot and mouth disease	<p>Per Staying Healthy in Childcare, symptoms of hand, foot and mouth disease include tiny blisters on various parts of the body, including in the mouth, and on the fingers, palms of hands, buttocks, nappy area, soles of the feet, upper arms or upper legs. The blisters last a little longer than a week. Some children may also have a fever, sore throat, runny nose or cough. Vomiting or diarrhoea are uncommon.</p>	<p>A Doctor needs to evaluate your child before sending child to care or after being sent home from care. Please provide service with a medical clearance before returning to the service.</p> <p>People are infectious as long as the blisters contain fluid. Faeces can remain infectious for several weeks.</p> <p>Child will be unable to attend care until all blisters have dried.</p> <p>If a service outbreak is identified, children who have been diagnosed may be excluded longer to break the chain of infection.</p>
Runny nose	<p>A runny nose, no other symptoms. Child's wellbeing the same as normal.</p> <p>Nose mucus discharge colour is clear.</p> <p>Green mucus discharge indicator potential infection.</p> <p>If child has other symptoms, such as a high temperature, it is an indication of a greater illness.</p>	<p>Able to attend provided clear mucus only, no other symptoms and child's wellbeing is normal.</p> <p>Runny nose (green mucus), high temperature and child unwell: <i>Child not to attend the Service. Minimum of 24 hour exclusion period or obtain doctors clearance needed to return earlier than 24 hours if symptom free. Child able to return to care when well and not displaying illness symptoms. If ongoing illness symptoms see doctor and obtain clearance.</i></p> <p>If COVID symptoms test for COVID: undergo testing for COVID-19 using a Rapid Antigen Test(RAT) or PCR test). Provide service test results. If positive, see COVID guidance below.</p> <p>If other illness symptoms occur, refer to guidance on these symptoms and the associated exclusion period.</p>
Red eyes / Conjunctivitis	<p>Is the eye red and watery? The eyelids may also stick together on waking. This could be conjunctivitis which is highly contagious.</p> <p>Red eyes are a symptom of some infectious diseases.</p>	<p>Red eyes or conjunctivitis: a Doctor or Registered Pharmacist needs to evaluate your child before sending child to care or after being sent home from care to determine that it is an infectious disease such as conjunctivitis OR not.</p> <p>Children with infectious conjunctivitis will be excluded until the discharge from the eyes has stopped (<i>Staying Health in Childcare</i>).</p> <p>Unless your doctor has diagnosed a non-infectious cause, keep your child home while there is discharge from the eye and speak to your doctor about a suitable product or treatment plan. ie eye drops with pharmacy label is required.</p> <p>If it is not an infectious disease and there is discharge from the eye (eg. As result of blocked tear duct) a doctor letter will need to be provided to advise child is non-infectious and fit and well to attend care. If child is unwell, please keep child at home.</p>
Stomach ache	<p>This can often be hard for you to judge as it could be caused by several things including constipation and even anxiety. If there are other symptoms such</p>	<p>If child is in pain or distress – child not to attend care until well.</p>

	as vomiting or diarrhoea, please refer to these guidance's.	
Impetigo (school sores)	<p>Per Staying Healthy in Childcare: Impetigo appears as flat, yellow, crusty or moist patches or blisters on the skin, usually in exposed areas such as the face, arms and legs. The sores can be more than 1 cm in diameter. The disease is very infectious.</p> <p>The sores are filled with bacteria, which spread by contact with the sores or infected fluid. Because the sores are usually itchy, people can scratch them and spread the infection, via their hands, to other parts of the body or to other people. The infection can also be spread by touching contaminated clothing or other items.</p>	<p>A Doctor needs to evaluate your child before sending child to care or after being sent home from care.</p> <p>If impetigo, exclusion period applies while infectious.</p> <p>People are infectious for as long as there is fluid weeping from the sores. They are no longer infectious 24 hours after starting antibiotic treatment, or when the sores have healed.</p> <p>If child need to take medication, please complete Medication Records form and discuss with educators.</p>
Itchy scalp	Head lice can cause intense itching. They live and breed on the scalp and are easily passed from child to child.	<p>In the case of head lice, provided that the child has been treated to remove the lice, they will be allowed to return to childcare.</p> <p>If child is distressed or in pain from itchy scalp – child should not attend care.</p> <p>Your local pharmacy will stock special combs as well as shampoos, cream and other products which contain a special insecticide.</p>
Hay Fever	Some of the symptoms can include sneezing, a runny or stuffy nose, itchy ears, nose and throat, red, itchy or watery eyes and headaches.	Doctor to diagnose as Hay Fever and not an infectious disease or other illness. Medical Management Plan for Hay Fever to be prepared by parent and doctor; including any medication instructions (if applicable). If child is unwell, they will be excluded from service until well.
Earache	Evaluate along with other symptoms, such as a fever. Common conditions of the ear include infection, inflammation and wax build up and some of these can be quite painful and uncomfortable.	<p>Doctor and/or pharmacist to diagnose.</p> <p>If child is unwell, they will be excluded from service until earache is not present and child's wellbeing is normal.</p> <p>If child is well and no other illness symptoms, able to return care.</p> <p>Complete medication forms if prescribed medication. All medication needs to have a pharmacy label to be left at the service.</p>
Sore throat	<p>Sore throats can be caused by either viruses or bacteria.</p> <p>Viral and bacterial throat infections are spread by airborne droplets (coughing and sneezing). They can also spread indirectly by contact with surfaces that have been contaminated by infectious airborne droplets.</p>	<p>Per Staying Health in Childcare:</p> <ul style="list-style-type: none"> - People with a sore throat caused by a virus are infectious for as long as they are coughing or sneezing. This may last several days. -People with a bacterial sore throat can be infectious for 2–3 weeks after becoming ill if they are not treated. If they take antibiotics, they are infectious until 24 hours after starting treatment. <p>A Doctor needs to evaluate your child before sending child to care or after being sent home from care. Doctor to diagnose and provide medical clearance advising not infectious.</p> <p>Exclusion Period: Children with sore throats should stay at home until they are feeling well and not infectious.</p>

		<p>Children with sore throats caused by bacteria should stay at home until they are feeling well and have had antibiotic treatment for at least 24 hours. If not taking antibiotics; exclusion required until sore throat is cleared and no other illness symptoms.</p> <p>If COVID symptoms test for COVID: undergo testing for COVID-19 using a Rapid Antigen Test(RAT) or PCR test). Provide service test results. If positive, see COVID guidance below.</p>
Please refer to “Staying Healthy in Childcare (5th Edition)” guide for other common infectious diseases information.		

Management and Educators will ensure:

- The service is following Department of Health (VIC) guidelines, such as:
 - ensure that unwell children do not attend the service, as per national guidelines (Staying healthy: preventing infectious diseases in early childhood education and care services, 5th edition);
 - isolate children who became unwell during the day from other children and send the unwell child home as soon as possible;
 - exclude the unwell child; and
 - considering actions such as alerting parents or displaying signage.
- A healthy and safe environment is provided to all children attending the centre, excluding children who are sick is a requirement to achieve this outcome.
- Effective hygiene policies and procedures are adhered to.
- Effective environmental cleaning policies and procedures are adhered to.
- All families will have access to relevant policies upon enrolment.
- A child who has not been fully immunised will be excluded from the Service if; an infectious disease is reported within the Service community and that child is deemed to be in danger of contracting the illness. Please refer to our Infectious Diseases and Immunisation Policy – 32.

Parent and Guardian Responsibility

- To prevent the spread of disease, families are required to monitor and inform the service of their child’s illness, medical conditions, any changes to health or wellbeing, in particular:
 - Runny, green nose
 - High temperature
 - Diarrhoea
 - Red, swollen or discharging eyes
 - Vomiting
 - Rashes
 - Irritability, unusually tired or lethargic, etc.
- Child should not be provided medication such as Panadol / Nurofen before arrival if child has a fever or another illness. If child is provided medication as part of medical management plan before attending or at service by parent, this needs to be documented on a Medication Form and advised educator team on drop-off.
- Keep their children at home if they are unwell or have an excludable infectious disease.
- Keep their child at home if there is an infectious disease at the service and their child is not fully immunised against it.
- Inform the service if their child has an infectious disease or has been in contact with a person who has an infectious disease.
- Seek advice from medical practitioners to support their children’s health and wellbeing. Share this information with the service to assist in making informed decisions.
- Obtain medical clearance before returning to care if their child has an infectious disease and have been excluded from care.

Children arriving at the Service who are unwell

The service will not accept a child into care if they:

- Are unwell and unable to participate in normal activities or require additional attention due to illness.

- Are suspected of having or have an infectious disease or illness.

Children who become ill at the Service

- Children may become unwell throughout the day, in which Management and Educators will respond to children's individual symptoms of illness and enact appropriate first aid and illness and infectious disease management strategies and apply applicable exclusion periods.
- While in care, if child is suspected of being ill, Educators will monitor health and temperature and document the child's symptoms on the Health Record.
- If child is sent home due to illness a 'Incident, Injury, Trauma and Illness Record Form (HEI007)' will be completed by Educator, communicated with family and signed by parent/guardian upon collection.
- Families will be asked to collect their child within 30 minutes (or as soon as practically agreed) of the call or arrange for an authorised nominee to collect. If there is no one able to collect the child within this time the child's condition will be monitored and if worsens an ambulance will be called.
- As part of our Enrolment Terms and Conditions; all families need to have emergency contacts and authorised nominee listed on Enrolment Records to receive calls or collect children (if parent/guardians are unable to be reached or attend the service personally).

Incident, Injury, Trauma and Illness Record Form

- The Incident, Injury, Trauma and Illness Record Form (HEI007) to be properly completed at this time and then must state only what was seen to occur. The form must be filled out as soon as is practicable following the team members first aid response to the situation. Normal protocols for filling out the reports are to be followed. If the child's illness requires the tracking of symptoms and recording of body temperature please use the Health Record (HEI004).
- The Regulatory Authority must be notified when they believe an illness or emergency meets the definition of serious incident or it poses a significant risk to the health, safety and wellbeing of children. Before reporting, consideration is to be given to the severity and scope of the matter; impact and risk to the health, safety and wellbeing of the child or children and number of children involved. If a serious incident or injury occurs and child needs to seek urgent and immediate medical assistance (i.e. Ambulance or attend hospital), in addition to completing the internal Incident, Injury, Trauma and Illness Record Form, the Centre Director/Nominated Supervisor or Responsible Person in Charge of Service may be required to prepare the ACECQA form on the NQS ITS system "Notification of Serious Incident Form -SI01" and forward to the Approved Provider for review. The reviewed and completed Notification of Serious Incident Form is forwarded to ACECQA within 24 hours of the reportable illness or injury.

Managing Illness and Excluding children from the Service

- In Victoria children's services, such as childcare centres and kindergartens, have a responsibility under the Public Health and Wellbeing Regulations 2019 to help manage infectious diseases in their facilities and exclude certain children for periods as specified in the regulations.
- Services aim to prevent the spread of illness by minimising the transmission of infectious disease from one person to another.
- All children, staff and families at the service benefit from the practice of excluding ill children. Unwell children need additional individual comfort and attention that is difficult to provide in a childcare environment. Ill children can also recover more quickly if they can rest and be cared for at home, ensuring the infection is less likely to spread to other children, families, and staff.
- When a child has been diagnosed with an illness or infectious disease, the Service will refer to Staying Healthy in Childcare (5th Edition) and Service policies to find the recommended action and exclusion period. We will request a medical clearance from a doctor stating that the child is cleared to return to the childcare setting.
- Children who are sent home sick are not allowed to return to the centre within time frame advised by National Health and Medical Research Council (NHMRC) or recommendations advised in Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th edition). The child can only return to the centre when they do not present signs of sickness and will not spread infectious disease to other children. Exclusion periods are made in accordance with NHMRC guidelines and other medical guidelines such as Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th edition) or specific guidelines issued by the Department of Health or any other regulatory authority.

- When an infectious disease has been diagnosed, the Service will display appropriate documentation and alerts for families including information on the illness/disease, symptoms, infectious period and the exclusion period. (This information can be obtained from Staying Healthy in Child Care 5th Edition)
- Washing hands with soap and water is one of the most effective ways to prevent the spread of infection.

Notifying families and Emergency Contact

- It is a requirement of the Service that all emergency contacts are able to pick up an ill child as quickly as possible.
- In the instance that the ill child is not collected in a timely manner or should parents refuse to collect the child, a warning letter will be sent to the family outlining Service policies and requirements. The letter of warning will specify that if there is a future breach of this nature, the child's position could be terminated.

Returning to care after surgery

- Children who have undergone any type of surgery will need to take advice from their doctor/surgeon as to when it is appropriate to return to care.
- Children will require a medical clearance stating the child is fit and able to return to the Service and participate in daily activities.

Reporting Outbreaks to the Local Public Health Unit

Outbreaks of communicable diseases represent a threat to public health. To prevent outbreaks, it is important to monitor the number of people who contract certain infectious diseases and their characteristics, and to work with patients and their doctors to help prevent spread to other people.

The VIC Public Health Act 2010 lawfully requires and authorises doctors, hospitals, laboratories, school principals and childcare centre to confidentially notify VIC Health of patients with certain conditions, and to provide the information delineated on the notification forms. Specialist trained public health staff review this information and if necessary contact the patient's doctor, and sometimes the patient, to provide advice about disease control and to complete the collection of information.

All information is held confidentially in order to protect the patient's privacy. Both the VIC and Commonwealth Privacy Acts contemplate the release/disclosure of patient information where it is lawfully required or authorised.

Management is required to notify the Local Public Health Units (LPHU):

- Mildura Services: Loddon Mallee Public Health Unit - Mildura Rural City: Phone: 03 5454 6060, Email: info@bendigohealth.org.au. Website: <https://bendigohealth.org.au/LMPHU/>
- East Malvern: Monash Health's South East Public Health Unit (SEPHU)South East Public Health Unit (led by Monash Health)) - (Stonnington City): Phone: 1300 331 981, Website: <https://sephu.org/>

By phone or email as soon as possible (within 24 hours) after they are made aware that a child enrolled at the service is suffering from one of the following vaccine preventable diseases:

- Diphtheria
- Mumps
- Poliomyelitis
- Haemophilus influenzae Type b (Hib)
- Meningococcal disease
- Rubella ("German measles")
- Measles
- Pertussis ("whooping cough")
- Tetanus
- An outbreak of gastrointestinal or respiratory illness

Gastroenteritis outbreaks

With reference to the “A guide for the management and control of gastroenteritis outbreaks in children’s centres” (Source: <https://www.health.vic.gov.au/publications/a-guide-to-the-management-and-control-of-gastroenteritis-outbreaks-in-childrens>):

- Service are recommended to notify of an ‘outbreak’. An ‘outbreak’ may be defined as two or more cases of vomiting and/or diarrhoea occurring among children and or/staff with 48 hours of each other. If this occurs and the symptoms cannot be explained by medication or other medical conditions, the centre may have an outbreak. Please note the gastroenteritis must be diagnosed by a medical practitioner.
- Medical practitioners are legally required to notify the Department of Health and Human Services (VIC) if they become aware of cases who may have “Food or water borne illness (two or more associated cases)” and particularly for children who may attend the same children’s services centre. Currently there is no legal requirement for children’s services centres to notify the Department of Health and Human Services of an outbreak of gastroenteritis.
- Notification of an outbreak of gastroenteritis by a children’s services centre is **strongly recommended** as the department and local government can provide advice and support in managing outbreaks to minimise the severity and duration of illness, particularly in children.
- If you suspect you have a gastro outbreak, the first step is to notify the Department of Health and Human Services, Communicable Disease Prevention and Control on 1300 651 160 within 24 hours. The department officer will collect information on the number of cases, symptoms, duration of illness and other details, and can discuss any issues you may have and provide advice if necessary. Based on the information you provide, the officer will assess the probable cause of the outbreak and the way in which it is likely to spread.
- Once an outbreak of gastroenteritis has been identified, it is essential that cleaning and infection control measures are implemented immediately to reduce the risk of the infection spreading and the number of cases increasing as per the attached document. The centre will use ‘A guide for the management and control of gastroenteritis outbreaks in children’s centres’ as reference and follow the steps detailed in the guide.
- Clean-up and control measures must be implemented for all gastroenteritis outbreaks as soon as possible after an outbreak is suspected and must continue until the outbreak has been confirmed as being over (48 hours after symptoms have ceased in the last case – no further cases of illness occurring).

Outbreak of an Infectious Disease

Services should notify the Local Public Health Unit if an outbreak of an infectious disease that is preventable by vaccine occurs. The service will collect and keep up to date records of every child’s immunisation status. Records must also be kept of children who have not received any vaccinations. Family members have a responsibility to tell the centre if their child develops a vaccine preventable disease.

If this occurs, the following should happen:

1. The child’s parent/guardian notifies the service that their child has been diagnosed with a disease that can be prevented by vaccine.
2. The Centre Director/Responsible Person in Charge of Service will call the Local Public Health Unit (see details above)

The Centre Director may need to provide the following information:

- Child’s Full Name
- Date of Birth
- Address
- Contact Details
- A list of children who are unimmunised and their details.

3. The service will follow instructions of the Local Public Health Unit and display information in the service on the infectious disease.

A list of infectious diseases and exclusion periods is available online.

Evaluation and Review

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters)

Policy Reviewed: 3/7/2023

Policy Next Review: 15/5/2024

Reference:

NQS

QA2	<i>Children's Health and Safety</i>	
	2.1.1	<i>Each child's health needs are supported.</i>
	2.1.4	<i>Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines.</i>
	2.2.1	<i>Healthy eating is promoted and food and drinks provided by the service are nutritious and appropriate for each child.</i>
	2.3.1	<i>Children are adequately supervised at all times.</i>
	2.3	<i>Each child is protected.</i>
	2.3.2	<i>Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.</i>
	2.3.3	<i>Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.</i>

National Act and Regulations

Education and Care Services National Law Act 2010
Education and Care Services National Regulations

Reg	85	<i>Incident, injury, trauma and illness policies and procedures</i>
	86	<i>Notification to parents of incident, injury, trauma and illness</i>
	87	<i>Incident, injury, trauma and illness record</i>
	88	<i>Infectious diseases</i>
	89	<i>First aid kits</i>
	90	<i>Medical conditions policy</i>
	92	<i>Medication record</i>
	93	<i>Administration of medication</i>
	97	<i>Emergency and evacuation procedures</i>
	161	<i>Authorisations to be kept in enrolment record</i>
	162	<i>Health information to be kept in enrolment record</i>

Other References:

- **National Health and Medical Research Council: Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th edition)**
- **Australian Government National Health and Medical Research Council (2012)**
- **'A guide for the management and control of gastroenteritis outbreaks in children's centres' – November 2017**

- **Starting Blocks.gov.au “Illness in Early Learning Services” <https://www.startingblocks.gov.au/other-resources/factsheets/illness-in-childrens-education-and-care-services>**
- **ACECQA Policy and Procedure Guidelines “Dealing with Infectious Diseases” August 2021**
- **“Too Sick for Daycare?” Think Pharmacy First - Ask Your Pharmacist Fact Sheet.**
- **Public Health and Wellbeing Regulations 2019 (Vic)**
- **Victorian Public Health and Wellbeing Act 2008**
- **Public Health and Wellbeing Regulations 2010, Schedule 7**
- **Handbook on Child Care Licensing**
- **Guide to the National Quality Framework**
- **Standards Australia**
- **Food Safety Legislation 2001**
- **Occupational Health and Safety Act 2004**
- **CCMS – Federal Funding Guidelines**
- **Occupational Health & Safety Act 2004**