



Policies and Procedures

Infectious Disease and Exclusion

Acacia centres will seek to maintain a healthy environment for children and staff. Illness will be monitored and in the case of contagious or infectious disease, exclusion from the centre is required.

Infectious diseases are common in children. Children are at a greater risk of exposure to infections in a children's service than at home due to the amount of time spent with a large number of other children.

We acknowledge that we are not health care professionals and the centre does not have a proper health care facility. When a child becomes ill whilst at the centre the Director in collaboration with Educators and Staff need to assess whether to monitor the child or to call parents to collect the child.

Caring and Monitoring children's health

Acacia have an expectation that all educators will work together in ensuring the wellbeing of your child. Communication between all educators and families, along with appropriate steps will be undertaken when children or staff present the following

- **High fever**

a high fever in a young child can be a sign of infection, and needs to be investigated to find the cause. However, fever by itself is not necessarily an indicator of serious illness (see below for more details about fever).

- **Drowsiness**

the child is less alert than normal, making less eye contact, or less interested in their surroundings.

- **Lethargy and decreased activity**

the child wants to lie down or be held rather than participate in any activity, even those activities that would normally be of interest.

- **Breathing difficulty**

this is an important sign. The child may be breathing very quickly or noisily, or be pale or blue around the mouth. The child may be working hard at breathing, with the muscles between the ribs being drawn in with each breath.

- **Poor circulation**

the child looks very pale, and their hands and feet feel cold or look blue.

- **Poor feeding**

the child has reduced appetite and drinks much less than usual. This is especially relevant for infants.

- **Poor urine output**

there are fewer wet nappies than usual; this is especially relevant for infants.

- **Red or purple rash**

non-specific rashes are common in viral infections; however, red or purple spots that do not turn white if pressed with a finger require urgent medical referral because the child could have meningococcal disease.

- **A stiff neck or sensitivity to light**

this may indicate meningitis, although it is possible for infants to have meningitis without these signs.

- **Pain**

a child may or may not tell you they are in pain. Facial expression is a good indicator of pain in small infants or children who do not talk. General irritability or reduced physical activity may also indicate pain in young children.

These clinical features cannot be relied on to say for certain that a child is seriously ill, nor does their absence rule out serious illness. The more of the above features that are seen, the more likely it is that the child may have a serious illness. Remember that illness in infants and young children.



Management of unwell child at the centre

The centre will provide a suitable area away from other children where a child who is unwell can rest

The centre recognises that children may develop symptoms of illness during their time at the centre. Educators will observe a decline in the child's health and wellbeing that indicates an illness. Minor symptoms will be verbally reported to parents when they collect their child and recorded in the Illness or injury record.

Parents will be contacted and asked to collect their child as soon as possible when symptoms suggest that the child shows symptoms of being unwell e.g. fever, lethargy, differences in their everyday general behavior, or distressed. The child's overall wellbeing will be considered when calling families to collect their child/ren.

If parents are not able to be contacted, all emergency contacts will be contacted for collection.

In an event of the child becoming very unwell that needs urgent medical attention an ambulance will be called.

In the case of serious ill health or hospitalisation, the staff member will require a medical certificate from their medical practitioner, verifying that their recovery is sufficient to enable their return to the centre. Details will be entered into the Illness record.

For any child who is not coping within the group for a period of time and is considered to need one to one care by staff, their parent/guardian will be contacted and appropriate action decided between both parties.

Staff will not administer continual doses of pain relieving medication if a child is unwell. Upon arrival at the centre, staff will observe each child and where necessary request that a parent not leave their child who is physically unwell, may be asked to go home

Families requesting ongoing pain relieving medication due to an unwell child will be asked to take their child home to rest and recuperate.

Children may return when completely well.

Refer to Administering Medication policy for further information.

Educators will record all illness in the centre's Illness Register, including both staff and children. Details entered will include: date, time of onset name, age, symptoms, room or group place, description of illness and action taken.

Educators will ensure that the person collecting the child is made aware of any record made in an incident and illness record which will need to be signed. This record will be securely filed and kept until the child is 24 years old.

Family Responsibilities

Parents are requested to take responsibility for not bringing unwell children into the centre, or children who may infect other children or staff with an illness.

those children. We ask that you collect your child as soon as possible. If you are not able to collect your child, we ask families to make suitable arrangements to ensure the child is collected as soon as possible and a medical practitioner is seen.

Staff Responsibilities

Staff are expected to observe the same guidelines as for children regarding attendance at the centre when not well. Staff who are unwell should not come to work. They should contact the centre as soon as possible to advice of their inability to work.

Victorian Public Health Unit- Notifiable Disease.



If our centre has a suspected case of one of these six diseases, you must notify the department (Our Local Public Health unit via **telephone: 1300 651 160**) immediately under the Public Health and Wellbeing Regulations 2009 to manage the following infectious diseases:

- whooping cough (pertussis)
- polio
- measles
- mumps
- rubella (German measles)
- meningococcal disease.

Two or more related cases of suspected food or water-borne illness (e.g.gastro) must be notified within 24 hours of diagnosis (presumed or confirmed).

Talking to public health units provides current information, so appropriate steps are taken to manage the outbreak and to control further spread of the infection.

You can further assist the department to manage the spread of infection by:

- asking for consent from the parents or guardians of the unwell child to be contacted by the department to investigate the suspected disease
- asking the parents or guardians for the contact details of the doctor or health professional believed to have diagnosed the disease, and passing these details to the department
- ensuring that all staff are fully immunised and know their immunisation status.

The department will:

- investigate – for example, through laboratory testing – to determine whether it is one of the six diseases listed above
- contact the doctor believed to have diagnosed the disease

If Acacia has a sick child, you must:

- ensure that unwell children do not attend your school or 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
- notify the department immediately if a child is suspected of having one of the six infectious diseases listed above; please call the department even if you believe a doctor has already done so
- defer any action, such as alerting parents, excluding unwell children or displaying signage, until directed to do so by the department.



Notifiable conditions in Victoria

Medical practitioners are required by law to notify the Department of Health and Human Services if they believe a patient has, or may have, one of the following conditions:

Phone 1300 651 160

Group A conditions require immediate notification by TELEPHONE upon clinical suspicion or initial diagnosis (presumptive or confirmed), followed by WRITTEN notification within five days.

- Anthrax
- Botulism
- Chikungunya virus infection
- Cholera
- Diphtheria
- Food or water borne illness (2 or more related cases)
- Haemolytic uraemic syndrome (HUS)
- Haemophilus influenzae type b infection (Hib) (epiglottitis and other invasive infections)
- Hepatitis A
- Japanese encephalitis
- Legionellosis
- Measles
- Meningococcal infection (invasive)
- Middle East Respiratory Syndrome coronavirus (MERS CoV)
- Murray Valley encephalitis virus
- Paratyphoid
- Plague
- Poliovirus infection
- Rabies
- Severe acute respiratory syndrome (SARS)
- Smallpox
- Tularaemia
- Typhoid
- Viral haemorrhagic fevers
- Yellow fever

Group B conditions require WRITTEN notification upon initial diagnosis within five days.

- Arbovirus infection – other
- Barmah Forest virus infection
- Brucellosis
- Campylobacteriosis
- Creutzfeldt-Jakob disease (classical/variant)
- Cryptosporidiosis
- Dengue virus infection
- Hepatitis B (newly acquired/ unspecified)
- Hepatitis C (newly acquired/ unspecified)
- Hepatitis D
- Hepatitis E
- Hepatitis viral (not further specified)
- Influenza (laboratory confirmed) (types A and B)
- Kurjin virus infection
- Lead (blood lead > 5 µg/dL)
- Leprosy
- Leptospirosis
- Listeriosis
- Lysosavirus (incl. Australian bat lyssavirus)
- Malaria
- Mumps
- Mycobacterium ulcerans
- Pertussis
- Pneumococcal infection (invasive)
- Psittacosis (ornithosis)
- Q fever
- Ross River virus infection
- Rubella (incl. congenital rubella syndrome)
- Salmonellosis
- Shigatoxin and verotoxin producing Esherichia coli (STEC/VTEC)
- Shigellosis
- Tetanus
- Tuberculosis (pulmonary/ extrapulmonary)
- Varicella (chickenpox/herpes zoster [shingles])

Group C conditions are sexually transmitted infections. They only require WRITTEN notification within five days of initial diagnosis. To preclude identification of the patient, only the first two letters of the family and given name of the patient are required along with other prescribed details.

- Chlamydia trachomatis infection
- Donovanosis
- Gonococcal infection
- Syphilis (including congenital)

Group D conditions are HIV (Human Immunodeficiency Virus) and AIDS (Acquired Immunodeficiency Syndrome). They only require WRITTEN notification within five days of initial diagnosis. A separate form is used for this purpose, which is forwarded to the diagnosing medical practitioner with the laboratory confirmation of HIV infection.

Further information Phone 1300 651 160

Disease information, surveillance data and links to public health alerts can be found at www.health.vic.gov.au/notify

Notifying is easy

Group A conditions

1. Phone 1300 651 160 (local call), and
2. Send notification form via
 - fax 1300 651 170 (local call) or
 - post to Reply Paid 65937 Melbourne VIC 8060 or
 - online at www.health.vic.gov.au/notify

Group B, C and D conditions

1. Send notification form via
 - fax 1300 651 170 (local call) or
 - post to Reply Paid 65937 Melbourne VIC 8060 or
 - online at www.health.vic.gov.au/notify

You can order notification forms and reply paid envelopes, or download notification forms, online at www.health.vic.gov.au/notify

Order free copies of this poster by selecting 'Resources' at www.health.vic.gov.au/infectious-diseases
Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.
© State of Victoria, March 2016. Printed by Print Dynamics Mount Waverley. (9600933)



Diarrhea or Vomiting

If the child has signs of diarrhea/gastro, e.g. two or three runny bowel motions or vomiting, parents will be contacted to pick them up. Children need to be kept at home for a minimum of 24 hours if they have shown signs of gastroenteritis or vomiting. Children need time to recover so as not to infect other children.

Fever

Fever is very common in children as it is the way the body fights an infection or virus. The normal temperature for a child is up to 38°C. When a child develops a temperature of over 38 degrees, monitor the child on how they feel. If the child seems well and is happy, there is no need to treat the child. If the child is less than 3 months and unwell, the parent/guardian will be contacted to take them home. The child's temperature must be normal for minimum 24 hours before returning to the centre.

If a child has a fever, ensure they drink plenty of fluids and are not overdressed. Avoid cold-water sponging or cold baths that make the child shiver. If sponging or bathing makes the child feel more comfortable, use lukewarm water.

Paracetamol is often given for fevers over 38.5°C to help the child feel better, rather than reducing the temperature.

Paracetamol is not kept at the centre and families are required to present a letter from a medical practitioner for educators to administer any dose.

Head Lice

If a child is found to have live eggs or lice in their head, they must be treated through appropriate treatment before they are allowed to return to the centre. Information brochures on handling head lice from the Victoria Department of Health are available at centres.

Rashes



Any uncertain rashes on a child's body necessitate a doctor's certificate to be presented, before that child can return to the centre

Conjunctivitis

The child needs to be excluded from centre until the discharge has ceased from eyes or they have started treatment e.g. eye drops.

Head Injuries:

If a child injures their head during play and the injury has caused considerable swelling / bruising, parents/guardians will be notified by phone immediately and appropriate action decided between both parties.

Exclusion of Infectious Disease

The aim of exclusion is to reduce the spread of infectious disease. The less contact there is between people who have an infectious disease and people who are at risk of catching the disease, the less chance the disease has of spreading. Excluding ill children, educators and other staff is an effective way to limit the spread of infection in education and care services

Sometimes people who have been in contact with an infected person may need to be excluded too. This depends on the disease; a public health unit will usually be involved to make sure exclusion is appropriate.

Different exclusion periods will apply to people whose work involves food handling. If people whose work involves food handling have vomiting or diarrhoea, they should not return to work until they have been symptom-free for 48 hours.

Parents must inform an educator or preferable the person in charge immediately if their child is diagnosed with an infectious disease.

Acacia adheres to the recommendations set by the Department of Health's Communicable disease prevention on the minimum periods of exclusion for infectious disease. A medical certificate must be provided before the child can return to the centre.

Any child who has **not** been immunised against any outbreak of an immunised disease will not be able to attend the centre, even if the child is well. Children will be allowed to return to the centre when notified by the Director or after they have been immunised against the particular disease.

When an infectious disease is confirmed, parents will be informed if either a child or staff member has an infectious disease by a sign at the entrance and via email.

Any children or member of staff who is suspected of, or is found to be suffering a transmitted disease or condition, will not be permitted to remain on the premises and will only be allowed to return after a medical certificate has been provided.

The below table is the recommendation of minimum exclusion periods for infectious conditions for school, pre-school and childcare centre.



Public Health and Wellbeing Regulations 2009

Schedule 7

Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts (Public Health and Wellbeing Regulations 2009).

In this Schedule, medical certificate means a certificate from a registered medical practitioner.

[1] Conditions	[2] Exclusion of cases	[3] 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
Chickenpox	Exclude until all blisters have dried. This is usually at least 5 days after the rash appears in unimmunised children, but may be less in previously immunised children	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded
Conjunctivitis	Exclude until discharge from eyes has ceased	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 the Secretary
Hand, Foot and Mouth disease	Exclude until all blisters have dried	Not excluded
Haemophilus influenzae type b (Hib)	Exclude until at least 4 days of appropriate antibiotic treatment has been completed	Not excluded
Hepatitis A	Exclude until a 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
Human immuno-deficiency virus infection (HIV/AIDS virus)	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	Exclude until well	Not excluded unless considered necessary by the Secretary
Leprosy	Exclude until approval to return has been given by the Secretary	Not excluded
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 hours of their first contact with the first case, or received NHIG within 144 hours of exposure, they may return to the facility
Meningitis (bacteria —other than meningococcal meningitis)	Exclude until well	Not excluded
Meningococcal infection*	Exclude until adequate carrier eradication therapy has been completed	Not excluded if receiving carrier eradication therapy
Mumps*	Exclude for 9 days or until swelling goes down (whichever is sooner)	Not excluded
Pertussis* (Whooping cough)	Exclude the child for 21 days after the onset of cough or until they have completed 5 days of a course of antibiotic treatment	Contacts aged less than 7 years in the same room as the case who have not received three effective doses of pertussis vaccine should be excluded for 14 days after the last exposure to the infectious case, or until they have taken 5 days of a course of effective antibiotic treatment
Poliomyelitis*	Exclude for at least 14 days from onset. Re-admit after receiving medical certificate of recovery	Not excluded
Ringworm, scabies, pediculosis (head lice)	Exclude until the day after appropriate treatment has commenced	Not excluded
Rubella* (German measles)	Exclude until fully recovered or for at least four days after the onset of rash	Not excluded
Salmonella, Shigella	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Severe Acute Respiratory Syndrome (SARS)	Exclude until medical certificate of recovery is produced	Not excluded unless considered necessary by the Secretary
Streptococcal infection (including scarlet fever)	Exclude until the child has received antibiotic treatment for at least 24 hours and the child feels well	Not excluded
Tuberculosis	Exclude until receipt of a medical certificate from the treating physician stating that the child is not considered to be infectious	Not excluded
Typhoid fever (including paratyphoid fever)	Exclude until approval to return has been given by the Secretary	Not excluded unless considered necessary by the Secretary
Verotoxin producing Escherichia coli (VTEC)	Exclude if required by the Secretary and only for the period specified by the Secretary	Not excluded
Worms (Intestinal)	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded

Statutory rule

A person in charge of a primary school or children's services centre must not allow a child to attend the primary school or children's services centre for the period or in the circumstances:
(a) specified in column 2 of the table in Schedule 7 if the person in charge has been informed that the child is infected with an infectious disease listed in column 1 of the table in Schedule 7; or
(b) specified in column 3 of the table in Schedule 7 if the person in charge has been informed that the child has been in contact with a person who is infected with an infectious disease listed in column 1 of the table in Schedule 7.

The person in charge of a primary school or children's services centre, when directed to do so by the Secretary, must ensure that a child enrolled at the primary school or children's services centre who is not immunised against a vaccine preventable disease (VPD) specified by the Secretary in that direction, does not attend the school or centre until the Secretary directs that such attendance can be resumed. (Note—VPDs marked in bold with an asterisk (*) require the department to be informed immediately. Contact the department on 1300 651 160 for further advice about exclusion and these diseases.)

Further information

For further information about exclusions mentioned in this document, please contact the Department of Health's Communicable Disease Prevention and Control Section on 1300 651 160 or visit ideas.health.vic.gov.au



To receive this document in an accessible format email: Infectious.diseases@health.vic.gov.au
Authorised and published by the Victorian Government, 50 Lonsdale St, Melbourne.
© Department of Health, October 2013 (1310023)
Print managed by Finsbury Green.

Department of Health

Note: The NHMRC recommends that children who are physically unwell should be excluded from attending school, pre-school and childcare centre. This list should be read in conjunction with NHMRC's publication Staying Healthy - Preventing Infection Diseases in Early Childhood Education & Care Services 5th Edition available from the Government Info Bookshop, Australian wide toll-free phone 132 447.



Acacia Indochinese Community Support Association Inc.
Hội Tương Trợ Cộng Đồng Đông Dương Acacia
ACACIA CHILDREN'S CENTRES



Reg No: A0039290V

ABN: 76 707 214 671

References

National Health and Medical Research Council

- *Staying Healthy - Preventing Infectious Diseases in Early Childhood Education and Care Services 5th Edition*, November 2012

Legislation

- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2018*
- *Public Health and Wellbeing Regulations 2009*

Version 6	Endorsed By: CoM	Approved Date: 2010	Reviewed: May 2018
-----------	------------------	---------------------	--------------------

It is the responsibility for all staff to read understand this policy within 14 days of publication. All staff are to sign and date below once you have read and understood the content of this policy

Date:	Print Name	Signature