

## DEALING WITH INFECTIOUS DISEASES POLICY

Version	V1
NQF Requirement	Quality Area 2 - Mandatory
Approved by Committee of Management	04.05.18
Date	04.05.18
Scheduled for review	23.05.19

### PURPOSE

This policy will provide clear guidelines and procedures to follow when:

- a child attending Highgate ELC shows symptoms of an infectious disease
- a child attending Highgate ELC shows symptoms of being unwell
- a child at Highgate ELC has been diagnosed with an infectious disease
- managing and minimising the spread of infectious diseases, illnesses and infestations (including head lice)
- managing and minimising infections relating to blood-borne viruses.

**Note: This policy includes information on child immunisation consistent with current legislation and information from the relevant recognised authority.**

### POLICY STATEMENT

#### 1. Values

Highgate ELC is committed to:

- providing a safe and healthy environment for all children, staff and any other persons attending the service
- responding to the needs of the child or adult who presents with symptoms of an infectious disease, illness or infestation while attending the service
- complying with current exclusion schedules and guidelines set by the NHMRC (the exclusion table)
- using recognised up to date practises and guidelines for preventing infectious diseases
- providing up-to-date information and resources for families and staff regarding protection of all children and staff from infectious diseases and blood-borne viruses, management of infestations and immunisation programs.

Highgate ELC supports the Immunise Australia Program and National Immunisation Program (NIP), which is currently recommended by the National Health and Medical Research Council (NHMRC) and supported by the Commonwealth Government. All educators/staff at Highgate ELC are committed to preventing the spread of diseases through simple hygiene practices such as hand washing, effective cleaning procedures, monitoring immunisation records and assessing acceptable immunisation documentation and complying with recommended exclusion guidelines and timeframes for children and educators/staff.

## 2. Scope

This policy applies to the Approved Provider (The Highgate Committee), Persons with Management or Control, Nominated Supervisor (The Director), Persons in day-to-day Charge (Responsible people), educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Highgate ELC, including during offsite excursions and activities.

## 3. Background and legislation

### Background

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. The Australian Government has developed a document: *Recommended minimum exclusion periods (adapted from staying healthy 5<sup>th</sup> edition 2013)* to assist in protecting the public by preventing, or containing, outbreaks of infectious conditions common in schools and other children's services and is regulated by the *Public Health and Wellbeing Regulations 2009*.

An approved service must take reasonable steps to prevent the spread of infectious diseases at the service, and ensure that the parent/guardian, authorised nominee or emergency contact of each child enrolled at the service is notified of the occurrence of an infectious disease as soon as possible. The service must have policies and procedures in place for dealing with infectious diseases (Regulation 88). The service has a duty of care to ensure that everyone attending the service is provided with a high level of protection during all hours that the service is in operation. Protection can include:

- notifying children, families and educators/staff when an excludable illness/disease is detected at the service
- complying with relevant health department exclusion guidelines
- increasing educator/staff awareness of cross-infection through physical contact with others.

The Victorian Government offers an immunisation program for children to assist in preventing the spread of infectious diseases.

Early childhood education and care services that are regulated under the *Education and Care Services National Law Act 2010* have legislative responsibilities under the *Public Health and Wellbeing Act 2008* to only offer a confirmed place in their programs to children with acceptable immunisation documentation (refer to *Definitions*).

### Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011: Regulation 88*
- *Family Assistance Legislation Amendment (Child Care Rebate) Act 2011*
- *Health Records Act 2001*
- *Information Privacy Act 2000 (Vic)*
- *National Quality Standard, Quality Area 2: Children's Health and Safety*
- *National Quality Standard, Quality Area 6: Collaborative Partnerships with Families and Communities*
- *Occupational Health and Safety Act 2004*

- *Privacy Act 1988 (Cth)*
- *Public Health and Wellbeing Act 2008*
- *Public Health and Wellbeing Amendment (No Jab, No Play) Regulations 2015 (Vic)*
- *Public Health and Wellbeing Regulations 2009*

#### 4. Definitions

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

**Blood-borne virus (BBV):** A virus that is spread when blood from an infected person enters another person's bloodstream. Examples of blood-borne viruses include human immunodeficiency virus (HIV), hepatitis B, hepatitis C and viral haemorrhagic fevers. Where basic hygiene, safety, infection control and first aid procedures are followed, the risks of contracting a blood-borne virus are negligible.

**Communicable Disease and Prevention Control Unit:** Responsibility for communication and advice in relation to infectious diseases on behalf of the Secretary of the Victorian Department of Health and Human Services. The unit must be contacted by telephone on 1300 651 160.

**Exclusion:** Inability to attend or participate in the program at the service.

**Illness:** Any sickness and/or associated symptoms that affect the child's normal participation in the program at the service.

**Immunisation status:** The extent to which a child has been immunised in relation to the recommended immunisation schedule.

**Infection:** The invasion and multiplication of micro-organisms in bodily tissue.

**Infestation:** The lodgement, development and reproduction of arthropods (such as head lice), either on the surface of the body of humans or animals, or in clothing.

**Infectious disease:** A disease that can be spread, for example, by air, water or interpersonal contact. An infectious disease is designated under Victorian Law or by a health authority (however described) as a disease that would require the infected person to be excluded from an education and care service.

**Medication:** Any substance, as defined in the *Therapeutic Goods Act 1989 (Cth)*, that is administered for the treatment of an illness or medical condition.

**Minimum exclusion period:** The period recommended by the Communicable Disease and Prevention Control Unit (see *Definitions*) Victorian Department of Health and Human Services for excluding any person from attending a children's service to prevent the spread of infectious diseases as specified in Schedule 7 of the *Public Health and Wellbeing Regulations 2009*, the Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts. The exclusion period table, published by NHMRC

**Pediculosis:** Infestation of head lice that is transmitted by having head-to-head contact with another person who has head lice. Pediculosis does not contribute to the spread of any

infectious diseases, and outbreaks of this condition are common in schools and childcare facilities.

**Serious incident:** A serious incident (regulation 12) is defined as any of the following:

- the death of a child while being educated and cared for at the service or following an incident at the service
- any incident involving serious injury or trauma while the child is being educated and cared for, which
  - a reasonable person would consider required urgent medical attention from a registered medical practitioner; or
  - the child attended or ought reasonably to have attended a hospital e.g. a broken limb\*
- any incident involving serious illness of a child while that child is being educated and cared for by a service for which the child attended, or ought reasonably to have attended, a hospital e.g. severe asthma attack, seizure or anaphylaxis\*.
  - \*NOTE: In some cases (for example rural and remote locations) a General Practitioner conducts consultation from the hospital site. Only treatment related to serious injury or illness or trauma are required to be notified, not other health matters.
- any emergency for which emergency services attended. NOTE: This means an incident, situation or event where there is an imminent or severe risk to the health, safety or wellbeing of a person/s at an education and care service. It does not mean an incident where emergency services attended as a precaution.
- a child appears to be missing or cannot be accounted for at the service
- a child appears to have been taken or removed from the service in a manner that contravenes the National Regulations
- a child was mistakenly locked in or out of the service premises or any part of the premises.

Examples of serious incidents include amputation (e.g. removal of fingers), anaphylactic reaction requiring hospitalisation, asthma requiring hospitalisation, broken bone/fractures, bronchiolitis, burns, diarrhoea requiring hospitalisation, epileptic seizures, head injuries, measles, meningococcal infection, sexual assault, witnessing violence or a frightening event.

If the approved provider is not aware that the incident was serious until sometime after the incident, they must notify the regulatory authority within 24 hours of becoming aware that the incident was serious.

Notifications of serious incidents should be made through the NQT IT System portal (<http://www.acecqa.gov.au>). If this is not practicable, the notification can be made initially in whatever way is best in the circumstances.

## 5. Sources and related policies

### Sources

#### Sources

- Communicable Diseases Section, Public Health Group, Victorian Department of Human Services (2005) *The Blue Book: Guidelines for the control of infectious diseases*. Available at: <https://www2.health.vic.gov.au>
- Communicable Disease Prevention and Control Unit, Victorian Department of Health (2010) *A guide for the management and control of gastroenteritis outbreaks in children's centres*. Victorian Government, Melbourne: <https://www2.health.vic.gov.au>
- Immunise Australia Program, Department of Health: [www.immunise.health.gov.au](http://www.immunise.health.gov.au)

- Department of Health, Victoria (2012) *Head lice management guidelines*: <https://www2.health.vic.gov.au>
- *Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011*, ACECQA
- *Guide to the National Quality Standard*, ACECQA
- National Health and Medical Research Council (2013) *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5<sup>th</sup> edition): <https://www.nhmrc.gov.au>
- Information about immunisations, including immunisation schedule, Victorian Department of Health: [www.health.vic.gov.au/immunisation](http://www.health.vic.gov.au/immunisation)
- WorkSafe Victoria (2008) *First aid in the workplace compliance code*: <https://www.worksafe.vic.gov.au/>

### Service policies

- *Administration of First Aid Policy*
- *Administration of Medication Policy*
- *Dealing with Medical Conditions Policy*
- *Enrolment and Orientation Policy*
- *Hygiene Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Inclusion and Equity Policy*
- *Occupational Health and Safety Policy*
- *Privacy and Confidentiality Policy*

## PROCEDURES

### The Approved Provider is responsible for:

- ensuring that where there is an occurrence of an infectious disease at the service, reasonable steps are taken to prevent the spread of that infectious disease (Regulation 88(1))
- ensuring that where there is an occurrence of an infectious disease at the service, a parent/guardian or authorised emergency contact of each child at the service is notified of the occurrence as soon as is practicable. (Regulation 88(2))
- ensuring that information from the NHMRC about the recommended minimum exclusion periods (refer to *Definitions*) is displayed at the service and is available to all stakeholders including staff, parents/guardians, students and volunteers
- contacting the parent/guardian and Communicable Disease Prevention and Control Unit (refer to *Definitions*) within 24 hours if on reasonable grounds, the Approved Provider believes that a child enrolled at the service is suffering from a vaccine-preventable disease being:
  - a) Pertussis, or (Whooping cough)
  - b) Poliomyelitis, or (Polio)
  - c) Measles, or
  - d) Mumps, or
  - e) Rubella, or
  - f) Meningococcal C,as required under Regulation 84(1) of the *Public Health and Wellbeing Regulations 2009*

- ensuring that a child is excluded from the service in accordance with the recommended minimum exclusion periods (refer to *Definitions*) when informed that the child is infected with an infectious disease (refer to *Definitions*) or has been in contact with a person who is infected with an infectious disease (refer to *Definitions*) as required under Regulation 85(1) of the *Public Health and Wellbeing Regulations 2009*
- contacting the Communicable Disease Prevention and Control Unit (refer to *Definitions*) – if there is an outbreak of three or more cases of respiratory illness at the service within a 72 hour period, and/or if there is an outbreak of two or more cases of gastrointestinal illness in a 48 hour period.
- ensuring children who are offered a confirmed place have acceptable immunisation documentation (refer to *Definitions*)
- ensuring when informed, that a child who is not immunised against a vaccine-preventable disease does not attend the service until the Communicable Disease Prevention and Control Unit (refer to *Definitions*) directs that such attendance can be resumed (Regulation 85(2) of the *Public Health and Wellbeing Regulations 2009*)
- notifying DET within 24 hours of a serious incident (refer to *Definitions*)
- supporting the Nominated Supervisor and the educators/staff at the service to implement the requirements of the recommended minimum exclusion periods
- maintaining a safe and healthy environment and ensuring inspections of the service are conducted on a regular basis, and consultation occurs with educators/staff to assess any risks by identifying the hazards and potential sources of infection
- ensuring that the Nominated Supervisor, staff and everyone at the service adheres to the *Hygiene Policy* and the procedures for infection control relating to blood-borne viruses (refer to Attachment)
- ensuring that appropriate and current information and resources are provided to educators/staff and parents/guardians regarding the identification and management of infectious diseases, blood-borne viruses and infestations
- keeping informed about current legislation, information, research and best practice referring to the current information from the relevant recognised authority, which is currently “Staying Healthy in Childcare 5<sup>th</sup> edition”
- ensuring that any changes to the exclusion table or immunisation schedule are communicated to educators/staff and parents/guardians in a timely manner.
- Provide a free yearly flu vaccine clinic for staff.
- Employing an external cleaning service to clean the entire service daily.
- Employing an external cleaning service to clean windows cleaning each quarter.
- Carpet cleaning every 4 months or in the case of an infectious disease outbreak.

**The Nominated Supervisor and Persons in Day-to-Day Charge are responsible for:**

- g) ensuring that where there is an occurrence of an infectious disease at the service, reasonable steps are taken to prevent the spread of that infectious disease (Regulation 88(1))
- h) ensuring that where there is an occurrence of an infectious disease at the service, a parent/guardian or authorised emergency contact of each child at the service is notified of the occurrence as soon as is practicable (Regulation 88(2))
- i) ensuring that information from NHMRC about the recommended minimum exclusion periods (refer to *Definitions*) is displayed at the service and is available to all stakeholders including staff, parents/guardians, students and volunteers

- j) contacting the parent/guardian and Communicable Disease Prevention and Control Unit (refer to *Definitions*) within 24 hours if on reasonable grounds, the Approved Provider believes that a child enrolled at the services is suffering from a vaccine-preventable disease being:
  - k) Pertussis, or (Whooping cough)
  - l) Poliomyelitis, or (Polio)
  - m) Measles, or
  - n) Mumps, or
  - o) Rubella, or
  - p) Meningococcal C
  - q) Gastrointestinal illness\* (Gastro)
- ensuring that a child is excluded from the service in accordance with the recommended minimum exclusion periods (refer to *Definitions*) when informed that the child is infected with an infectious disease (refer to *Definitions*) or has been in contact with a person who is infected with an infectious disease (refer to *Definitions*) as required under Regulation 85(1) of the *Public Health and Wellbeing Regulations 2009*
- contacting the Communicable Disease Prevention and Control Unit (refer to *Definitions*) – if there is an outbreak of three or more cases of respiratory illness at the service within a 72 hour period (refer to the exclusion table), and/or if there is an outbreak of two or more cases of gastrointestinal illness in a 48 hour period.
- ensuring that a minimum of one educator with current approved first aid qualifications is in attendance and immediately available at all times the service is in operation (refer to *Administration of First Aid Policy*).
- establishing good hygiene and infection control procedures, and ensuring that they are adhered to by everyone at the service (refer to *Hygiene Policy* and Attachment 4 – Procedures for infection control relating to blood-borne viruses)
- ensuring the exclusion requirements for infectious diseases are adhered to as per the recommended minimum exclusion periods (refer to *Definitions*), notifying the Approved Provider and parents/guardians of any outbreak of infectious disease at the service, and displaying this information in a prominent position
- Providing parents/guardians information on enrolment that the recommended minimum exclusion periods will be observed in regard to the outbreak of any infectious diseases or infestations (refer to:  
[https://www.nhmrc.gov.au/files/nhmrc/publications/attachments/ch55e\\_exclusion\\_period\\_poster\\_130701.pdf](https://www.nhmrc.gov.au/files/nhmrc/publications/attachments/ch55e_exclusion_period_poster_130701.pdf))
- advising the parents/guardians of a child who is not fully immunised on enrolment that they will be required to keep their child at home when an infectious disease is diagnosed at the service, and until there are no more occurrences of that disease and the exclusion period has ceased
- requesting that parents/guardians notify the service if their child has, or is suspected of having, an infectious disease or infestation
- providing information and resources to parents/guardians to assist in the identification and management of infectious diseases and infestations
- maintaining confidentiality at all times (refer to *Privacy and Confidentiality Policy*).
- Provide access to handwashing sinks and hand sanitizers and encourage all parents, children and educators to perform hand hygiene when they arrive or leave the service.

- Ensure infection control and hygiene procedures are displayed in appropriate locations throughout the service.
- Encourage all staff to remain up to date with their immunisations.
- Co-ordinate the external cleaning services and to ensure the cleaning standard
- Advising parents/guardians of the service's "Guidelines for Illness" (Attachment 5)

**All other educators are responsible for:**

- encouraging parents/guardians to notify the service if their child has an infectious disease or infestation
- Monitoring children whose activity levels are out of character, are withdrawn and is not interested in participating in the program, contacting their family as necessary
- observing signs and symptoms of children who may appear unwell such as not participating in the program, and informing the Nominated Supervisor
- providing access to information and resources for parents/guardians to assist in the identification and management of infectious diseases and infestations
- monitoring any symptoms in children that may indicate the presence of an infectious disease and taking appropriate measures to minimise cross-infection
- complying with the *Hygiene Policy* of the service and the procedures for infection control relating to blood-borne viruses (refer to Attachment 4)
- maintaining confidentiality at all times (refer to *Privacy and Confidentiality Policy*).
- Encourage families, children and co-workers to wash hands at arrival and drop offs, and to have good hand hygiene.
- Ensure all hygiene procedures and infection control measures are followed.
- Wash children's bedding when soiled or on a regular basis
- Take appropriate measures to ensure the minimisation of cross contamination in each room.
- Ensuring parents are aware of the exclusion table and centre guidelines for illness.

**Parents/guardians are responsible for:**

- keeping their child/ren at home if they are unwell or have an excludable infectious disease
- informing the Approved Provider, Nominated Supervisor or Persons in Day-to-Day Charge as soon as practicable if their child has an infectious disease (refer to *Definitions*) or has been in contact with a person who has an infectious disease as soon as possible (Regulation 84(1) of the *Public Health and Wellbeing Regulations 2009*) and providing acceptable immunisation documentation for their child
- complying with the recommended minimum exclusion periods, guidelines for illness and collection of children (refer to *Definitions*) or as directed by the Approved Provider or Nominated Supervisor in consultation with the Communicable Disease Prevention and Control Unit (refer to *Definitions*)
- where a child is on an immunisation catch-up schedule, ensuring that the child's immunisations are updated in line with the schedule and providing acceptable immunisation documentation to the service
- notifying the service if head lice or lice eggs have been found in their child's hair and when treatment was commenced
- Wash your own hands and your child/ren's hands at drop off and pick up.

**Volunteers and students, while at the service, are responsible for following this policy and its procedures.**

## **EVALUATION**

In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider will:

- regularly seek feedback from educators, staff, parents/guardians, children, management and all affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- ensure that all information related to infectious diseases on display and supplied to parents/guardians is current
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any change to this policy or its procedures.

## **ATTACHMENTS**

- Attachment 1: Procedures for infection control relating to blood-borne viruses

## **AUTHORISATION**

This policy was adopted by the Approved Provider of Highgate ELC on 4 May 2018[Date].

**REVIEW DATE:** [DAY][<sup>OBJ</sup>][MONTH]/[YEAR]

## **ATTACHMENT 4**

### **Procedures for infection control relating to blood-borne viruses**

This procedure is based on information available from the Department of Education and Early Childhood Development (DET), the Victorian Government's Better Health Channel and the National Health and Medical Research Council.

#### **Important note on blood spills**

A person responding to an incident involving blood at the service must first cover any cuts, sores or abrasions on their own hands and arms with waterproof dressings.

#### **Equipment and procedures for responding to incidents that present blood-borne virus hazards**

##### **Cleaning and removal of blood spills**

##### **Equipment (label clearly and keep in an easily accessible location)**

- Disposable gloves
- Disposable plastic bags/zip lock bags/bio hazard container (if available)
- Detergent/bleach
- Disposable towels
- Access to warm water

##### **Procedure**

1. Put on disposable gloves.
2. Cover the spill with paper towels.
3. Carefully remove the paper towel and contents.
4. Place the paper towels in an appropriate disposable plastic bag/zip lock bag/bio hazard container.
5. Clean the area with warm water and detergent/bleach, then rinse and dry.
6. Remove and place gloves in an appropriate disposable plastic bag/zip lock bag/bio hazard container, seal and place it in a rubbish bin inaccessible to children.
7. Wash hands in warm, soapy water and dry (follow the *Handwashing guidelines* in the *Hygiene Policy*).

##### **Providing first aid for children who are bleeding**

##### **Equipment (label clearly and keep in an easily accessible location)**

- Disposable plastic bags/zip lock bags/bio hazard container (if available)
- Disposable gloves
- Waterproof dressings
- Disposable towels
- Detergent
- Access to warm water

### **Procedure**

1. Before treating the child, you must cover any cuts, sores or abrasions on your hands and arms with waterproof dressings.
2. Put on disposable gloves.
3. When cleaning or treating a child's face that has blood on it, ensure you are not at eye level with the child as blood can enter your eyes/mouth if the child cries or coughs. If a child's blood enters your eyes, rinse them while open, gently but thoroughly for at least 30 seconds. If a child's blood enters your mouth, spit it out and then rinse the mouth several times with water.
4. Raise the injured part of the child's body above the level of the heart (if this is possible) unless you suspect a broken bone.
5. Clean the affected area and cover the wound with waterproof dressing.
6. Remove and place gloves in an appropriate disposable plastic bag/zip lock bag/bio hazard container, seal and place it in a rubbish bin inaccessible to children.
7. Wash hands in warm, soapy water and dry (follow the *Handwashing guidelines* in the *Hygiene Policy*).
8. Remove contaminated clothing and store in leak-proof disposable plastic bags. Give these bags to the parent/guardian for washing when the child is collected from the service.-REMOVING

**For more information related to blood spills see "Staying Healthy in Childcare"**

### **Safe disposal of discarded needles and syringes**

#### **Equipment (label clearly and keep in an easily accessible location that all staff are aware of)**

- Disposable gloves
- Long-handled tongs
- Disposable plastic bags
- 'Sharps' syringe disposal container, or rigid-walled, screw-top, puncture-resistant container available for free from local council, who may also provide free training to staff on the collection of sharps
- Detergent/bleach

### **Procedure**

1. Put on disposable gloves.
2. Do **not** try to re-cap the needle or to break the needle from the syringe.
3. Place the 'sharps' syringe disposal container on the ground next to the needle/syringe and open the lid.
4. Using tongs, pick the syringe up from the middle, keeping the sharp end away from you at all times.
5. Place the syringe, needle point down, in the 'sharps' syringe disposal container and close the lid securely on the container.
6. Repeat steps 3 to 5 to pick up all syringes and/or unattached needles.
7. Remove and place gloves in a disposable plastic bag, seal and place it in a rubbish bin inaccessible to children.
8. Clean the area with warm water and detergent/bleach, then rinse and dry.
9. Wash hands in warm, soapy water and dry (follow the *Handwashing guidelines* in the *Hygiene Policy*).

If the needle/syringe is not accessible and cannot be collected, mark and supervise the area so that others are not at risk, and contact the Syringe Disposal Helpline on 1800 552 355.

Advice on the handling and disposal of needles/syringes can be accessed from:

- the Syringe Disposal Helpline on 1800 552 355 (24 hours a day, 7 days a week) for the location of the nearest needle exchange outlet or public disposal bin
- the environmental officer (health surveyor) at your local municipal/council offices
- local general practitioners
- local hospitals.

Note: 'Sharps' syringe disposal containers and/or needles/syringes must not be put in normal waste disposal bins.

### Needle stick injuries

The risk of transmission of a blood-borne virus from a needle stick injury is low and should not cause alarm. The following procedure should be observed in the case of a needle stick injury.

#### **Procedure**

1. Flush the injured area with flowing water.
2. Wash the affected area with warm soapy water and then pat dry.
3. Cover the wound with a waterproof dressing.
4. Report the injury to the Approved Provider or Nominated Supervisor as soon as possible.
5. Document needle stick injuries involving a staff member or child in the incident report book maintained at the service under OHS laws, and report to WorkSafe Victoria.
6. For incidents involving a child, contact the parents/guardians as soon as is practicable and provide a report to DET within 24 hours (refer to 'serious incident' in the *Definitions* section of this policy).
7. See a doctor as soon as possible and discuss the circumstances of the injury.

## Guidelines for illness

In addition to the Australian Government NHMRC Exclusion table, the centre has adopted the following for the health and wellbeing of all children at the centre.

*Microorganisms, which cause vomiting and diarrhoea are highly contagious and can spread through the centre very rapidly, therefore:*

- **Vomiting:** If a child vomits at Highgate ELC, educators will give parents a courtesy call. If the child has a second vomit the parents will be contacted again and required to collect them immediately. A child may return to Highgate **24hours after their last vomit.**
- **Diarrhoea:** If a child has a loose/watery bowel motion at Highgate ELC, educators will give parents a courtesy call; if there is a second loose/watery movement parents will be contacted again and required to collect them immediately. A child may return to Highgate **24hours after their last loose/watery bowel movement.**  
If, however your child has a condition that regularly causes loose bowel motion, please inform your child's educators.

**Exception:** In the case of a gastro "outbreak" parents will be asked to collect their child/ren with 1 loose bowel or case of vomiting & exclude them for 48hours (as per recommendations from the Victorian government).

All families will be notified when there is a gastro "outbreak" at the centre and the 48-hour exclusion period applies.

- **A fever:** If your child develops a fever of 38degrees or more at Highgate ELC you will be required to collect him/her. Fevers usually indicate the body is fighting infection, therefore we require children to be fever free for at least 24hours before returning to Highgate.
- **Non-participation in the program:** If your child's activity level is out of character, and he/she is not interested in participating in the program educators will notify you and ask you to collect your child.  
Due to the nature of group care educators cannot provide one to one care and attention without an adverse impact to the other children in the group.
- **Two or more of the above:** If your child has a single case of two or more of the above symptoms, you will be required to collect them immediately as this is most likely a sign your child is not well enough to remain in care.
- **Prescribed antibiotics:** A child who has been prescribed antibiotics for an illness is not permitted to return to care for at least 24hours from the first dose, Unless a doctor provides a written clearance. **Please inform the centre if your child is taking any**

‘where the community spirit shines’



**medication, prescription or non-prescription (Panadol or Nurofen) to ensure educators can monitor them for any side effects or reactions.**