

D-13 Illness and Infectious Diseases

Epping Heights OSHC.

NQS

QA. 2.1	Health.
QA. 2.1.2	Health practices and procedures.
QA. 2.2	Safety.
QA. 2.2.1	Supervision.
QA. 2.2.2	Incident and emergency management
QA. 3.1.2	Upkeep.
QA. 5.1	Relationships between educators and children.
QA. 5.1.2	Dignity and rights of the child.
QA. 6.1	Supportive relationships with families.
QA. 7.1.2	Management systems.

National Regulations

Reg. 77	Health, hygiene and safe food practices
Reg. 85	Incident, injury, trauma and illness policies and procedures
Reg. 86	Notification to parents of incident, injury, trauma and illness
Reg. 87	Incident, injury, trauma and illness record
Reg. 88	Infectious diseases
Reg. 89	First aid kits
Reg. 136	First aid qualifications
Reg. 137	Approval of qualifications
Reg. 147	Staff members
Reg. 160	Child enrolment records to be kept by approved provider and family day care educator
Reg. 161	Authorisations to be kept in enrolment record
Reg. 162	Health information to be kept in enrolment record
Reg. 168	Education and care service must have policies and procedures
Reg. 171	Policies and procedures to be kept available
Reg. 173	Prescribed information to be displayed
Reg. 176	Time to notify certain information to Regulatory Authority

My Time, Our Place

LO. 1	Children feel safe, secure, and supported
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POLICY STATEMENT

We aim to provide a safe and hygienic environment that will promote the health of the children. As the care needs of a sick child cannot be met without dramatically reducing the general level of supervision of the other children, or risking other children's health, parents will be asked not to bring sick children to the Centre and to immediately collect children who are unwell. All care and consideration will be given to the child who becomes ill while at the Centre. Children with infectious diseases will be excluded from the Centre for the period recommended by the Department of Health.

RELATED POLICIES

- Epping Heights OSHC Policy A-4: Enrolment
- Epping Heights OSHC Policy A-17: Privacy and Confidentiality
- Epping Heights OSHC Policy D-2: Hygiene
- Epping Heights OSHC Policy D-4: Food Safety and Handling
- Epping Heights OSHC Policy D-10: First Aid
- Epping Heights OSHC Policy D-14: Immunisation
- Epping Heights OSHC Policy D-21: HIV/AIDS/HEP B & C

PROCEDURE

Parents will be informed of the Illness and Infectious Diseases Policy on enrolment, via the Family Handbook.

Parents are required to provide written consent for staff to seek medical attention for their child before they start in the Centre. This will be recorded in the enrolment form.

Parents will be required to supply the contact number of their preferred doctor, and Medicare number (See Enrolment policy)

On engagement, Staff Members will be required to supply two contact numbers in case of an emergency or accident involving the staff member. E.g. Parent, relative, friend, spouse.

If a child, staff member or visitor has an accident while at the centre they will be attended to immediately by a staff member.

In the case of an emergency, without prior consent of the parent/guardian, medication can be given by a registered Medical Practitioner or Paramedic.

In the case of an Asthma or Anaphylaxis Emergency, medication can be given without prior written consent as long as the parent/guardian or child's Medical Practitioner is contacted as soon as possible (See Medication policy)

Anyone who falls ill while at the Centre will be kept under adult supervision until they recover or an authorised person takes charge of them.

A child or adult will be considered sick if he/she:

- Sleeps at unusual times, is lethargic.

- Has a fever over 38 deg. C.
- Is crying constantly from discomfort.
- Vomits or has diarrhoea.
- Is in need of constant one to one care.
- Has an infectious disease.

If a child is unwell at home, parents will be asked not to bring the child to the Centre. Children who appear unwell when being signed in by their parent/guardian will not be permitted to be left at the service.

If a child becomes ill or develops symptoms at the Centre the parents will be contacted to take the child home. Where the parents are not available, emergency contacts will be called to ensure the child is removed from the service promptly. The child will be comforted, cared for and placed in a quiet isolated area with adult supervision until the child's parent or other authorised adult takes them home.

If a child develops signs of illness during the course of the school day and are sent home or have not attended school at all due to illness, they should not attend OSHC that afternoon. They will be unable to attend the service until at least the following day and they should be symptom free before returning to the Centre.

If a child's temperature is very high the parents or guardians will be contacted to come and collect the child. While waiting for the parents to arrive the child will be comforted, cared for and placed in a quiet isolated area with adult supervision. To assist in bringing down a child's body temperature, outer clothes may be removed, clear fluids given and tepid sponges administered. If the situation becomes serious, an ambulance will be called. Where a child has a history of febrile convulsions, this should be recorded on the enrolment form by the family. Should a child with such a medical history have a rapidly increasing temperature, an ambulance or medical practitioner should be contacted as a matter of urgency.

If a staff member is unwell they should not report for work. Staff should contact the Centre as soon as possible to inform them that they are unable to attend work.

If a staff member becomes ill or develops symptoms at the Centre they can return home if able or organise for someone to take them home. The Centre Coordinator will organise a suitable replacement as soon as possible.

Incident, Injury, Trauma and Illness Record

An Incident, Injury, Trauma and Illness record must be kept at the Centre and in the event that a child is ill, and must detail:

- Name and age of the child

- Circumstances/symptoms which led up to illness
- Time and apparent onset of illness
- Action taken (medication administered, medical personal contacted etc)
- Witnesses
- Name of persons contacted (including time contact was attempted and made)
- Name of person marking details in the record
- Signature of parent/guardian

Infection Control Procedures

All staff have the responsibility to adhere to the infection control standards of the Centre.

Hand washing is the most effective way to reduce the spread of infection, particularly when handling food or bodily fluids. Staff and children must thoroughly wash their hands before and after handling or eating food, after toileting, after dealing with bodily fluids, after wiping noses, after coughing or sneezing, after handling rubbish, or after touching animals.

Personal Protective Equipment, such as disposable gloves, aprons and face masks will be provided and made available to staff members. These should be worn as a barrier when cleaning up bodily fluids or preparing and handling food. Hands must be washed after gloves are removed and gloves should never be used as a substitute for washing hands.

Safe and hygienic food practices will be maintained to prevent food contamination and the transmission of bacteria (see D-4: Food Handling and D-2: Hygiene Policy).

All staff dealing with open sores, cuts and bodily fluids with any child or adult shall wear appropriate PPE, such as disposable gloves. Staff with cuts, open wounds or skin disease such as dermatitis should cover their wounds and wear disposable gloves. Disposable gloves will be properly and safely discarded in a sealed plastic bag, and staff must wash their hands after doing so.

If a child has an open wound, it will be covered with a waterproof dressing and securely attached.

If bodily fluids or blood get on the skin but there is no cut or puncture, wash away with warm soapy water.

In the event of exposure through cuts or chapped skin, promptly wash away the fluid in cold or tepid soapy water.

In the event of exposure to the mouth, promptly spit it out and rinse mouth with water several times.

In the event of exposure to the eyes, promptly rinse open eyes gently with cold or tepid tap water or saline solution.

In the event that CPR must be performed, disposable sterile mouth masks are to be used or, if unavailable, a piece of cloth. The staff in charge of the first aid kit will ensure that a mask is available at all times.

Any exposure should be reported to the responsible person and Management to ensure the proper follow up procedure occurs. Where a staff member or child has come into contact with another person's blood or bodily fluids, and they have a break in their skin, or the exposure has been through their mouth or eyes, they should present to a GP to advise the circumstances.

Any soiled clothing shall be handled using disposable gloves and appropriate PPE, placed and sealed in a plastic bag for the child's parents to take home. All PPE shall then be removed and placed in a sealed plastic bag, and disposed of. Following the disposal, staff must thoroughly wash their hands.

Any blood or bodily fluid spills will be cleaned up immediately using gloves and the area further cleaned with warm water and detergent. Large blood spills should be further wiped with a diluted bleach solution, made up immediately prior to use. Staff must utilise appropriate PPE, including gloves when using the bleach solution. After the clean-up of all spills, staff must remove PPE, and place in a sealed plastic bag along with any cloths used in the cleaning process, and dispose. Following the disposal of such items, staff should thoroughly wash their hands immediately.

Adequate sharps containers will be provided for use as needed by staff at the centre. Where these are required to be used, the sharps container will then be appropriately disposed of at participating pharmacies, and replaced with a new sharps container.

Management of Infectious Diseases

All staff will ensure proper hygiene practices are carried out as outlined in the Hygiene policy.

Children and staff will be excluded from the Centre if they are ill with any contagious illness. This includes diarrhoea and conjunctivitis.

The period of exclusion will be based on the recommendations outlined by the Department of Health and will be explained to the parent/guardian. For example, children with diarrhea will be excluded for 24 hours after the diarrhea has ceased.

The decision to exclude or re-admit a child or staff member will be the responsibility of the Centre Coordinator or Responsible Person on Duty, based on the child's / Educator's symptoms, medical opinion and Department of Health guidelines for people who have an infectious disease or who have been exposed to an infectious disease.

The Centre Coordinator or staff members have the right to refuse access if concerned about the child's health.

A doctor's clearance certificate will be required for all infectious diseases such as measles, mumps diphtheria, hepatitis A, polio, tuberculosis, typhoid and paratyphoid before returning to the Centre.

Parents will be informed about the occurrence of an infectious disease in the Centre (Regulation 173) ensuring that the individual rights of staff or children are not infringed upon (see Privacy and Confidentiality policy).

The Public Health Unit will be notified if any child contracts a vaccine-preventable disease. A full list of Notifiable Diseases can be found at

https://www.health.gov.au/resources/collections/cdna-surveillance-case-definitions?utm_source=health.gov.au&utm_medium=callout-auto-custom&utm_campaign=digital_transformation

Contact Details of Local Public Health Unit:

Hornsby Hospital, Palmerston Rd, Hornsby 2077
Ph: 02 9477 9400
Fax: 02 9482 1650 / 1358

Locked Bag 7118, Parramatta BC 2150
Ph: 02 9840 3603
Fax: 02 9840 3608 / 3591

Notify issues of significance to:

NSW Early Childhood Education and Care Directorate
Department of Education and Communities

Locked Bag 4028
ASHFIELD NSW 2131
Phone: (02) 02 9716 2100 or 1800 619 113 (toll free)
Fax: (02) 9716 2162

Website: www.det.nsw.edu.au
E-mail: cslicensing@dhs.nsw.gov.au

Payment of fees will be required for children during an outbreak of a vaccine-preventable disease, unless other arrangements discussed and agreed to by the management committee have been made.

Head-Lice (Pediculosis)

Although not considered an infectious disease, Head-Lice infestation should be treated similarly, taking into account that it is not however, an illness.

In the event that a child presents with head-lice (usually signalled by a child scratching their head), staff may choose to examine the child's hair. This is at the discretion of the staff member, and if the decision is made to not check the child's hair themselves, they must refer the issue to the parent on collection of the child.

A child has the right to refuse an examination, and this refusal must be accepted by the staff member. Examination can be carried out by gently parting the hair and looking for evidence of lice and should be done in such a manner as to ensure the child's anonymity amongst the children - away from the group. Two staff members should be present.

Live head lice (small crawling parasitic insects) may be seen visibly moving in the hair and on the scalp. The louse egg is small and white and usually clings to individual strands of hair. Presentations of both or either should be considered as a 'head lice infestation' and should be treated by the Centre in the same way.

The infestation should be reported to the parent on collection of their child via the Centre's written incident form. Parents should also be printed out and provided with a head lice fact sheet, obtainable via the NSW health website. Recommendation that the child not return to the service until the infestation is eradicated should happen at this point. Exclusion for head-lice should not be enforced

Provide notification to all families using the Service that there has been a case of head-lice in the Centre, and links to fact-sheets should be included. Ensure the confidentiality of the child/family affected.

Staff should also be encouraged to have their own hair examined.

Notice of infestation should also be given to the school and class teacher.

Notification to Public Health Unit is NOT necessary in the case of head-lice.

Centre Closure Response Plan

Due to any serious circumstances that render the service unable to operate (serious disease outbreak, natural disaster or damage), the service has in place a Centre closure response plan (created March 2020). Referral to these plans is recommended in such events.

Any decision for the service to close and to initiate the Centre Closure Response Plan will be made in alignment with current service policies and official recommendations through Management Committee/Director consultation. The Centre Closure Response Plan is not absolute and may be altered to suit and accommodate specific circumstances in relation to the closure and should be adjusted accordingly.

SOURCES

- Education and Care Services National Regulations 2011
- National Quality Standard
- My Time, Our Place Framework for School Age Care in Australia
- Disability Discrimination Act 1992
- NSW Anti-discrimination Act 1977

- Work Health and Safety Act 2011
- Privacy Act 1988
- NSW Department of Health Guidelines
- Staying Healthy in Child Care Manual 5th Edition
- Equal Employment Opportunity Act 1987
- Network of Community Activities Factsheet – Guidance for safe working practices in OOSH centres.
- Health Practitioner Regulations (NSW) 2016 pt. 2 – Infection control standards
- WorkCover NSW – COP: How to Manage Work Health and Safety Risks (2019)
- SafeWork Australia – COP: First Aid in the Workplace (2019)

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