



COLLEGE COMMUNITY CHILD CARE CENTRE

Infectious Disease Policy

RATIONALE & POLICY CONSIDERATIONS:

All children have the right to develop to their full potential in an environment which provides for their health and wellbeing. Families that utilise education and care services place a high level of trust and responsibility on educators in the belief that, in their absence, their children will be kept safe and their wellbeing protected. The service is cognisant of the fact that educators are not qualified medical practitioners and will therefore never attempt to diagnose a child's illness nor decide on the dose of medication to be given.

The Education and Care Services National Law (WA) Act 2012 requires that the approved provider/nominated supervisor take reasonable care to protect children from foreseeable risk of infection. This includes requiring the service to take appropriate action to prevent the spread of infectious disease and to notify parents/ guardians as soon as possible if there is an occurrence of an infectious disease at the education and care service. Effective infection control procedures assist services to protect all persons from, and minimise the potential risk of, disease and illness. Children that are unwell pose a risk of infection to other children and educators/staff.

Philosophy

We recognise the value of educators/staff who conduct themselves in a professional and responsible manner. The educators provide a safe and healthy environment that supports and nurtures warm trusting relationships. These environments will also make sure that children have a strong sense of wellbeing (Outcome 3)

Legislation and Government Requirements

Western Australian Occupational Safety & Health Act 1984

Western Australian Occupational Safety & Health Regulations 1996

Education and Care Services National Law (WA) Act 2012

Education and Care Services National (WA) Regulations 2012

Civil Liabilities Act WA 2002

Children's needs

Protection from infection. To feel physically and emotionally well, and to feel safe in the knowledge that their wellbeing and individual health care needs will be met when they are not well.

Families' needs

Families expect that staff will: act in the best interests of the children in their care at all times; care for their children appropriately should they become unwell while in the care of the service; meet their children's individual health care needs; maintain continuity of medication for their children when the need arises; their children will be protected from unnecessary exposure to infection; keep them informed about their child's wellbeing whilst at the service; provide information with regard to the service's policies.

Educator/Staff needs

In caring for children, staff need: Protection from infection; to feel competent to perform their duties; to understand their liabilities and duty of care requirements; to receive management support through clear written policies and understanding the issues regarding the care of children who are feeling unwell; to be provided with sufficient information and training regarding the administration of medications and other treatments appropriate to the child care service environment; to maintain good communication with families; to have specific written policies to give to families; for families to take responsibility for their child when sick; current information on childhood illness, communicable and notifiable diseases and information about vaccinations offered to children/families/educators.

Management needs

In operating a facility for the care of children, management needs to: have confidence in educators/staff and trust them to meet their duty of care and liability as prescribed by law: ensure clear policies are in place which are implemented by all educators/staff; have practices in place that enable educators/staff to feedback to management when policies are not clear, inadequate or unworkable; provide educator/staff training by suitably

qualified professionals; provide clear administrative procedures to identify when staff qualifications and clearances need renewing; facilitate clear communication with families; be consistent in policy implementation and application with all families; Educators/staff to take action when they suspect a child is not well enough to be at the education and care service; families to co-operate in keeping sick and infectious children away from the service.

NATIONAL QUALITY FRAMEWORK

Education and Care Services National Law (WA) Act 2012 – Section 3(2)(a); 167(1)(2)&(3)

Education and Care Services National (WA) Regulations 2012 – Reg 85-88; 103; 168-175;

Early Years Learning Framework for Australia

National Quality Standard for Early Childhood Education and Care- QA 2, QA4, QA7

POLICY STATEMENT:

College Community Child Care Centre operates to: provide care for well children aiming to ensure a safe and healthy environment for all children in its care; ensures that the high risk practice of administering medications to children is carefully monitored to reduce any risk to the health and wellbeing the child; has a responsibility to not compromise the health of other children and staff members. The service is not able to provide the 1:1 support that the sick child requires to ensure their wellbeing. Educators/staff are not medically trained and therefore cannot diagnose appropriate treatment. Consequently, educators/staff will not:

- administer medications to children without written parental/guardian authority
- administer non-prescribed medications that are required for more than one day without written medical authority
- perform any treatments without first receiving appropriate professional training
- accept children into the service who require a care regime which uses medical procedures, before staff are appropriately and professionally trained, and feel confident and comfortable with that training and the process for administering any required medication.
- accept a child with special health needs without a risk minimisation plan being completed on enrolment of the child
- accept a child for care without their prescribed special needs medication.
- Medication is defined as: “Substances taken to prevent or treat illness”. They can be anything from herbal extracts and vitamins to synthetic chemicals. They come in many forms and may be ingested, injected, inhaled, inserted or applied.¹
- Whenever possible medication should be administered by parents/guardians at home. However, this will not always be feasible. Therefore, to ensure children’s safety and welfare, the giving of medication at the centre will be strictly monitored.

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STRATEGIES FOR POLICY IMPLEMENTATION:

Information for Families

- Children in the education and care service are at greater risk of catching coughs and colds because of increased exposure to infections in the group care setting. The service will therefore provide information to families about treatments for children with minor ailments such as fever, coughs and colds as well as the infection control requirements of the service. E.g. hand hygiene, respiratory etiquette.
- The centre acknowledges that medications contain potent chemical active agents which affect the body’s metabolism and should be treated with due respect and care at all times, and will encourage families to only use over the counter medications when directed to do so by their child’s doctor.

Management of unwell children

- Sick children, as defined below, cannot be admitted to the centre to safeguard the health of other children and staff members.
 - Exclusion criteria
 - A child who has any of the following symptoms cannot be admitted to the service:
 - Ear or eye discharge
 - an undiagnosed rash
 - high temperature (see High Temperature Indicator below)
 - infectious sores or diseases (children need a Doctor’s clearance before re admittance)
 - vomiting and/or abnormally loose bowel actions for that child (exclude for 48 hours after last bout)
 - any obvious signs of ill health (children with asthma –obvious difficulty breathing, barking cough, rib retraction etc.)

- Discoloured (green or yellow) mucus from the nose is a sign that the immune system is fighting an infection and does not mean that a cold is getting worse. Children with colds can attend childcare as long as they feel well enough to participate.
- Staff with symptoms listed above will not attend work or will be sent home if they start to display these symptoms while at work. (NB: in the event of vomiting or abnormally loose bowel actions (diarrhoea), the exclusion period for child care staff is 48 hours with a Doctor's Medical Clearance - Government of WA- Dept of Health- Communicable Diseases Guidelines) If a staff member has a work-caused illness it will be notified to the WHS regulator as required by work health and safety legislation.

Onset of illness at the service

- If a child becomes unwell whilst at the service, the parents/guardians will be notified and asked to pick the child up and remove him or her from care as soon as possible. All illness at the service is recorded on an **Illness Report Form**.
- If parents/guardians and/or emergency contacts cannot be contacted, the centre will make continued efforts to contact the parent/guardian/emergency contact and the parent/guardian/emergency contact will be required to collect the child as soon as possible. The child will be isolated as best as possible from the group. This is to ensure the comfort of the child away from the other children (thus reducing the risk of spread of any infection), and the required educator: child ratios are maintained for the remainder of the children in care. This information will be provided to families at the time of enrolment through the Parent Handbook.
- If a child has a temperature over 37.5 degrees and is also displaying signs of ill health such as drowsiness, paleness, breathing difficulty, less urine than usual or any of the symptoms listed in the exclusion criteria above, the child's parent/guardian will be notified and asked to take the child home. If the parent/guardian cannot attend to collect the child, an ambulance will be called. Parents will be responsible for ambulance costs incurred. While waiting for the ambulance educators will take physical steps to try to reduce the child's temperature i.e. removing excess clothing, laying child in a cool place, encouraging the child to drink cool water etc.

Exclusion due to infectious disease

- Information about the service's exclusion policy is provided to families within the Parent/Guardian Handbook.
- Children and staff with infectious diseases will be excluded from the service in accordance with the National Health and Medical Research Council guidelines. A medical certificate is required after contracting an infectious disease (eg: diphtheria, hepatitis, polio, tuberculosis, typhoid, paratyphoid) before the adult or child can be re-admitted to the service.
- The service will display a notice at the entrance and use SMS/email or distribution of letters/fact sheets where appropriate to notify educators/staff members, families of enrolled children and visitors to the service, of exclusion due to infectious disease.
- If a child is unwell at home parents/guardians are asked not to bring the child to the service.
- If an educator/staff member is unwell they should not report to work. Educators/staff members should contact the Director at the earliest possible time to advise of their inability to report to work.
- If a child becomes unwell whilst at the service the service's Illness policy will be followed.
- In the case of serious ill health or hospitalisation, the child or educator/staff member will require a medical certificate from their medical practitioner or specialist verifying that their recovery is sufficient to enable their return to the service.
- The minimum exclusion periods for infectious diseases (as determined in the "Government of Western Australia – Department of Health – *Communicable Diseases Guidelines*" and the "Australian Government – National Health and Medical Research Council – *Staying Healthy in Child Care – 5th Edition*") will be strictly adhered to, irrespective of those stated in a medical certificate from a medical practitioner or specialist, especially when these do not follow the guidelines stated above. All children's immunisations should be kept up to date.

Administering Medication

General considerations

- Parents/guardians should consider whether their child who requires medication is well enough to be at the service, and to keep the child at home if unwell.
- If children are receiving medication at home but not at the service, the parent/guardian should advise the educator of the nature of the medication and its purpose and any possible side effects it may have for the child.
- Three (3) doses of a prescribed medication must have been given or applied to the child by the parent/guardian before it will be administered by educators. This is to ensure the child will not have an unexpected reaction to the medication.

- Only prescribed medications or medications accompanied by an **Emergency Action Plan** a **Special Health Needs Support Plan** or an explanatory letter from the child's doctor will be administered by educators for any period longer than one day. Educators must be fully trained to all requirements contained within Action and Support Plans.
- Medication will only be administered by an educator/staff member who holds a Diploma of Education and Care (or higher), and where the:
 - Parent/guardian has completed and signed a **Medication Form** on the day on which the medication is to be administered. (We are unable to administer medication when Medication Forms are incorrectly completed- Staff must guide parents through the process of correctly completing Medication Forms to prevent danger of the child receiving an incorrect dosage or the medication being unable to be administered)
- Before medication is given to a child the Qualified educator/staff member will check the expiry date, name of medication, and verify the correct dosage and child with another educator/staff member. After giving the medication the educator/staff member will complete the following details on the **Medication Record** - date, time, dosage, medication given, person who administered, person who verified, and signed by both educators and staff.
- Medication must NEVER be put into a baby's bottle or drinking cup.
- Where the medication requires administration via other than an oral route or external application, only those educators/staff who have a current First Aid Certificate AND have received specific instruction from a health care professional and feel confident with the procedure, will administer the medication.
- Parents/guardians are required to sign an endorsement to confirm their child has had the non prescribed medication before on at least 3 occasions, and has not had a previous allergic reaction to the medication. They must also print the child's name clearly on the medication to ensure the correct medicine is given to the correct child.

Non-prescribed medications – Over the Counter medications (OTCs)

- Non prescribed medications (other than those applications listed on the enrolment form) that are authorised by the child's parent/guardian and are applicable to the child's age, in the original packaging with clear dosage instructions, and within the expiry date of the medication, will be administered for one day only per week.
- If a child needs medication for a longer period, the parent must take their child to the Doctor to obtain prescribed medication or the Doctor's letter confirming that the over-the-counter medicine can continue to be administered for a specified length of time.
- If a child has a high temperature a parent must be called. If the parent requires Educators to administer Panadol, then the parent can give authority to two Educators over the phone. The parent must then make arrangements to collect the child as soon as possible.

Multiple medications

- Where a child is unwell to the point of needing more than one medication, that child will be deemed unfit for child care, unless a **Doctor's Clearance Certificate Form** stating the child as "fit for child care, and will not jeopardise the health of other children or educators", is provided.
- Children on regular drugs for chronic conditions e.g., insulin, anti epileptic medication, adrenaline auto-injector etc. may be prescribed more than one medication and be deemed as fit for child care.

Storage

- Medication must be given directly to the educator and not left in the child's bag or locker.
- All prescribed medications must have the original pharmacist's dispensing label, or details provided by the doctor giving the child's name, name of medication, dosage, frequency and way it is to be administered, date of dispensing and expiry date.
- All medication will be stored safely out of reach of children, but readily accessible to authorised educators/staff, and in accordance with the medication requirements.

Training/Authority to treat

- The definition of trained educator/staff member" in this policy are those educators/staff who have received relevant professionally run training in the treatments or techniques required to administer medication.
- Where the service cannot provide sufficient numbers of adequately and appropriately trained educators/staff members who feel comfortable and confident to perform medical procedures or administer medication to the child, it may be agreed that the parent will come to the service to administer

the medication, or arrangements made for a health professional to administer the medication at the service. Without one of these strategies in place, care at the service will not be possible.

- Where specific training is required, and a staff member is prepared to undertake the training, any costs incurred will be borne by the child's parent/guardian.

Sanitisation and Cleaning Practices

- To reduce the risk of infectious diseases in the workplace and maintain a clean and safe environment for everyone all Educators and Staff should follow the procedures for appropriate hand washing, use appropriate (Personal protective equipment (PPE), sanitisation and cleaning practices. Hand washing is one of the most important methods used to reduce the risk of transmitting infectious diseases.
- When cleaning up body fluids gloves and PPE should be worn. The fluid should be cleaned with disposable paper towels.

LINKS TO OTHER POLICIES

The following policies may be linked to this policy:

- Educator/staff immunisation
- Health, hygiene and infection control
- Children's Comfort, Rest & Relaxation
- Maintenance of a safe environment
- Occupational safety and health
- Records management
- Supervision

PROCEDURES

The following policies may be linked to this policy:

- Illness Report Form
- Medication Form
- Doctor's Clearance Certificates
- Enrolment and Orientation
- Exclusion of Children Statement
- Communicable Diseases Guidelines
- Recommended Minimum Exclusion Periods

FURTHER SOURCES:

Workplace safety – infection control – Better Health Channel – Retrieved 29.04.2022

<https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/workplace-safety-infection-control>

Infection Control Procedures in Childcare – Infection Control in the Childcare setting –

Retrieved 29.04.2022

<https://kidskinder.com.au/infection-control-procedures/>

Reducing the risk of infectious diseases in child care workplaces – Guidance Notes –

Retrieved 29.04.2022

https://www.commerce.wa.gov.au/sites/default/files/atoms/files/guide-diseases_in_child_care.pdf

ACECQA – Dealing with Infectious Diseases Policy Guidelines – Reviewed 29.04.2022

<https://www.acecqa.gov.au/sites/default/files/2021-08/DealingInfectiousDiseasesGuidelines.pdf>

ACECQA – First aid qualifications & training – Reviewed 29.04.2022

<https://www.acecqa.gov.au/qualifications/requirements/first-aid-qualifications-training>

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