

# INFECTIOUS DISEASES and ILLNESS POLICY

To be read in conjunction with Immunisation and Disease Prevention Policy

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## 1 NQS

QA2	2.1.2	Effective illness and injury management and hygiene practices are promoted and implemented.
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## 2 National Regulations

Regs	77	Health, hygiene and safe food practices
	85	Incident, injury, trauma and illness policies and procedures
	86	Notification to parents of incident, injury, trauma and illness
	87	Incident, injury, trauma and illness record
	88	Infectious diseases
	90	Medical conditions policy
	162	Health information to be kept in enrolment record

## 3 Aim

The aim of this policy is to minimise the spread of infectious diseases within the service by promoting effective hygiene practices and illness prevention strategies. It ensures that the service meets all relevant reporting and regulatory requirements, supporting a safe and healthy environment for all stakeholders.

This policy also aims to provide comfort and appropriate care to children who become unwell while at the service. While educators will respond with sensitivity and support, it is recognised that a child who is sick is best cared for at home, where they can receive close supervision and rest. The policy supports timely communication with families and prioritises the wellbeing of the child through responsive care practices.

## 4 Definitions

An infectious disease is a disease that is caused by an organism, that is not normally found in the body and can cause infection. Viruses, bacteria, fungi or parasites commonly cause infectious diseases. They are spread through:

- i. Exposure to sneezing or coughing (droplet transmission)
- ii. Breathing contaminated air (airborne transmission)
- iii. Direct contact (contact transmission)
- iv. Indirect contact
- v. Animals
- vi. Food

Educators, other staff and children may be carriers of a variety of infections without any clinical evidence of disease. It is important that educators, other staff and children maintain healthy and hygienic practices to minimise cross infection.



Symbol indicates children's contributions to policy development.

## 5 Related Policies

The Kids' Uni Policies and Procedures apply to Kids' Uni North, Kids' Uni South, Kids' Uni CBD, Kids' Uni iC.

Enrolment and Booking Policy (CHI-ADM-POL-022)

Nutrition, Food Safety & Allergen Management Policy (CHI-ADM-POL-027)

Health, Hygiene and Cleaning Policy (CHI-ADM-POL-030)

Incident, Injury, Trauma and Illness Policy (CHI-ADM-POL-034)

Medical Conditions Policy (CHI-ADM-POL-038)

Physical Environment Policy (CHI-ADM-POL-046)

UOW Pulse Immunisation Guidelines

## 6 Who is affected by this Policy?

Children

Families

Educators

Management

Visitors

Volunteers

## 7 Implementation

- 7.1 We will minimise the spread of potential infectious diseases between children and educators by excluding children and educators who may have an infectious disease or are too ill to attend the service and by facilitating the prevention and effective management of acute illness in children.
- 7.2 Infection control measures are aimed at eliminating the source of infection, preventing transmission of infection and protecting susceptible people.
- 7.3 The service will use the Recommended Minimum Periods of Exclusion outlined in Table 4.1 in the National Health and Medical Research Council publication, *Staying Healthy – Preventing Infectious Diseases in Early Childhood Education and Care Services (6<sup>th</sup> edition)*, to exclude children and educators and inform parents of exclusion and non-exclusion periods for infectious diseases.
- 7.4 If a child develops symptoms of illness while attending the centre, educators should consider the following questions:
  - Does the child need medical attention immediately? If a child has any serious symptoms, call an ambulance (000) and the parent/carer. Kids' Uni North, South and IC should also notify UOW Security. If a child has concerning symptoms that are severe, or rapidly getting worse, or has several concerning symptoms, consider calling an ambulance.

- Does the child have symptoms that suggest they must go home, or be separated from others immediately?
- Does the child have symptoms that require medical attention to make a more specific diagnosis?

7.5 Serious symptoms include:

- Breathing difficulty e.g. breathing very quickly or noisily, look pale or blue around the mouth, working hard at breathing with the muscles between the ribs or the base of the neck being drawn in with each breath.
- Drowsiness or unresponsiveness e.g. the child is less alert, sleepier than normal or difficult to wake from sleep, or they are not responding as they usually do
- Poor circulation e.g. the child looks very pale, and their hands and feet feel cold or look blue.

7.6 Concerning symptoms include:

- Lethargy and decreased activity
- Fever
- Poor feeding
- Poor urine output
- Pain
- A stiff neck, irritability or sensitivity to light
- New red or purple rash

Other symptoms may be concerning but do not necessarily mean that a child is severely sick. These symptoms may also occur in combination with the serious symptoms. The more of these concerning symptoms you see, the more likely it is the child is severely ill.

Educators must notify the nominated supervisor/responsible person if they identify any of these symptoms. Consider calling an ambulance (000) if:

- Any symptoms are severe
- Symptoms rapidly get worse
- Multiple symptoms develop

Educators will also refer to the exclusion guidelines outlined in *Table 4.1 and 4.2 of Staying Healthy – Preventing Infectious Diseases in Early Childhood Education and Care Services (6th edition)*. Based on these guidelines, educators will assess the need to contact the child's family and, if necessary, exclude the child from the service to prevent the potential spread of infectious disease.



*Educator: "How can we stop people getting sick at Kids' Uni?"*

*Mia, 5yrs, Kids Uni CBD: "The Mums and Dads need to pick them up"*

- 7.7 When communicating the need to exclude a child, educators and staff should remain empathetic to the challenges families may face, while prioritising the safety and wellbeing of the affected child and all other children in the service.

If an ill child is not collected in a timely manner, or if parents/guardians refuse to collect the child, a formal warning letter will be issued. This letter will outline the requirements of the adherence to our policies regarding exclusion of ill children and state that continued failure to comply may result in the termination of the child's enrolment.

Kids' Uni is committed to protecting the health and safety of all children in our care, and adherence to our policies is essential in maintaining a safe environment for everyone.

- 7.8 Additional public health recommendations and exclusion periods may apply for some diseases and outbreaks which are over and above the recommendations in *Table 4.1 and 4.2 of Staying Healthy – Preventing Infectious Diseases in Early Childhood Education and Care Services (6th edition)*.

- 7.9 All families must be notified if there is an infectious disease present in the service. We will use copies of the facts sheets from *Staying Healthy – Preventing Infectious Diseases in Early Childhood Education and Care Services (6th edition)* to display in the centre or send out via Kinderloop to inform families of the details of the infectious disease that this present.

- 7.10 All appropriate notifications to the local Public Health Unit are available under the 'Infectious Diseases requiring Notification to the local Public Health Unit' (see below) and must occur within 24 hours. The Nominated Supervisor is responsible for notifying the local Public Health Unit.

- 7.11 Children may arrive at the service with symptoms or signs of illness, or they may develop symptoms during the day. When the nature of the illness is unclear, the service will apply the following principles to guide decision-making about whether to accept or exclude a child:

- i. **Consider the cause** – Evaluate whether the symptoms have a known, non-infectious cause (e.g. a child with chronic asthma may have a persistent cough that is not infectious).
- ii. **Assess symptom onset** – Determine whether the symptoms are new or part of a recurring condition. Long-standing or recurrent symptoms are more likely to have a non-infectious origin.
- iii. **Review symptoms collectively** – Examine how symptoms present in combination. While a single symptom such as a mild cough may not warrant exclusion, a combination of symptoms (e.g. cough, fever, and runny nose) may indicate a higher likelihood of infectious illness.
- iv. **Observe general wellbeing** – Consider the child's overall wellness in addition to specific symptoms. A child who appears unwell—e.g. lethargic, irritable, or unusually quiet—is more likely to be ill than a child who displays a mild symptom but remains active and happy.

These principles are used in conjunction with the exclusion guidelines outlined in *Table 4.1 of Staying Healthy – Preventing Infectious Diseases in Early Childhood Education and Care Services (6th edition)* to make informed decisions in the best interest of the child and the broader service community.

- 7.12 **Exclusion Procedure for Unwell Children**

If, based on the principles outlined above, a decision is made to exclude a child due to illness, the service will implement the following steps to ensure the health, safety, and wellbeing of the child and others in the environment:

- i. **Isolate the Child:** The child will be safely separated from other children to minimise the risk of transmission.
- ii. **Provide Comfort and Supervision:** The child will be made comfortable and supervised by an educator at all times while awaiting collection.
- iii. **Contact Family or Emergency Contact:** The child's parent/carer will be contacted immediately. If unavailable, the nominated emergency contacts will be called. The contact will be informed of the child's condition and asked to collect the child as soon as possible. Only authorised individuals, approved in writing by the child's parents/carers, may collect the child and photo identification may be requested by the service upon collection.
- iv. **Clean Used Items:** All bedding, towels, and clothing used by the child will be laundered separately and, where possible, dried in direct sunlight.
- v. **Sanitise Toys and Equipment:** Any toys or equipment used by the child will be cleaned and disinfected according to the service's hygiene procedures.
- vi. **Language Accessibility:** Information will be provided to the family in their home language wherever possible, to ensure clear understanding.
- vii. **Notify the Community:** If a diagnosis of an infectious disease is confirmed, all families and educators at the service will be notified in line with public health requirements, while maintaining individual privacy.
- viii. **Maintain Confidentiality:** All personal health information relating to any child or their family will be treated as confidential and handled in accordance with relevant privacy legislation and service policies.

- 7.13 While some illnesses may not require exclusion under public health guidelines, they can still affect a child's ability to engage in the daily program. If a child is too unwell to participate in normal care activities—such as playing, eating, or engaging with others—they should not attend the service. This ensures the wellbeing of the child and allows educators to maintain a safe, supportive environment for all children.

## 8 Procedure for dealing with a Fever

- 8.1 A fever in young children is often the first symptom of illness or infection. A fever is when a person's body temperature is over 38°C. Normal temperature is between 36.5°C and 38°C. Fever can cause sweating, shivering, muscle aches and a headache. Fever is a common symptom for children, and is usually caused by an infection.

At Kids' Uni, children will need to be excluded from the service if their temperature reaches 38.1°C or higher.

- 8.2 If an educator thinks a child may have a fever, they will check the child's temperature using an ear thermometer. If their temperature is:
- Between 37.5°C and 37.9°C – retest in 30 mins

- 38.1°C or over – notify a parent/carer and ask them to collect their child. Follow the steps outlined in section 7.9 of this policy for isolating the child until they can be collected.

## 9 First Aid for a fever.

Fever in children can be caused by a variety of infections. Most fevers are due to viral infections and do not require medical treatment. In some cases, bacterial infections may be the cause, which can be treated with antibiotics. It is important to note that antibiotics are ineffective against viral infections. Reducing a child's fever does not speed up recovery from the underlying illness. If a child appears generally well and is in good spirits, there is no need to treat the fever. However, children with a fever must be excluded from the service to prevent the spread of infection.

While awaiting collection, educators may implement the following strategies to help the child feel more comfortable:

- **Hydration:** Offer frequent small drinks. It is common for children to refuse food during a fever, which is acceptable as long as they remain hydrated.
  - For breastfed infants under six months, offer additional expressed breast milk.
  - For formula-fed infants under six months, continue offering the usual amount of formula.
  - For children over six months, continue regular feeding routines and offer cooled boiled water as needed.
- **Paracetamol Administration:** Paracetamol may be administered only if the child is visibly distressed or experiencing discomfort (e.g., sore throat) and verbal permission has been obtained from the parent or carer. Refer to section 10 of this policy for further information.
- **Comfort Measures:**
  - Gently wipe the child's forehead with a sponge or face washer soaked in slightly warm water. This can help the child feel more comfortable. Avoid cold compresses or ice packs, as these can cool the child down too rapidly. This may cause the body to respond by generating more heat, potentially worsening the fever.
  - Dress the child in appropriate layers to ensure they are neither too hot nor too cold. If the child is shivering, add a layer of clothing or a blanket until they are comfortable.

Educators must monitor the child closely for any signs of worsening illness and ensure timely communication with the parent or carer.

### When to recommend families seek medical attention

If the child is under three months and has a fever above 38°C, then educators must recommend the family take them to a doctor or emergency department as soon as possible.

If the child is immunocompromised (has a weakened immune system) for any reason and has a fever above 38°C, educators should advise families to seek immediate care from their doctor or hospital emergency department.

For all other children, recommend families see a GP if their temperature is above 38°C and they have any of the following symptoms:

- a stiff neck or light is hurting their eyes
- vomiting and refusing to drink much
- a rash
- more sleepy than usual

- problems with breathing
- pain that doesn't get better with pain relief medication.

Also the child should seek medical attention if they:

- have had any fever for more than two days and there's no obvious cause
- Is becoming more unwell

## 10 Administration of Paracetamol

10.1 In circumstances where paracetamol is administered to provide comfort to a child experiencing fever and associated discomfort, the following procedures must be followed:

### I. Enrolment Authorisation

At the time of enrolment, parents/guardians are required to sign an authorisation form permitting educators or staff to administer a single dose of paracetamol if the child presents with a temperature of 38.1°C or higher.

### II. Conditions for Administration

Paracetamol will only be administered if:

- The service holds a signed Administration of Paracetamol authorisation form, or verbal permission is obtained via phone with two staff members present as witnesses; and
- The child has a fever as defined in Section 8 of this policy and is visibly distressed or uncomfortable.

### III. Obtaining Permission

- If written permission has been provided at enrolment, the parent/guardian/emergency contact must be notified that a single dose of paracetamol will be administered while the child awaits collection, provided the child is distressed.
- If written permission has not been provided, verbal consent must be obtained from the parent/guardian/emergency contact. This must be done in the presence of two educators, one of whom will act as a witness.
- Educators must refer to the child's enrolment form to confirm who is authorised to provide consent for medication. Not all listed contacts may have this authority.

### IV. Administration Guidelines

Once appropriate consent has been obtained:

- Educators may administer one single dose of paracetamol if the child is distressed or experiencing discomfort.
- No further doses will be given while the child remains at the service.

### V. Documentation

Following administration:

- Educators must complete an Incident, Injury, Trauma and Illness Record.
- The parent/guardian/emergency contact must sign this record upon arrival.



## 11 Parents informing the Service of an Infectious Disease

Parents/Guardians are asked to inform the service immediately about an infectious disease that has been discovered in their family. This is important to support the service to minimise the risk of spread of the illness.

## 12 Children returning to the service after contracting an Infectious Disease / Illness

- 12.1 Children, who have contracted an infectious disease, may only return to the service following the recommended minimum exclusion periods as outlined in *Table 4.1 and 4.2 of Staying Healthy – Preventing Infectious Diseases in Early Childhood Education and Care Services (6th edition)*. Further exclusions may apply if symptoms are still present, or following public health recommendations.
- 12.2 The service will work in collaboration with families/staff to determine suitable return dates for sick children/staff using the information in *Staying Healthy – Preventing Infectious Diseases in Early Childhood Education and Care Services (6th edition)* to guide these decisions.
- 12.3 While it is a Medical Practitioner's role to diagnose and treat a child, it is the Nominated Supervisor who has the ultimate responsibility for deciding if a child is well enough to return to the service. Services are not required to follow letters from doctors stating that the child can return to care.
- 12.4 Services should not request a clearance from a doctor to allow the child back into the service.
- 12.5 If there is a difference of opinion between Families/Medical Practitioner and the educators about whether a child is well enough to return to the service, the Nominated Supervisor should seek advice *Staying Healthy – Preventing Infectious Diseases in Early Childhood Education and Care Services (6th edition)* and the local Public Health Unit in attempt to resolve this issue.

## 13 Infectious Diseases requiring Notification to the local Public Health Unit

- 13.1 Our Nominated Supervisor will notify the local Public Health Unit by telephone as soon as possible (and within 24 hours) after they are made aware that a child enrolled at the service is suffering from a vaccine preventable disease. Refer to *Staying Healthy – Preventing Infectious Diseases in Early Childhood Education and Care Services (6th edition)* Table 4.3 for a list of vaccine preventable diseases.
- 13.2 NSW local Public Health unit directory and contact details are available on the following NSW Health website –  
<http://www.health.nsw.gov.au/Infectious/Pages/phus.aspx>
- 13.3 As outlined in the Public Health Act 2010 (NSW), Division 4 vaccine preventable diseases, section 88, the Nominated Supervisor of a service is required to notify the local Public Health Unit of any vaccine preventable infectious disease occurrences at the service.

Our Nominated Supervisor will comply with any directions given by the Public Health Unit in relation to the notification. The Public Health Act 2010 (NSW) can be accessed by using the following link <http://www.health.nsw.gov.au/phact/pages/default.aspx>

## 14 Recommended Immunisations for Educators

- 14.1 The National Health and Medical Research Council (NHMRC) recommend that educators should be immunised against:
- i. Hepatitis A – Hep A vaccination is important because children can be infectious even if they are not showing symptoms.
  - ii. Measles-Mumps-Rubella (MMR) - Educators born during or since 1966 who do not have vaccination records of two doses of MMR, or do not have antibodies for rubella, require vaccination.
  - iii. Varicella, if they have not previously been infected with chickenpox.
  - iv. Pertussis (Whooping Cough) - An adult booster dose is especially important for those educators caring for the youngest children who are not fully vaccinated.
  - v. COVID-19 – All staff are recommended to remain up to date with COVID19 vaccinations and boosters
  - vi. Influenza – Annual flu vaccinations are important because younger children are at higher risk of serious complications from the flu.
- 14.3 Although the risk is low, educators who care for children with intellectual disabilities should seek advice about Hepatitis B immunisation if the children are unimmunised.
- 14.4 Our services will: -
- Regularly provide educators and staff with information about diseases that can be prevented by immunisation through in-service training sessions, fact sheets and the Staying Healthy in Childcare publication.
  - Regularly advise educators and staff that some infectious diseases may injure an unborn child if the mother is infected while pregnant.
  - Encourage all non-immune staff to be vaccinated and advise female educators / staff who are not fully immunised to consider doing so before becoming pregnant.
  - Advise pregnant educators and staff to review the Staying Healthy in Childcare publication and consult their medical practitioner to consider the risks of continuing to work at the service.
  - Encourage educators and staff to have yearly influenza vaccinations.

## 15 Recommended Minimum Periods of Exclusion

- 15.1 Exclusion periods are maintained in accordance with advice provided in the National Health and Medical Research Council publication - *Staying Healthy – Preventing Infectious Diseases in Early Childhood Education and Care Services (6<sup>th</sup> edition)*, Commonwealth of Australia 2024.
- 15.2 Children who have a specific health need e.g. HIV, Cancer, Asthma, Diabetes, Epilepsy, Hepatitis C or Cystic Fibrosis can alternate from good to bad health and vice versa. Due to the nature and severity of the medical condition and possible side effects of the medication the immune system of the child may be weakened. The child may even need to be kept away from the service depending on their health.

The Nominated Supervisor should discuss management of these situations with the family at the time of enrolment or at the time the condition is diagnosed.

## 16 Confidentiality

- 16.1 If the Nominated Supervisor is told that a child or child's Parent/Guardian or member of the family is infected with HIV or Hepatitis C, the information must remain confidential, unless that person has given their consent to inform educators and other staff.
- 16.2 The Nominated Supervisor may explain to the parents/guardians the benefits for the child if all educators are informed, and that under no circumstances will other Parents/Guardians or their children be told, unless specifically requested by the child's parents. It remains at the parents/guardians decision whether educators will be informed.
- 16.3 If educators, other staff or parents/guardians request that information remain confidential, and this request is breached, legal action could ensue.

## 17 Unknown infectious diseases or outbreaks

From time to time, there could be an outbreak of a new illness that is not immunisation preventable or that is new to the community (e.g. COVID-19). During such times, our services will follow the advice of the Australian Department of Health, the NSW Public Health Unit and the NSW Department of Education.

Nominated Supervisors will develop risk assessments as needed and these will guide practice based on the recommendations at the time from the above government agencies. This advice may override other clauses in this policy.

## 18 Sources

Education and Care Services National Regulations 2011  
 National Quality Standard  
 Department of Health, National Immunisation Program Schedule  
 NHMRC. Staying Healthy – Preventing Infectious Diseases in Early Childhood Education and care Services 6<sup>th</sup> edition, Commonwealth of Australia 2024  
 Work Health and Safety Act 2011 (NSW)  
 Work Health and Safety Regulations 2011  
 Public Health Act 2010  
 Public Health Regulation 2022  
 NSW Ministry of Health

## 19 Review

The policy will be reviewed every 2 years. The review will include Management, Employees, Families, Interested Parties.

## 20 Version Control

Version Control	Date Released	Next Review	Approved By	Amendment
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1	February 2012	February 2013	Michele Fowler Manager – Kids Uni	
2	February 2013	February 2014	Michele Fowler Manager – Kids Uni	Paragraph inserted re application of policies across all centres. Migrated into new QA format. This policy replaces the Infectious Disease Issue for Staff Policy and the Reporting Notifiable Diseases Policy.
3	August 2013	August 2014	Michele Fowler Manager – Kids Uni	Updates added as per 'centre support' improvements along with table of exclusions updated to reflect 'staying healthy in child care 5 <sup>th</sup> edition' updates.
4	Aug 2014	Aug 2015	Michele Fowler Manager – Kids Uni	Reviewed with no changes required
5	Sep 2015	Sep 2016	M. Gillmore – General Manager	Reviewed and no changes required
6	Jul 2018	Jul 2020	K.Grose – Children's Services Manager	Updated NQS and Regs references. Removed tables duplicated from Staying Healthy in Child Care and replaced with links to ensure the information remains current. Added requirement for all families to be notified of presence of an infectious disease in service. The review period changed to 2 years.
7	November 2019	July 2020	Nicole Bray – Director Kids Uni iC	Updated to reflect name changes to Kids Uni iC
8	August 2020	August 2022	K.Grose – Children's Services Manager	Changed requirement for medical certificates – these cannot be provided by family members. Clarified when medical certificates are required. Added clause to address outbreaks of unknown illnesses. Added a definition of an infectious disease.
9	November 2021	November 2023	K.Grose – Children's Services Manager	Added requirements for COVID-19 vaccinations Added reference to the UOW Pulse Immunisation Guidelines Added reference to the <i>Public Health (COVID-19 Vaccination of Education and Care Workers) Order 2021</i>
10	November 2023	November 2025	L.Windisch – Kids' Uni North Director	Removed requirements for COVID vaccination Reviewed against current Staying Healthy version Added children's voices
11	May 2025	May 2027	Louise Windisch – Head of Early Education	Updated to align with Staying Healthy 6 <sup>th</sup> edition recommendations Removed requirement for medical certificates Updated guidelines around exclusion Updated guidelines for identifying need for exclusion
12	July 2025	July 2027	Louise Windisch – Head of Early Education	Combined Children who are ill policy and infectious disease policy into one. Added steps for responding to a fever and administration of paracetamol