ARMIDALE & DISTRICT FAMILY DAY CARE

Dealing with Infectious Diseases and Illnesses

Related documentation Policy/policies:	Dealing with Medical Conditions, & Incident, Injury, Trauma and Illness, Enrolment, and Orientation, NQS- 2.1, 2.1.2, Regulation 88
Regulation/s/ Standards:	Administering Medication, Infection Control and Hand Washing, Nappy Changing
Related procedures:	Staying Healthy in Child Care (5th Edition NSW), Health Education and Care Services National Regulations 2011.
References:	https://www.health.nsw.gov.au/immunisation/Pages/childcare_qa.aspx www.health.gov.au/health-topics/immunisation/immunisation-services/flu-influenza-immunisation-service www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/what-you-need-to-know-about-coronavirus-covid-19#symptoms
Date effective	May 2025
Date for review	May 2028
Purpose	To provide guidelines for the effective control of illness in Family Day Care environments in order to safeguard good health.
Responsibility/applies	Educators, Families, Staff

Key information:

Armidale & District Family Day Care (AFDC) and registered AFDC Educators retain the right to exclude children from care if they appear to be unwell and appear to pose a health risk to others.

AFDC and registered Educators are obliged to adhere to Department of Human Services and Staying Healthy in Child Care guidelines, regardless of conflicting advice that may be obtained from a Medical Practitioner.

Educators must advise the Co-ordination Unit of any infectious disease that occurs within their service (affecting either themselves, their family, or a child in care).

Once AFDC is advised of the occurrence of infectious disease, we will comply with Education and Care Services National Regulation 88 and notify families of the occurrence.

Non- compliance with this Regulation could result in a penalty of $2,000

Educators are to comply with recommended health and hygiene practices (handwashing, cleaning, nappy changing and cough and sneeze etiquette) to ensure effective infection control within their care environments.

Parents should keep their child at home if they have any of the following:

- a high temperature or fever the night before care or on the morning of care.
- a rash or unexplained skin condition not diagnosed by a Medical Practitioner.
- vomiting or diarrhea within the past 48 hours.
- a common cold that makes them generally not well enough to join in the day's regular activities
  or if,
- they seem unwell without any obvious symptoms i.e., they are unusually pale or flushed, tired, irritable, or lethargic.
- they have been prescribed antibiotics (*they must not attend care for 24 hours after commencing this medication*).
- they have an identified infectious disease (refer to the exclusion recommendations attached).

Families should communicate with their Educators, in considering the risk of spreading infection to the Educator and other children in care, when a member or members of the Family home is suffering from a communicable disease.

Educators should not provide care if they or a member of their immediate family have any of the health issues described above.

Immunisation:

To ensure the health and safety of all children and Educators, AFDC follows the immunisation requirements set out by the Australian Government.

- Enrolment Requirements
  - Children cannot be enrolled in AFDC if they are unvaccinated due to conscientious objection.
  - To enrol in care, families must provide one of the following documents from the Australian Immunisation Register (AIR):
    - An AIR Immunisation History Statement showing the child is fully immunised for their age
    - An AIR Immunisation Medical Exemption Form completed by a recognised health practitioner, stating the child has a medical reason not to be vaccinated

        - An AIR Immunisation History Form showing the child is on a recognised catch-up schedule

- Children Vaccinated Overseas
    - If a child has been vaccinated overseas, their immunisation history must be reviewed and updated by an Australian GP or immunisation nurse. The information will then be transferred to the AIR, and parents must provide an updated Immunisation History Statement.

- Ongoing Immunisation Documentation
    - Families are required to provide updated AIR documentation:
        - At the time of enrolment
        - After each subsequent immunisation

This ensures the child's immunisation status remains current throughout their time in care.

- Subsidy Eligibility
    - To be eligible for the Child Care Subsidy (CCS) and Family Tax Benefit Part A, children must meet the immunisation requirements. Failure to meet these requirements may result in ineligibility for these government benefits.

- Immunisation for Educators and Older Children
    - The Australian Department of Health recommends:
        - Annual influenza vaccinations for all adults working in early childhood education and care
        - Influenza vaccinations for all children over 6 months of age

Medical Emergencies:

In the event of a medical emergency, Educators will attempt to contact either the child's parent or person listed as emergency contact on the child's enrolment form.

If contact cannot be achieved immediately the Educator will act in the child's best interests and arrange transport to hospital by ambulance.

They will then advise the parents (and AFDC) as soon as practicable.

Parents will be responsible for any emergency services costs incurred.

A Medical Certificate may be required for the following reasons:

To verify that the child / Educator is well enough to return to care after an illness.

To ensure that absences which are the result of illness, are recognised as "additional absences" and not deducted from the child's 42 allowable absences for CCS purposes.

Recommendations for Common Infectious Diseases and Illnesses in Childcare

Unexplained Temperatures While it is accepted that a child can have a raised temperature for no apparent reason, a child with a temperature must be excluded from care for at least 24 hours. It is recommended that a child sees a Medical Practitioner if the high temperature persists.

Bronchiolitis and Bronchitis
Incubation: Usually, 5 days but can range between 2 and 8 days.
Infectious: Shortly before the onset of symptoms and during the active stage of the disease (1 week in total) .
Exclusion: Exclude until appropriate medical treatment has been given and the child is feeling well.

Common Colds
Incubation: Approximately 1 – 3 days.
Infectious: 2 - 4 days after the cold starts.

Exclusion: There is no need to exclude, however it is at the discretion of the Educator if the child appears unwell. Strict hygiene must be maintained (gloves or a barrier used to assist the child to blow their nose, handwashing, teaching children to cough into their upper arm).

Chicken Pox (Varicella)
Incubation: 14 -15 days on average.
Infectious: From 2 days before the rash appears and until all blisters have formed scales or crusts.
Exclusion: Until all blisters have dried. Usually up to 5 days after the rash first appears.

Conjunctivitis
Incubation: 24 -72 hours.
Infectious: While there is discharge from the eye. (*Conjunctivitis caused by chemicals or allergies is not infectious*).
Exclusion: Until discharge from eye has stopped unless a medical practitioner has diagnosed non-infectious conjunctivitis.

Coronavirus
This is a large family of viruses causing respiratory infections. It is extremely infectious, spread from person-to-person contact, through coughs and sneezes.
Symptoms range from mild illness to pneumonia. Others including fever, cough, sore throat, fatigue, shortness of breath, aches, and pains, diarrhea.
Incubation: Average time 5 days**.**
Exclusion: Exclusion will be in line with NSW Government legislation in place at the time.

Croup
Incubation: Difficult to define (2 to 4 days)

Infectious: Shortly before the onset of symptoms and during active stage of the disease. With severe croup, hospitalisation may be required**.**
Exclusion: Exclude until feeling well (3 to 4 days usually).

Diarrhea & Vomiting (and all other related illnesses including Gastroenteritis, Rotavirus, Giardiasis etc.)
Incubation: Viral and bacterial 1 – 3 days. Parasitic infections 5 – 15 days.
Infectious: For as long as organisms are present in faeces, whether they still cause symptoms.
Exclusion: Until there has been no diarrhea or vomiting for 48 hours.

Ear infections (Otitis)
Incubation: A few days
Infectious: Ear infections are NOT contagious, but the cold or other infection causing them is. Germs from ear infections can only be passed on if there is infectious fluid draining out of the ear.
Exclusion: While there is an infectious discharge from the ear and until the child is feeling well.

Hand, Foot and Mouth
Incubation: Usually 3 – 5 days.
Infectious: If there is fluid in the blisters Faeces can remain infectious for several days.
Exclusion: Exclude until all blisters have dried.

Head Lice
Incubation: At the presence of eggs (nits) which hatch in 7 – 10 days. Hatched nits mature quickly and are capable of laying eggs after 6- 10 days.
Exclusion: Until the day after appropriate treatment has commenced.

Herpes Simplex (Cold Sores)
Incubation: 2 – 12 Days.
Infectious: When fluid is present in blisters, however people with a history of cold sores may shed virus through saliva.
Exclusion: Exclude until sores have completely dried.

Human Parvovirus (slapped cheek syndrome)
Incubation: 4-20 days.
Infectious: Until the rash appears.
Exclusion: Not Necessary.

Impetigo (School Sores)
Incubation: 1 – 3 days (strep), 4-40 days (staph).
Infectious: While there is fluid weeping from the sore.

Exclusion: Until antibiotic treatment has been received for at least 24 hours. Sores on exposed skin must be kept covered with watertight dressing.

Influenza
Incubation: 1-3 days
Infectious: 3 – 5 days from onset of symptoms in adults, 7 -10 days in young children.
Exclusion: Exclude until feeling well.

Measles
Incubation: 7-18 days.
Infectious: 4 – 5 days before the rash appears.
Exclusion: For at least 4 days after the appearance of the rash.

Meningococcal
Incubation: Usually 3 – 4 days.
Infectious: If organisms are present in nose and throat. Less than 24 hours if treated with effective antibiotics.
Exclusion: Exclude until a course of an appropriate antibiotic has been completed.

Meningitis (Viral) and Meningitis (Bacterial)
Incubation: Varies according to the specific infectious virus.
Infectious: Varies according to the specific infectious virus.
Exclusion: Exclude until a Medical Practitioner certifies child is well and non- infectious.

Mumps
Incubation: 12 – 25 days, but usually 16 – 18 days.
Infectious: Up to 6 days before swelling of the glands begins and up to 9 days after the onset of the swelling.
Exclusion: Exclude from care for 9 days after onset of swelling.

Respitory Syncytial Virus
Incubation: Usually 4 to 6 days.
Infection: 3 to 8 days after symptoms commence.
Exclusion: Exclude from care until well.

Ringworm
Incubation: 4 – 10 days.
Infectious: If the condition persists.
Exclusion: Until the day after treatment has commenced.

Roseola

Incubation: Around 10 days**.**
Infectious: A few days before and several days after the rash appears through saliva, nasal discharge, and other respiratory secretions.
Exclusion: Exclusion is not necessary if the child is feeling well.

Rubella (German Measles)
Incubation: 14 – 21 days.
Infectious: Up to 7 days before and at least 4 days after the rash appears.
Exclusion: At least 4 days after the rash appears and until the child feels well.

Scabies (and other mites)
Incubation: Initial infestation, 2 – 6 weeks; further infestations within 1 - 4 days.
Infectious: Until day after treatment has commenced.
Exclusion: Until the day after treatment has commenced.

Streptococcal Sore Throat
Incubation: 1 – 3 weeks if untreated, or 24 hours after antibiotic treatment commenced.
Infectious: While the organisms are being spread by coughing and sneezing incubation may last several days.
Exclusion: Until 24 hours after antibiotic treatment (bacterial), and until feeling well.

Thrush (Candida)
Incubation: 2 – 5 days in infants.
Infectious: If white spots or flakes are present**.**
Exclusion: Exclusion not necessary. Wash all mouthed toys in hot soapy water. Prevent sharing of dummies, cups, bottles or eating utensils.

Whooping Cough (Pertussis)
Incubation: Commonly 9 – 10 days but can range between 6 and 20 days.
Infectious: from the beginning of cold like symptoms for up to 3 weeks if untreated, less with antibiotic treatment
Exclusion: for 21 days from onset (if untreated) or 5 full days if treated with the appropriate antibiotic.

Worms (Pin, Round, Hook, Tape and Hydatid)
Incubation: Several weeks to years. *Please refer to Staying Healthy in Childcare fact sheets.*
Infectious: Infection will continue until person is treated
Exclusion: Not necessary if treatment has occurred.