



**POLICY – EXCLUSION POLICY**

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**1. National Quality Standards**

Area	Concept	Descriptor
2.1	Health	Each child’s health and physical activity is supported and promoted
2.1.2	Health practice and procedures	Effective illness and injury management and hygiene practices are promoted and implemented
2.2	Safety	Each child is protected
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
7.1.2	Management Systems	Systems are in place to manage risk and enable the effective management and operation of a quality service.

**2. Purpose**

Baringa Childcare Centre (Baringa) has the right to exclude, or refuse to accept a child into care, who is believed to be suffering from a medical condition or illness, and believed to be unable to cope in a Childcare environment. Nearly all children are prone to illness and it is essential that parents have emergency backup care arrangements which they can use at any time. Such arrangements are best worked out when your child is first enrolled in the Centre. This policy is necessary to comply with health regulations and to keep cross infection to a minimum.

Parents should understand and appreciate why these conditions are vital to the proper running of Baringa. The wellbeing of the children who attend the centre, and the educators who care for them, is of the utmost importance.

The purpose of this Policy is to ensure that Baringa can efficiently respond to and manage health conditions while maintaining the safety and wellbeing of children and staff.

**3. Scope**

3.1 This policy applies to all families of children enrolled at Baringa, including permanent and casual bookings.

#### 4. Implementation

- 4.1 Parents and carers must inform Baringa either via email to [admin@baringa.org.au](mailto:admin@baringa.org.au) or phone at 02 6258 8891 of the child's medication condition and details, as soon as practicable.
- 4.2 Baringa is obliged to sight immunisation records for all children who attend the Centre. From 2017, copies of all Immunisation records are to be sent to ACT Health.
- 4.3 Parents who do not wish to have their child immunised are requested to confirm this in writing to the Centre Director – a copy of which will go on the child's file. In the event of an outbreak of a contagious disease, their child may be excluded from attending Baringa until the Director deems it safe for them to return.
- 4.4 Baringa reserves the right to exclusion for children who have not fully recovered after an illness.
- 4.5 The Director/room leader has the authority to override a doctor's certificate if they feel the need arises.
- 4.6 Baringa children who have medical conditions must adhere to the exclusion action, period and details specified in **Schedule 1**. This schedule also includes standard exclusion times Baringa applies for specific medical conditions. The table is to be interpreted with the following taken into consideration:
- Exclusion periods are based on the time that a person with a specific disease or condition might be infectious to others.
  - Non-exclusion means there is not a significant risk of infection to others. A person who is not excluded may still need to stay at home because they do not feel well.
  - Extension of exclusion times may be exercised at the discretion of the Centre Director.
  - Exclude unimmunized children aged less than 7 years for 14 days after the last exposure to infection or until they have received 5 days of a 14-day course of antibiotics.
  - close (childcare) contacts from care until they have commenced antibiotics.
  - child who does not take antibiotics until 10 days after the last case of whooping cough has been detected.
- 4.7 If parents disregard these guidelines in a particularly serious way or persistently disregard them, consideration must be given to cancelling the placement of the child(ren) at Baringa.
- 4.8 All children who are not able to cope with the group situation will be excluded from the Centre until they are well.
- 4.9 Notification of infection control of communicable diseases will be reported to the ACT Department of Health on 6205 1734. Infectious diseases within the Centre will be displayed on the front door for parent's information.

#### **Blood Precautions**

- 4.10 All Baringa employees will adopt universal blood and body fluid precautions where all blood and body fluids or substances are regarded as a potential source of infection and direct exposure to these substances is always prevented, regardless of whether the possibility of communicable diseases being present. Baringa will provide:
- (a) information, instructions, training and supervision to ensure the adoption of safe systems of work. This will include information on the risk factors associated with infections, transmission situations that pose increased risk of exposure and actions to be taken should accidental exposure occur.
  - (b) an awareness of immunisation and encourages all educators and users of their service to be immunised as applicable.
  - (c) All Baringa program areas will have first aid kits and disposable gloves. Caregivers and volunteers are advised to utilize the first aid kit, including disposable gloves as appropriate.

## HIV Positive and Hepatitis Status

- 4.11 Clients, educators, caregivers, children and volunteers who are infected with HIV or Hepatitis, will not be excluded from or isolated within any Baringa service. These people are not obliged, by law, to inform Baringa. If they choose to inform the Centre of their condition, such advice must be retained as confidential. If advice is given to educators, volunteers or caregivers, for matters of educators support, they may inform their Room leader or the Centre Director.
- 4.12 HIV positive, Hepatitis infected or Hepatitis carriers who are employees, do not need to be removed from their responsibilities or areas if they are otherwise capable.
- 4.13 Antibodies to HIV in their blood must be presumed to be viraemic (viruses present in the blood), even though they may be completely free of symptoms.
- 4.14 Adherence to the universal precautions will minimise the risk of HIV and other infections.
- 4.15 In view of the potential for these people to become ill because of their condition, their own health must be monitored closely.

## 5. Related Legislation and Documents

Legislation	Related Policies
Education and Care Services National Regulation	Sick Children Policy
Children (Education and Care Services) National Law NSW	Emergency Aid and Medical Treatment Policy
National Quality Standard	Infection Control Policy
Occupational Health and Safety Act	Medical Conditions Policy and specific management policies (e.g. asthma, analaphylaxis, diabetes)
Revised National Quality Standard	General Hygiene Policy
Privacy Act	Emergency Action Plan

## 6. Feedback

- 6.1 Families and staff may provide feedback about this document by emailing [admin@baringa.org.au](mailto:admin@baringa.org.au).

## 7. Approval and Review Details

Approval and Review	Details
Approval Authority	Executive Officer
Administrator	Centre Director
Next Review Date	31 December 2020

History	Details
Original Policy	8 November 2016
Amendments	11 March 2020: Schedule 1 updated to include adherence to health advice and exclusions as directed by Regulatory Authority, ACT Health and/or Australian Government.

### Schedule 1 – Exclusion Details

	Medical Condition	Action	Period	Details
1	Health advice and exclusions as directed by Regulatory Authority, ACT Health and/or Australian Government.	Exclude		Period of exclusion and details as directed by Regulatory Authority, ACT Health and/or Australian Government.
2	Aids, HIV (Viral)	Include*		*Not excluded unless unwell. Staff must be aware of the possibility that any adult or child could be infected with HIV.
3	Antibiotics (being prescribed)	Exclude	36 hours	Children requiring antibiotic medicine, eye drops or ointment, are excluded for 36 hours from first dose or application. If the child has a repeat and the antibiotic is not continued as prescribed, an additional 36 hour exclusion is required.
4	Chicken Pox	Exclude		Until all blisters have crusted, there are not moist sores, and the child feels well.
5	Conjunctivitis (Sticky eye)	Exclude		Until discharge has ceased on morning waking, however should the infection reoccur within 24 hours, the child is to be excluded for the next full day following the day on which the infection is again discovered.
6	Coxsackie (Hand/Foot and Mouth Disease)	Exclude		Until lesions have disappeared.
7	Croup	Exclude		Until cough and cold have cleared.
8	Diarrhoea: Unusual stools	Exclude	24 hours	Following first identification of unusual stools. The child may return when stools are normal for him/her, and the child is on normal diet.
9	Diarrhoea: Giardia	Exclude		Until diarrhoea has ceased and treatment has commenced.
10	Diarrhoea: Salmonella	Exclude		Until diarrhoea has ceased.
11	Diarrhoea: Shigella	Exclude		Until diarrhoea has ceased.
12	Diarrhoea: Rotavirus	Exclude		Until diarrhoea and vomiting has ceased.
13	Diphtheria	Exclude		Re-admit only on receipt of a medical certificate of 'freedom from infection'. Exclude household contacts.
14	Ear Infection	Exclude	36 hours	After antibiotics have commenced and child is feeling well.
15	Glandular Fever	Exclude		Until medical certificate of recovery is produced.
16	Hepatitis A (Viral)	Include*		Until medical certificate of recovery is produced.
17	Hepatitis B	Include		*Not excluded unless unwell. Staff must be aware of the possibility that any adult or child could be a carrier of Hepatitis B.
18	Hepatitis C	Exclude		Not Excluded
19	Herpes Simplex (Cold Sores)	Exclude		Until the infected area has completely dried.
20	Impetigo	Exclude		Until fully healed.

	Medical Condition	Action	Period	Details
21	Measles	Exclude	4 days	After the appearance of a rash. Non-immunised contacts exclude for two weeks.
22	Meningococcal Infection	Exclude		Until medical certificate of recovery is produced. Contacts are excluded.
23	Mouth Ulcers	Exclude		Until fully recovered.
24	Mumps	Exclude	9 days	After appearance of swelling.
25	Panadol, Nurofen (being administered)	Exclude	24 hours	Children requiring paracetamol or ibuprofen medicine are excluded for 24 hours from last dose.
26	Pediculosis (Head lice)	Exclude		Until day after appropriate treatment has commenced using appropriate wash.
27	Poliomyelitis	Exclude	14 days	Until evidence of infection has disappeared.
28	Rashes	Exclude		Any child with a unidentified rash until the rash disappears.
29	Ringworm	Exclude		Until evidence of infection has disappeared.
30	Rubella	Exclude	4 days	After the appearance of the rash.
31	Scabies	Exclude		Until all evidence of disease has disappeared.
32	Streptococcal Infection including acute tonsillitis, scarlet fever (Scarletina)	Exclude		Until appropriate medical treatment is given.
33	Temperatures (Elevated)	Exclude		Until temperature has been within the child's normal range for 24 hours before returning to centre. Children needing medication for a temperature must not be brought into the centre.
34	Thrush/Oral Thrush	Include		Do not exclude babies and children with thrush. Ensure good hand washing and cleaning procedures are exercised.
35	Tuberculosis	Exclude		Until a medical certificate from the appropriate medical authority indicates the child is not considered infectious. Contacts are excluded until they are not infectious.
36	Typhoid / Paratyphoid Fever	Exclude		Until a letter from a medical practitioner to the effect that the child is not a risk to the other children at the centre or the staff, recognising the fact that the centre caters for children 0-6 years of age.
37	Vomiting	Exclude	24 hours	After the child has last vomited. Children needing medication for vomiting should not be brought into the centre.
38	Whooping Cough (Pertrussis)	Exclude	5 days	Exclude the child until well and until 5 days after starting antibiotic treatment.