

## 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
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
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

- 2.1 Baringa Early Learning Centre (Baringa) has a duty of care to ensure that children, families, educators, and visitors of the Service are provided with a high level of protection during our hours of operation. We aim to manage illnesses and prevent the spread of infection disease.
- 2.2 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 is believed to be unable to cope in an early learning 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 organised when your child is first enrolled in the centre. This policy is necessary to comply with health regulations and to keep the spread of infection at a minimum.

### 3. Scope

- 3.1 This policy applies to children, families, staff, management, and visitors of Baringa.

#### 4. Dealing with Infectious Diseases

- 4.1 To minimise staff and children's exposure to infectious diseases Baringa will adhere to all recommended guidelines from the Australian Health Protection Principal Committee (AHPPC) and the National Health and Medical Research Council (NHMRC).
- 4.2 Management will ensure:
- a) Alerts and guidelines are monitored from the ACT Department of Health and the Australian Government Department of Health, and that advice is followed in the event of a contagious illness outbreak.
  - b) The Regulatory Authority is notified of any incidence of a notifiable infectious disease or illness.
  - c) Exclusion periods for people with infectious diseases recommended by Government Authorities are implemented for all staff, children, parents, families, and visitors, as described in [Schedule 1](#).
  - d) A staff immunisation record that documents each staff member's previous infection or immunisations (including dates) is developed and maintained.
  - e) Staff are encouraged to maintain up-to-date knowledge with respect to Health and Safety through on-going professional development opportunities.
- 4.3 The Nominated Supervisor/Responsible Person will ensure:
- a) A hygienic environment is promoted and maintained.
  - b) Children are supported in their understanding of health and hygiene practices throughout the daily program and routine (hand washing, hand drying, cough and sneeze etiquette).
  - c) Educators and staff are aware of relevant immunisation guidelines for children and themselves.
  - d) Families are provided with relevant information on infectious diseases, health, and hygiene including:
    - o the current ACT Immunisation Schedule.
    - o exclusion guidelines in the event of a vaccine-preventable illness at the Service for children that are not immunised or have not yet received all their immunisations.
    - o verbal, displayed and written information and factsheets related to a currently relevant disease/infection and the necessary precautions/exclusions.
  - e) Families are advised that they must alert Baringa if their child is diagnosed with an Infectious Illness.
  - f) All educators are mindful and maintain confidentiality of individual children's medical circumstances.
  - g) Opportunities for staff, children, and families to source pertinent up to date information from trusted sources on the prevention of infectious diseases and maintaining health and hygiene are provided.
  - h) To complete the register of *Incident, Injury, Trauma or Illness* and/or document incidents of infectious diseases no later than 24 hours of an illness or infectious disease occurring at Baringa.
  - i) Educators or staff who have diarrhoea or an infectious disease do not handle food for others.
  - j) Any risk to a child or adult with complex medical needs is minimised in the event of an outbreak of an infectious disease or virus. This may require a risk assessment and decision-making regarding the suitability of attendance of the child or staff member during this time.
- 4.4 Educators will ensure:
- a) That any child suspected of having an infectious illness is responded to and their health and emotional needs are supported.
  - b) Families are notified of their child's illness as outlined in the *Incident, Injury, Trauma or Illness Record*.
  - c) Any child suspected of having an infectious illness is isolated from other children where practicable and supervised whilst waiting for collection by parents and/or guardians.

- d) Families are aware of the need to collect their unwell child/children as soon as practicable from Baringa.
- e) All resources or items touched by a child with a suspected illness are thoroughly cleaned and disinfected e.g., surfaces, cushions, pillows, toys.
- f) Their own immunisation status is maintained, and Management is advised of any updates to their immunisation status.
- g) Opportunities are provided for children to participate in hygiene practices, including routine opportunities, and intentional practice such as hand washing, sneezing and cough etiquette.

#### 4.5 Families will:

- a) Adhere to Baringa's policies regarding exclusion requirements outlined in [Schedule 1](#).
- b) Exclude their child from the service if they display symptoms of an infectious illness or disease or in the event of a vaccine preventable disease occurs at Baringa and their child is not immunised fully (see *Immunisation Policy*).
- c) Adhere to Baringa's restrictions of entry in the event of an outbreak of an infectious disease or virus.
- d) Adhere to Baringa's risk minimisation strategies if their child has complex medical needs in the event of an outbreak of an infectious disease or virus.

## 5. Exclusion

- 5.1 Parents and carers must inform Baringa either via email to [admin@baringa.org.au](mailto:admin@baringa.org.au) or phone of a child's medical condition and details as soon as practicable.
- 5.2 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.
- 5.3 Parents who do not wish to have their child immunised are requested to confirm this in writing to Management. A copy of this request 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 Management deems it safe for them to return (see *Immunisation Policy*).
- 5.4 Baringa reserves the right to exclude children until they have fully recovered from an illness.
- 5.5 Management/responsible person/team leader has the authority to override a doctor's certificate if they feel the need arises.
- 5.6 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:
  - a) Exclusion periods are based on the time that a person with a specific disease or condition might be infectious to others.
  - b) 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.
  - c) Extension of exclusion times may be exercised at the discretion of Management.
  - d) Unimmunized children aged less than 7 years, will be excluded for 14 days after the last exposure to infection, or until they have received 5 days of a 14-day course of antibiotics.
  - e) Baringa will exclude children from the service until they have commenced antibiotics and/or until it has been 36 hours from the commencement of antibiotics depending on the medication and management discretion.
  - f) To ensure children who do not take antibiotics are not exposed and vulnerable, they are excluded from the service until 10 days after the last case of whooping cough has been detected.

- 5.7 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.
- 5.8 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**

- 5.9 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. Direct exposure to these substances is always prevented, regardless of the possibility of communicable diseases being present. Baringa will provide:
- 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.
  - an awareness of immunisations and encourage all educators and users of their service to be immunised as applicable.
  - All education rooms will have first aid kits and disposable gloves. Caregivers and volunteers are advised to utilise the first aid kit, including disposable gloves as appropriate.

### **HIV Positive and Hepatitis Status**

- 5.10 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 of their status. 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 the purpose of support, they may inform their team leader or the Centre Director.
- 5.11 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.
- 5.12 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.
- 5.13 Adherence to the universal precautions will minimise the risk of HIV and other infections.
- 5.14 In view of the potential for these people to become ill because of their condition, their own health must be monitored closely.

## **6. Related Legislation and Documents**

<b>Legislation</b>	<b>Related Policies</b>
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, anaphylaxis, diabetes)
Revised National Quality Standard	General Hygiene Policy
Privacy Act	Emergency Action Plan

## 7. Feedback

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

## 8. Approval and Review Details

Approval and Review	Details
Approval Authority	Executive Officer
Administrator	Centre Director
Next Review Date	December 2026

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. 6 October 2023: Merged Dealing with Infectious Diseases Policy (17/08/23).

### 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 the third identification of unusual stools while present at the service. The child may return to the service 24 hours after the last unusual stool or 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.
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	Any pain relief medication (being administered)	Exclude	24 hours	Children requiring any pain relief medication 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		Following the identification of a child's temperature of 38 degrees Celsius and above they will be excluded for 24rs from the time of measurement or until the 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	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.
39	Gastroenteritis (Gastro)	Exclude	24 hours	Following the third identification of unusual stools or the first instance of vomiting while present at the service. The child may return to the service 24 hours after the last unusual stool or when stools are normal for him/her, and after the child has last vomited. Children needing medication for vomiting should not be brought into the centre.