

EIKOH SEMINAR AUSTRALIA PTY LTD **HEALTH POLICY STATEMENT**

PHILOSOPHY AND GENERAL INFORMATION

Our Centres endeavour to provide a safe and healthy environment at all times for the maintenance of the physical, mental, and emotional wellbeing of all children, their families, and educators.

Our Centres are responsible for the protection of the good health of all those involved within them and in agreement of this responsibility, high standards of hygiene will be maintained in all areas and pertain to all at the Centres: children, families, educators, and visitors alike.

Policies have been developed to cover the areas of: -

1. Prevention of illness
2. Management of illness
3. Exclusion from the Centre
4. Health management within the Centre

This Health Policy shall be used by all parents of children enrolled at the Centres and shall be distributed to new parents at the time of enrolment. It shall be distributed to all educators and to new educators at the time of employment.

Both educators and parents are expected to abide by the policy guidelines. A copy of the recommended minimum exclusion periods from *Staying Healthy – Preventing Infectious Diseases in Early Childhood Education and Care Services 5th Edition* and the N.S.W. Health Department pamphlet "*Some Infectious Diseases of Children*" are attached to the back of this policy. Current immunisations schedule information is regularly checked at www.immunise.health.gov.au. Our centre follows the practices and information provided in "*Staying Healthy – Preventing Infectious Diseases in Early Childhood Education and Care Services 5th Edition*".

1. PREVENTION OF ILLNESS

Areas of prevention include:

1.1 PROVIDING A SAFE ENVIRONMENT

Each Centre operates according to Education and Care Services National Regulation 2011 and National Quality Standards to provide a safe environment for children, educators, and visitors.

1.2 IMMUNISATION RECORDS

Parents who wish to enrol their child are required to provide a copy of one or more of the following at the time of enrolment:

- A current Australian Immunisation Register (AIR) Immunisation History Statement which shows that the child is up to date with their scheduled immunisations) in line with the NSW Immunisation Schedule.
- A current AIR Immunisation History Form on which the immunisation provider has certified that the child is on a recognized catch-up schedule) in line with the NSW Immunisation Schedule.
- An AIR Immunisation Exemption – Medical Contradiction Form which has been certified by an immunisation provider for a child who cannot receive one or more vaccine(s) for medical reasons.

The following groups of children have 12 weeks from the date of enrolment to provide immunisation documentation as it is recognised they may need extra time to source records:

- Children subject to a guardianship order under the Children and Young Persons (Care and Protection) Act 1998.
- Children placed in out of home care.
- Children being cared for by an adult who is not their parent due to exceptional circumstances like illness or incapacity.
- Children who have been evacuated following a state of emergency.
- Aboriginal or Torres Strait Islander children.

The AIM maintains immunisation records for children up until their 20th birthday and can be contacted on 1800 653 809.

AIR Immunisation History and Exemption forms are available on the Department of Human Services website <http://www.humanservices.gov.au/>

Parents/guardians must provide the Service with an updated copy of their child's immunisation record when the child receives a vaccine which is on the National or State immunisation schedule. We will regularly remind parents to do this via newsletters, emails, or letters.

1.3 EDUCATION OF CHILDREN, EDUCATORS AND FAMILIES

Children at our Centres are instructed appropriately by educators on the concepts of good health and hygiene. Children learn concepts of good health and hygiene by being encouraged to:

- * Keep their own body clean
- * Keep their hair, nails, and teeth clean
- * Cover their mouth when coughing using appropriate cough and sneeze etiquette
- * Cover their nose when sneezing using appropriate cough and sneeze etiquette
- * Blow their own noses with tissues which are immediately disposed of and washing their hands
- * Wash their hands after toileting
- * Wash their hands before and after eating
- * Avoid picking their noses
- * Keep any open sores covered while at the Centre
- * Be aware of the importance of the need for rest and relaxation
- * Avoid placing objects, other than food or eating utensils, in their mouths
- * Recognise that their bodies need rest, food, and movement for good health.

2. **MANAGEMENT OF ILLNESS**

Management may take the form of:

2.1 FIRST AID

Please see First Aid Policy for more detailed information. Details of any injury sustained to the head, face, or a substantial cut and first aid given to a child must be recorded in the Accident/Illness/Sickness form and the Director is to be informed. Parents will be notified of these events on collection of their child or earlier if necessary and must sign the report made - A copy will also be given to the parent.

If a child requires further medical attention, staff will ring the parents or emergency contact and assess whether staff are able to wait until parents arrive. If unable to contact parents or emergency contact staff will call designated doctor or ambulance to transfer to the nearest public hospital.

Parents have already given their permission on the Enrolment Form and are required to pay all costs. One staff member must accompany the child to the hospital and wait for the parents. DECS must be notified if the child is hospitalised using a serious incidents form submitted through the NQAITS Portal on the ACECQA website www.acecqa.gov.au.

If medication is to be administered at any Centre, authorisation details must be written daily on a Medication form. However, in the case of an emergency administration of paracetamol (Panadol for fever), verbal authorisation is sufficient, or authorisation on child's enrolment form. Educators will complete a sickness/accident/injury report for administration of paracetamol, to be signed by the parent/guardian at the time of collection.

In the case of emergency management of Anaphylaxis or Asthma, medication may be administered to a child without an authorisation. Emergency Services and a parent of the child must be contacted as soon as practicably possible.

Please remember that:-

- * No medication will be given without written permission.
- * Medication must be in the original container and prescribed for the child by a medical practitioner.
- * Medication should never be left in a child's bag. Please hand the medication to a staff member.
- * Medications must be in their original container with the dispensing label attached with the child's name and dosage instructions clearly printed on it (not a sibling's). The dispensing label should list the child as the prescribed person, the strength of the drug and frequency it is to be given. This applies to all medications regardless of whether they are non-prescribed medications (such as teething gels, nappy creams, cough medicines) or prescription medications (such as antibiotics)
- * If medication is administered over a prolonged period, the Director can request a medications management plan from the child's doctor.
- * Children on any long-term medication need to supply the Centre with a management plan from their doctor.
- * All anaphylactic or asthmatic children need to provide the centre with a copy of an anaphylaxis or asthma management plan from their doctor.

2.3 EMERGENCY MANAGEMENT OF HIGH FEVER

Normal Temperature up to 37.5°C.

If a Baby / Toddler / Child's temperature is **37.5°C** or over: -

(Ensure child's temperature is taken under the arm using a digital thermometer only).

- Remove layers of clothing but ensure they do not become too cold.
- Calm child and observe.
- Give child fluids - water.
- If it makes the child feel more comfortable sponge bath child with lukewarm water. Do Not use cold water. Do not allow the child to become too cold. If the child is too cold re-dress the child.
- Re-check child's temperature to see if it continues to rise after 10 minutes.

If temperature continues to rise after 10 minutes, complete the following steps:

- Contact the child's parent, guardian or nominated person and ask them to collect the child as soon as possible. Advise them to take the child to their Doctor.
- Check the child's records to find if permission for Paracetamol has been given. Obtain specific consent by telephone, fax or email from parent, guardian or nominated person regarding whether a dose of Paracetamol should be given.

Paracetamol should only be administered to a child who has a temperature of **38.5°C or above** and is in **discomfort or pain**.

Paracetamol **will only be administered to a child**, if that child has been **in attendance at the centre for at least 4 hours** on that day and with the appropriate consent from the parent, guardian or nominated person.

If a child is less than 3 months and has a fever above 38°C contact the child's parent and ask them to take the child to the Doctor. Do not give paracetamol but try to reduce fever using above methods. If temperature continues to rise after 10 minutes call an ambulance.

- If the child's temperature is above 38.5°C and consent has been given by the parent, guardian or nominated person, administer one dose of paracetamol. (Dosage of paracetamol should be based on the age of the child and the lower does for their age range given.) Be aware that there are numerous dose forms and concentrations of paracetamol for children.

Children aged **under 2 years** of age should use **Infant Panadol** (1 month-2 years)

Children aged **over 2 years** of age should use **Children's Panadol** (2-5years).

- Ensure the child is well hydrated by offering small, frequent amounts of cool water to drink until the child is collected by their parent, guardian or nominated person.
- Complete an accident/illness form ready for the child's parent, guardian or nominated person to sign when collecting the child.

After 20 minutes, if the child's temperature has not reduced and continues to rise call "000" immediately.

In some cases, a child may have febrile convulsions, which are physical seizures caused by the fever. An ambulance should be called if the child has a seizure.

2.4 SEGREGATION

To avoid transmission of an infectious disease to other children, a child evaluated as requiring exclusion from the Centre for an infectious illness will be separated where possible from the other children until they are collected by parents.

3. EXCLUSION FROM THE KINDERGARTEN

Decisions regarding the exclusion of children from any Centre are made in accordance with NSW Health and "*Staying Healthy – Preventing Infectious Diseases in Early Childhood Education and Care Services 5th Edition*". Where official guidelines are not available, the decision for exclusion rests with the Director of the Centre.

As per NSW HEALTH and Government guidelines anyone displaying symptoms that may or may not be COVID-19 are not permitted to attend the centre. Proof of a negative COVID-19 test either through a Polymerase Chain Reaction Test (PCR) or a Rapid Antigen Test (RAT) and a medical clearance from your Doctor **MUST** be provided to the centre prior to your child returning. Symptoms include but are not limited to:

- Fever (37.5°C or higher)
- Cough
- Sore throat
- Shortness of breath (difficulty breathing)
- Runny nose
- Loss of taste
- Loss of smell

Other reported symptoms of COVID-19 include fatigue, acute blocked nose (congestion), muscle pain, joint pain, headache, diarrhoea, nausea, vomiting and loss of appetite.

Additional guidelines for exclusion include: -

- * Diarrhoea illness
- * Vomiting
- * High temperature (above 37.5°C). (See also COVID-19 requirements above)
- * Symptoms of an upper respiratory tract infection (i.e., cough, coloured nasal discharge, sore throat earache) associated with a fever above 37.5°C. (See also COVID-19 requirements above)
- * Generalised body rash
- * Non-infectious illness, where the educators consider the child is too ill to be cared for adequately at the Centre.
- * Any coloured discharge from the eyes.

Children must have a full day at home without these symptoms before returning to the Centre.

- * Children not immunised due to a medical condition, or on a recognised catch up schedule, will be excluded when vaccine-preventable diseases may be in the service.
- * Any live eggs or lice in hair which may be spread to others in the Centre. If a child has live eggs or headlice they need to be kept at home until effective treatment has begun and there are no live lice present.

A medical certificate is required before the child may return to the Centre for any other illness stated above and on the back of this document that requires exclusion from the centre and at the Director's request.

Parents are requested to notify the Director if their child is diagnosed as having any potentially transmittable illness. This may be indicated on the noticeboard, via email or via the Centre's App, to alert educators to monitor for symptoms in other children and for families to monitor for symptoms in their child/ren.

If your child complains of any illness before they attend the Centre, please consider their attendance carefully and notify the Centre if your child is not to attend as expected. If your child has any condition which requires the administration of Ibuprofen or Paracetamol, they should not attend the centre that day.

Children on antibiotics MUST have a minimum of 3 dosages before the child returns to the centre.

Self- Isolation Guidelines:

Do a Polymerase Chain Reaction Test (PCR) or a rapid antigen test (RAT) immediately if you or any of your immediate family have any COVID-19 symptoms, even if mild and even if you are fully or partially vaccinated.

After your test, you are required to self-isolate at your home until you receive a negative result, even if you are fully or partially vaccinated.

NB: As the guidelines surrounding Covid-19 are ever evolving, please refer to the NSW Health and Department of Education for further clarification.

4. HEALTH MANAGEMENT WITHIN THE KINDERGARTEN

The maintenance of a hygienic environment minimises the risk of contraction and spread of illness, which is the responsibility of all staff. Germs can most effectively be controlled by frequent cleaning of objects which come into contact with children and by handwashing.

4.1 CLEANING

- * Surfaces and objects contaminated with blood, urine, vomitus, or stool are cleaned with warm water and detergent immediately and disinfected if necessary.

- * Bathrooms are cleaned daily with detergent and warm water.
- * Toilets are flushed regularly.
- * Staff wear disposable gloves when handling blood or body fluid, soiled items, and cleaning bathrooms.

4.2 DISINFECTING

- * Surfaces and objects contaminated with blood, urine, vomitus or stool and nappy area, clean first with detergent, and warm water and then disinfect if necessary.
- * Hard surfaces are cleaned with detergent and warm water.
- * Mouthed objects are cleaned with detergent and warm water and allowed to air dry.
- * Contaminated cleaning equipment is soaked 10 to 30 minutes.

4.3 HANDWASHING

Staff wash their hands: -

<u>Before</u>	<u>After</u>
Starting work, so germs are not introduced into the service	Taking off gloves
Nappy changing	Changing a nappy
Eating or handling food	Cleaning the nappy change area
Giving medication	Using the toilet
Putting on gloves	Helping children use the toilet
Applying sunscreen or other lotions to one or more children	Coming in from outside play
Going home, so germs are not taken home with you	Wiping a child's nose or your own nose
	Eating or handling food
	Handling garbage
	Cleaning up faeces, vomit, or blood
	Applying sunscreen or other lotions to one or more children
	Touching animals
	Giving medication
	Giving first aid

4.4 PROCEDURE

How to wash hands with soap and water

The process of thoroughly washing, rinsing, and drying your hands or a child's hands should take around 30 seconds.

Steps to washing hands:

1. Wet hands with running water.
2. Apply soap to hands.
3. Lather soap and rub hands thoroughly, including the wrists, the palms, between the fingers, around the thumbs and under the nails. Rub hands together for at least 15 seconds.
4. Rinse thoroughly under running water.
5. Turn off tap using paper towel and discard. This process should take about as long as singing "Happy Birthday" twice.
6. Dry thoroughly with paper towel or individual hand towel.

How to clean hands with alcohol-based hand rub

Only use an alcohol-based hand rub if your hands are not visibly dirty. The hand rub should contain 60–80% alcohol.

There are three steps to using alcohol-based hand rub:

1. Apply the amount of hand rub recommended by the manufacturer to palms of dry hands.
2. Rub hands together, making sure you cover in between fingers, around thumbs and under nails.
3. Rub until hands are dry.

Sourced: The Australian Immunisation Handbook - 9th Edition
 NSW Health www.health.nsw.gov.au
 Westmead Children's Hospital - website fact sheet
 Staying Healthy – Preventing Infectious Diseases in Early Childhood Education and Care Services 5th Edition 2012
 Recording infections in children.
 Health & Safety in Children's Centres: Model Policies & Practices 2nd Edition

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Infections are common in children and often lead to illness. Excluding children from early childhood education and care services while they are sick helps to stop the spread of infection to other children.

Stopping the spread of childhood infections

Last updated: 15 August 2019

Many children first enter early childhood education and care services at a time when their immune systems are still developing. They may not have been exposed to the common germs that cause infections before and they may be too young to be vaccinated against some diseases.

The way that children interact means that diseases can quickly spread in a variety of ways. Children (particularly younger children) will have close physical contact with other children through play; they often put objects in their mouths; and they may not always cover their coughs and sneezes.

Simple steps can reduce the chance that childhood infections spread to other people in the family and in childhood education and care services, and to vulnerable people in the community.

Chickenpox (Varicella)

Chickenpox is usually a mild childhood illness that causes a rash of red, itchy spots that turn into fluid-filled blisters. They then crust over to form scabs, which eventually drop off. Most people recover without complications, but sometimes the infection can lead to serious complications, such as pneumonia and inflammation of the brain.

Early in the illness, the virus is spread by coughing. Later, it is spread by direct contact with the fluid in the blisters.

Children with chickenpox should avoid others by staying at home, cover their coughs and sneezes with a tissue, and wash their hands regularly. Children with chickenpox shouldn't share toys, utensils, food or drinking cups.

Chickenpox is now less common because children are vaccinated at 18 months of age.

Keep at home? Yes. Children should be excluded until all blisters have dried—this is usually at least 5 days after the rash first appears.

More information

See factsheet: www.health.nsw.gov.au/Infectious/factsheets/Pages/chickenpox.aspx

Conjunctivitis

Conjunctivitis is a common eye condition where the outer surface of the eye becomes inflamed. This is often caused by an infection (virus or bacteria) and is usually highly contagious.

Conjunctivitis is spread by direct contact with discharge from the eyes, nose or throat of someone with the infection, or by contact with contaminated fingers or objects.

Keep at home? Yes. Children should be excluded until the discharge from their eyes has stopped.

More information

See website: www.healthdirect.gov.au/conjunctivitis

Gastroenteritis

Gastroenteritis (or gastro for short) is a bowel infection that causes diarrhoea and sometimes vomiting. Diarrhoea is runny, watery bowel motions. Bouts of gastro can cause dehydration, which can be dangerous for very young babies and young children.

Gastro is spread by contact with the vomit or faeces of an infected person, either directly or by contact with objects, food or drink that have come in contact with vomit or diarrhoea.

Keep at home? Yes. Children should be excluded until there has not been a loose bowel motion for 48 hours

More information

See factsheet: www.health.nsw.gov.au/Infectious/factsheets/Pages/viral-gastroenteritis.aspx

Glandular fever

Glandular fever (also known as infectious mononucleosis) is a common viral infection that can cause fever, a sore throat with exudate (deposits of fluid) around the tonsils and throat, and enlarged lymph nodes (or 'glands').

The symptoms usually develop four to six weeks after infection with the virus. In young children, glandular fever usually causes mild or no symptoms.

Glandular fever spreads through close, personal contact and is transmitted by saliva. Young children can become infected by saliva on toys, shared cups or the hands of carers.

Keep at home? No. Children do not need to be excluded unless they are sick.

More information

See factsheet: www.health.nsw.gov.au/Infectious/factsheets/Pages/mononucleosis.aspx

Hand, foot and mouth disease

Hand, foot and mouth disease is a common viral infection. It is not related to the disease in cattle with a similar name (foot-and-mouth disease).

Symptoms of hand, foot and mouth disease include tiny blisters on various parts of the body, including in the mouth, and on the fingers, palms of hands, buttocks, nappy area, soles of the feet, upper arms or upper legs. The blisters last a little longer than a week. Some children may also have a fever, sore throat, runny nose or cough. The most troublesome symptom is often the blisters in the mouth, which make it difficult for the child to eat or drink.

The virus is in the fluid of the blisters and can be spread by becoming airborne during coughing and talking. It's also found in the child's faeces.

Symptoms usually start three to five days after the child is exposed. Careful hand washing especially after wiping nose, using the toilet and changing nappies helps prevent spread.

Keep at home? Yes. Children need to be excluded until all blisters have dried up.

More information

See factsheet: www.health.nsw.gov.au/Infectious/factsheets/Pages/handfootmouth.aspx

Head lice

Head lice are insects that live in hair and suck blood from the scalp. They can cause itching of the scalp but they do not cause disease or illness.

Female head lice lay their eggs and glue them to the base of hair shafts, and the eggs hatch after seven to ten days. The immature lice grow into adults and start biting the scalp to feed on blood.

Check your child's head once a week for head lice. If you find any lice or eggs, begin treatment immediately. Check for effectiveness of the treatment every 2 days until no lice are found for ten consecutive days.

Keep at home? No. Not excluded if effective treatment begins before the next day of attendance. The child does not need to be sent home immediately if head lice are detected.

More information

See website: www.health.nsw.gov.au/environment/headlice/

Hepatitis A

Hepatitis A is caused by a virus and is highly infectious. The virus grows in the liver and passes into the faeces. It can cause abdominal pain, loss of appetite, nausea, fever and tiredness, sometimes followed by yellow skin and eyes (jaundice), dark urine and pale faeces.

Symptoms can last from one week to several months. Young children may not show any symptoms of the infection.

Hepatitis A is usually spread when virus from the faeces of an infected person is swallowed by another person. In children, the virus can be transferred onto hands and eventually mouth after handling soiled nappies, linen or towels of an infectious person.

Careful hand washing is important to prevent spread. Vaccination may prevent illness if given within two weeks of contact with the infectious person.

Keep at home? Yes. Children should be excluded until your doctor provides a medical certificate of recovery and until at least 7 days after the onset of jaundice.

More information

See factsheet: www.health.nsw.gov.au/Infectious/factsheets/Pages/hepatitis_a.aspx

Impetigo (school sores)

Impetigo is a skin infection caused by common skin bacteria, which commonly occurs in young children. Impetigo appears as flat, yellow, crusty or moist patches or blisters on the skin, usually in exposed areas such as the face, arms and legs.

The bacteria can spread by contact with the sores or infected fluid. Because the sores are usually itchy, children can scratch them and spread the infection, via their hands, to other parts of the body or to other people. The infection can also be spread by touching contaminated clothing or other items. The disease is very infectious, but it is not dangerous.

Keep at home? Yes. Children should be excluded until appropriate antibiotic treatment has started. Any sores on exposed skin should be covered with a watertight dressing.

More information

See factsheet: www.health.nsw.gov.au/Infectious/factsheets/Pages/impetigo.aspx

Influenza

Influenza ('the flu') is a viral infection that starts in the throat but can cause fever, cough, chills, headache, and muscle aches and pains. The infected person usually recovers in two to seven days.

Flu is very infectious as it can spread through the air by coughing and sneezing, as well as by hands, cups and other objects that have been in contact with an infected person's mouth or nose. Symptoms usually start one to three days after being exposed.

Annual flu shots offer the best protection against flu and they are free for young children aged from 6 months to under five years. Teaching children about covering their coughs and sneezes (including with their elbow if they don't have a tissue), and washing their hands regularly are important ways to prevent the spread of flu and many other diseases.

Keep at home? Yes. Children should be excluded until they are well again.

More information

See factsheet: www.health.nsw.gov.au/Infectious/factsheets/Pages/influenza_factsheet.aspx

Measles

Measles is now a rare infection in Australia, but is a highly infectious and serious viral disease. Symptoms include a fever, cough, and sore, red eyes (conjunctivitis). This is followed by a rash of large, flat, reddish blotches that often join up and completely cover the skin. The rash spreads over the entire body, and usually disappears within 6 days.

People with measles are usually infectious from just before the symptoms begin until four days after the rash appears. The time from exposure to becoming sick is usually about 10 days. The rash usually appears around 14 days after exposure.

Children are routinely vaccinated against measles at 12 and 18 months of age.

Keep at home? **Yes. Children should be excluded for at least four days after the rash appears.**

Non-immunised children who are contacts of a measles case are excluded for at least two weeks after they have been exposed to the case. The local public health unit will provide specific advice.

More information

See factsheet: www.health.nsw.gov.au/Infectious/factsheets/Pages/measles_factsheet.aspx

Meningococcal disease

Meningococcal infection is caused by a particular group of bacteria which can cause severe infections. Symptoms may include meningitis (infection of the outer lining of the brain and spinal cord), septicaemia (infection of the blood), joint infection, eye infection, pneumonia and rash.

In infants and young children, symptoms can include fever, refusing feeds, fretfulness, vomiting, rash of reddish-purple spots or bruises, high-pitched or moaning cry, or pale or blotchy skin. The child may be difficult to wake.

Symptoms usually begin three to four days after exposure but the illness can then progress very quickly and become life-threatening.

Children are routinely vaccinated against four major strains (ACWY) of meningococcal bacteria at 12 months of age. Vaccines against the B strain of meningococcal disease are available but are not included in the National Immunisation Program schedule.

Keep at home? **Children suspected to have meningococcal disease should get urgent medical attention.**

The local public health unit will provide specific advice about cases and their close contacts.

More information

See factsheet: www.health.nsw.gov.au/Infectious/factsheets/Pages/meningococcal_disease.aspx

Molluscum contagiosum

Molluscum contagiosum is a common viral skin infection which causes a rash of pearly, skin-coloured lumps that can appear anywhere. In children, the lumps are mostly on the face, trunk, and upper arms and legs. The lumps are usually small, with a white centre and an indented surface.

The disease is not serious and usually disappears on its own but this may take several months.

The virus spreads by direct skin-to-skin contact, especially where there are minor breaks in the skin, and is most common in children. Symptoms usually take from two to seven weeks to appear.

Direct contact with the lumps should be avoided but they do not need to be covered up. Good hygiene including regular hand washing should be encouraged.

Keep at home? **No. Children do not need to be excluded.**

More information

See website: www.healthdirect.gov.au/molluscum-contagiosum

Mumps

Mumps is an infection caused by a virus that is now uncommon in Australia due to immunisation. About one-third of people with mumps will have only mild symptoms or no symptoms at all.

When symptoms do occur, they include swelling of glands around the jaw (the salivary glands), high fever and headache. Boys may have tender testicles, and girls may have pain in the lower abdomen.

The virus spreads by direct contact with droplets from the sneeze or cough of an infected person. Susceptible people usually develop symptoms about two weeks after being exposed.

Children are routinely vaccinated against mumps at 12 and 18 months of age.

Keep at home? **Yes. Children should be excluded for nine days from the onset of swelling.**

More information

See factsheet: www.health.nsw.gov.au/Infectious/factsheets/Pages/mumps.aspx

Ringworm

Ringworm is the name for a tinea fungal infection when it occurs on the scalp or body. It is called 'athlete's foot' if it is between the toes or on the feet, and 'jock itch' if it is in the groin. Despite the name, no worms are involved.

Fungal infections on most areas of skin appear as a flat, spreading, ring-shaped scaly patch. The outer edge is usually reddish. The area often contains fluid, including pus, but may be dry and scaly, or moist and crusted.

The germ spreads by direct skin contact or by touching contaminated clothing or other articles, infected animals or contaminated soil. Children are infectious as long as the condition persists or until treatment has started. Good hand hygiene reduces the risk of spread.

Keep at home? Yes. Children should be excluded until the day after anti-fungal treatment has started.

More information

See website: www.healthdirect.gov.au/ringworm

Rubella (German measles)

Rubella is a viral illness that causes a mild fever, runny nose, swollen glands (lymph nodes) and a pink blotchy rash that lasts a short time. Some people have no symptoms.

Unfortunately, rubella can cause serious harm (birth defects) to unborn babies if pregnant women are infected, particularly during the early stages of pregnancy.

Rubella is now very rare because children are vaccinated at 12 and 18 months of age.

Keep at home? Yes. Children should be excluded until fully recovered or for at least 4 days after the rash appears.

More information

See factsheet: www.health.nsw.gov.au/Infectious/factsheets/Pages/rubella-german-measles.aspx

Scabies

Scabies are tiny mite creatures (bugs) that burrow under the skin causing intense itching and sometimes a rash. The rash is due to an allergic reaction to the mite. Scabies tends to be worse around wrists, armpits, buttocks, and the groin and between fingers and toes.

Scabies is highly contagious and is passed from person to person through close skin contact. Infestation may also occur by sharing clothing, towels, and bedding. Symptoms usually appear two to six weeks after exposure.

Scabies are easily treated with gentle scrubbing of the skin followed by drying and applying permethrin cream or lotion that you can buy from pharmacies. People who have had close contact with an infected child should be examined for infestation and be treated if necessary. Wash linen, towels and clothing worn in the past 2 days in hot water and detergent.

Keep at home? Yes. Children should be excluded until the day after appropriate treatment has started.

More information

See website: www.healthdirect.gov.au/scabies

Scarlet Fever

Scarlet fever is a type of bacterial throat infection that also causes a red (scarlet) rash. It usually affects school-aged children aged 5 to 15 years. Symptoms of scarlet fever usually appear between 1 and 3 days after infection and include a very red sore throat, swollen glands and fever. The rash usually starts about 12 to 24 hours after the other symptoms start.

Treatment with antibiotics means most people recover in about a week, but left untreated it can spread to other parts of the body and cause serious health problems.

To avoid giving it to other people, children should cover their nose and mouth when coughing or sneezing, and wash their hands regularly.

Keep at home? Yes. Children should be excluded until the day after appropriate antibiotics have been started and the child feels better.

More information

See website: www.healthdirect.gov.au/scarlet-fever

Slapped Cheek

Slapped cheek disease (also known as Fifth disease) is a fairly mild viral illness caused by a parvovirus (B19). It gets its name from its most obvious symptom – a red rash that makes children’s cheeks look like they’ve been slapped. Other symptoms include a mild fever, an itchy lace-like rash, and possibly cough, sore throat or runny nose.

Parvovirus B19 can rarely cause problems for unborn babies during pregnancy. Most pregnant women have been exposed to the virus as a child and so are not susceptible, and even when infection occurs most pregnancies are unaffected.

Slapped cheek is spread through the air by coughing and sneezing, as well as by hands, cups and other objects that have been in contact with an infected person’s mouth or nose. People usually stop being infectious once the rash appears.

To avoid giving it to other people, children should cover their nose and mouth when coughing or sneezing, wash their hands regularly, and avoid sharing drinks.

Keep at home? No. Children do not need to be excluded. More information

See website: www.healthdirect.gov.au/scarlet-fever

Whooping Cough

Whooping cough (pertussis) is a highly infectious disease caused by infection of the throat with the pertussis bacteria. It affects infants, children and adults. The disease usually starts like a cold, with a runny nose, tiredness and sometimes a mild fever. A cough then develops, usually in short bouts followed by a deep gasp (or ‘whoop’). Not every person makes the whooping sound—this is more common in non-immunised children. The cough can last up to 3 months.

Young infants may stop breathing and sometimes turn blue. Adolescents and adults may just have a persistent cough. One in four children will also develop pneumonia; some have fits (convulsions); and some may develop inflammation of the brain (encephalitis).

Whooping cough is particularly serious in children under 12 months of age, and hospitalisation is often necessary.

Whooping cough spreads by airborne droplets. It can also spread through contact with surfaces that have been contaminated by infectious airborne droplets (e.g. hands, tissues, toys, eating utensils). Symptoms usually start nine to 10 days after exposure.

Vaccination is the best way to protect against whooping cough. Children are immunised at 6 weeks, 4, 6 and 18 months and 4 years of age. Specific antibiotics are used to treat whooping cough and may be recommended for some people that have been in close contact to help prevent infection.

Keep at home? Yes. Children should be excluded for 21 days from the start of their symptoms, or until they have taken an appropriate antibiotic for at least 5 days.

More information

See website: www.health.nsw.gov.au/Infectious/factsheets/Pages/pertussis.aspx

Further information

For further information please call your local Public Health Unit on 1300 066 055 or visit the NSW Health website: www.health.nsw.gov.au

Other sources of information:

- HealthDirect website: <https://www.healthdirect.gov.au/>
- *Staying Healthy - Preventing infectious diseases in early childhood education and care services*. (5th Edition). National Health and Medical Research Council (NH&MRC): www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services.

Further information - Public Health Units in NSW

For more information, please contact your doctor, local public health unit or community health centre - look under NSW Government at

the front of the White Pages					
Metropolitan Areas	Location	Number	Rural Areas	Location	Number
Northern Sydney	Hornsby	02 9477 9400	Greater Southern	Goulburn	02 4824 1837
Central Coast	Gosford	02 4349 4845		Albury	02 6080 8900
South Eastern Sydney	Randwick	02 9382 8333	Greater Western	Broken Hill	08 8080 1499
Illawarra Shoalhaven	Wollongong	02 4221 6700		Dubbo	02 6841 5569
Sydney South West	Camperdown	02 9515 9420		Bathurst	02 6339 5601
Sydney West	Penrith	02 4734 2022	Hunter/New England	Newcastle	02 4924 6477
	Parramatta	02 9840 3603		Tamworth	02 6764 8000
Justice Health Service	Matraville	02 9311 2707	North Coast	Port Macquarie	02 6588 2750
				Lismore	02 6620 7585

See full [Contact details for Public Health Units](#).

Early childhood education and care (ECEC) COVID-19 guidance for families

Early Childhood Education and Care (ECEC) settings (long day care, family day care and outside school hours care) are at a higher risk of COVID-19 transmission due to the close interactions between people and the amount of time spent in settings that are often indoors.

Children are less likely to have serious illness from COVID-19, but they can still transmit the virus to others and therefore it is important to follow the health advice and consider your individual circumstances.

The National Centre for Immunisation Research and Surveillance (NCIRS) has useful information for families: [COVID-19 and children: Frequently asked questions.](#)

All staff and family members should have their COVID-19 booster vaccine as soon as they are eligible to reduce the likelihood of severe illness and transmission.

Who is at risk of transmission in an ECEC service?

The transmission risk of COVID-19 varies depending on the amount of time spent with the person with COVID-19 and whether it was in an indoor or outdoor setting.

If a staff member or child at the service is positive for COVID-19, those at highest risk are children and staff who have been indoors with the positive person. Transmission can still occur outdoors; however it is lower risk than indoors. If the length of the contact is short, such as a parent or carer who is positive for COVID-19 quickly dropping off or picking up a child, the risk is low.

Although transmission of COVID-19 in ECEC services is likely, COVID-19 remains a relatively mild illness for most children.

What do I need to do if there is a positive case?

Your ECEC provider will tell you when there has been a case at the centre.

It is likely there will be other cases in the ECEC service in the two weeks after the initial case's attendance at the centre. Families should consider this when making decisions about ECEC attendance of your child during this period including the risk of spread to other members of the household (such as vulnerable adults).

If your child is at [higher risk of severe illness](#) from COVID-19 because of underlying health issues, you should consider keeping them at home for at least 7 days following a positive COVID-19 case in the centre, so they are not re-exposed as this is the highest risk period. Please speak to your GP if you need more advice.

NSW Health advice for each level of risk is outlined in [Information for people exposed to COVID-19](#). The majority of exposures within an ECEC service are likely to be high risk for spread of COVID-19, noting the disease is generally mild in children.

What if someone in my household tests positive to COVID-19?

Children and staff who live with someone who has tested positive to COVID-19 must follow the NSW Health [household and close contact guidelines](#).

Where do I go for information on testing for COVID-19?

The [what COVID-19 test should I do?](#) fact sheet has more information on testing and what type of test is most appropriate.

How can we help reduce the spread of COVID-19 in ECEC services?

There are simple steps we can all take to help slow the spread of COVID-19. These include:

- Children and staff should get tested immediately if they have symptoms and not attend the ECEC service until they are well, even if their test is negative.
- For children and staff at high risk of infection following contact with a COVID-19 positive person in an ECEC service, the most effective way of protecting others is to limit movements as much as possible for 7 days following contact with the positive person. This includes staying at home as much as possible, avoiding visitors to the home and minimising social interaction with those outside their household, especially vulnerable people.
- Staying 1.5 metres away from other people where possible and avoid crowding children together
- Staff and adults wearing a mask at all times at the service
- Cleaning hands regularly with hand sanitiser or soap and running water for 20 seconds
- All family members and staff should get vaccinated (including having a booster) as soon as they are eligible.