

INCIDENT, INJURY, TRAUMA AND ILLNESS POLICY

Mandatory – Quality Area 2

PURPOSE

This policy will define the:

- Procedures to be followed if a person is ill or is involved in a medical emergency or an incident at the service that results in injury or trauma.
- Responsibilities of staff, parents/guardians and the Approved Provider when a person is ill or is involved in a medical emergency or an incident at the service that results in injury or trauma.
- Practices to be followed to reduce the risk of an incident occurring at the service.

POLICY STATEMENT

1. VALUES

Camberwell Kindergarten and Child Care Centre Inc. is committed to:

- Providing a safe and healthy environment for all children, staff, volunteers, students on placement and any other persons participating in or visiting the service.
- Responding to the needs of an injured, ill or traumatised person at the service.
- Preventing injuries and trauma.
- Preventing the spread of illness through simple hygiene practices, monitoring immunisation records and complying with recommended exclusion guidelines.
- Maintaining a duty of care to children and users of Camberwell Kindergarten and Child Care Centre Inc.

2. SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities at Camberwell Kindergarten and Child Care Centre Inc., including during offsite excursions and activities.

3. BACKGROUND AND LEGISLATION

Background

People responsible for managing early childhood services and caring for children have a duty of care towards those children. All service staff have a responsibility and a duty of care to act to prevent accidents and emergencies at the service.

An approved service must have policies and procedures in place in the event that a child is injured, becomes ill or suffers trauma. These procedures should be followed and must include the requirement that a parent/guardian be notified in the event of an incident, injury, illness or trauma relating to their child as soon as possible and within 24 hours of the occurrence.

The National Regulations require an accurate *Incident, Injury, Trauma and Illness Record* to be kept and stored confidentially until the child is 25 years old (Regulation 183(2)).

Under the national legislation, each service must ensure that an entry is recorded in the *Incident, Injury, Trauma and Illness Record* for the following occurrences:

- An incident in relation to a child, an injury received by a child or trauma to which a child has been subjected.
- An illness that becomes apparent.

Details that must be entered in the *Incident, Injury, Trauma and Illness Record* include the following:

- The name and age of the child.
- The circumstances leading to the incident, injury or trauma, or relevant circumstances surrounding the child becoming ill (including any symptoms).
- The time and date the incident occurred, the injury was received, or the child was subjected to the trauma, or the apparent onset of the illness.
- The action taken by the service, including any medication administered, first aid provided, or medical personnel contacted.
- Details of any person who witnessed the incident, injury or trauma, or the apparent onset of illness.
- The name of any person the service notified, or attempted to notify, of any incident, injury, trauma or illness that a child suffered while being educated and cared for by the service, and the time and date of the notifications/attempted notifications.
- The name and signature of the person making an entry in the record, and the time and date that the entry was made.
- Signature of a parent/guardian to verify that they have been informed of the occurrence.

All information will be included in the *Incident, Injury, Trauma and Illness Record* as soon as is practicable, but not later than 24 hours after the incident, injury or trauma, or the onset of the illness.

Medical emergencies may include serious health issues such as asthma, anaphylaxis, diabetes, fractures, choking and seizures. Such emergencies generally involve only one child; however, they can affect everyone in the children's service. In some cases, it will be appropriate to refer to specific policies for guidance, such as the *Dealing with Medical Conditions Policy, Asthma Policy, Anaphylaxis Policy, Diabetes Policy and Epilepsy Policy*.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- Australian Standards AS3745–2002, Emergency control procedures for buildings, structures and workplaces.
- *Education and Care Services National Law Act 2010*: Section 174(2).
- *Education and Care Services National Regulations 2011*: Regulations 77, 85–87, 103, 177, 183.
- *Public Health and Wellbeing Act 2008* (Vic).
- *Public Health and Wellbeing Regulations 2009* (Vic).
- *Occupational Health and Safety Act 2004* (Vic).
- *Occupational Health and Safety Regulations 2007*.
- Worksafe Victoria Compliance Code: *First aid in the workplace* (2008).
- *National Quality Standard*, Quality Area 2: Children's Health and Safety.
- *National Quality Standard*, Quality Area 3: Physical Environment.
- *National Quality Standard*, Quality Area 7: Leadership and Service Management.
- Therapeutic Goods Act 1989 (Cth)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

4. DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Emergency services: Includes ambulance, fire brigade, police and state emergency services.

First aid: The provision of initial care in response to an illness or injury. It generally consists of a series of techniques to preserve life, protect a person (particularly if unconscious), prevent a condition worsening and promote recovery. First aid training should be delivered by approved first aid providers, and a list is published on the ACECQA website:

<https://www.acecqa.gov.au/qualifications/requirements/first-aid-qualifications-training>

Hazard: A source or situation with a potential for harm in terms of human injury or ill health, damage to property, damage to the environment or a combination of these.

Incident: Any unplanned event resulting in or having potential for injury, ill health, damage or other loss.

Incident, Injury, Trauma and Illness Record: The Approved Provider must ensure an *Incident, Injury, Trauma and Illness Record* is kept in accordance with Regulation 87 of the *Education and Care Services National Regulations 2011*. A sample is available on the ACECQA website at: <https://www.acecqa.gov.au/resources/applications/sample-forms-and-templates>

Injury: Any physical damage to the body caused by violence or an incident.

Medication: Any substance, as defined in the *Therapeutic Goods Act 1989* (Cth), that is administered for the treatment of an illness or medical condition.

Medical management plan: A document that has been prepared and signed by a doctor that describes symptoms, causes, clear instructions on action and treatment for the child's specific medical condition, and includes the child's name and a photograph of the child. An example of this is the Australasian Society of Clinical Immunology and Allergy (ASCIA) action plan for anaphylaxis.

Medical attention: Includes a visit to a registered medical practitioner or attendance at a hospital.

Medical emergency: An injury or illness that is acute and poses an immediate risk to a person's life or long-term health.

Minor incident: An incident that results in an injury that is small and does not require medical attention.

Notifiable incident: An incident involving workplace health and safety that is required by law to be reported to Worksafe Victoria. Notification is required for incidents that result in death or serious injury/illness, or dangerous occurrences. For a complete list of incidents that must be reported to Worksafe Victoria, refer to the *Guide to Incident Notification* on the Worksafe Victoria website. This website also contains online reporting forms: www.worksafe.vic.gov.au

Serious incident: An incident resulting in the death of a child, or an injury, trauma or illness for which the attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a child appears to be missing, cannot be accounted for, is removed from the service in contravention of the regulations or is mistakenly locked in/out of the service premises (Regulation 12). A serious incident should be documented in an *Incident, Injury, Trauma and Illness Record* (sample form available on the ACECQA website) as soon as possible and within 24 hours of the incident. The Regulatory Authority (DET) must be notified within 24 hours of a serious incident occurring at the service (Regulation 176(2) (a), alongside an executive member of the Committee of Management. Records are required to be retained for the periods specified in Regulation 183.

Trauma: An emotional wound or shock that often has long-lasting effects or any physical damage to the body caused by violence or an incident.

5. SOURCES AND RELATED POLICIES

Sources

- ACECQA sample forms and templates: <https://www.acecqa.gov.au/resources/applications/sample-forms-and-templates>

- Building Code of Australia: <https://www.abcb.gov.au/Connect/Categories/National-Construction-Code>
- *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th edition, 2013) National Health and Medical Research Council: <https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services>
- VMIA Insurance Guide, Community Service Organisations program: www.vmia.vic.gov.au
- Worksafe Victoria: *Guide to Incident Notification*: <http://www.worksafe.vic.gov.au/forms-and-publications/forms-and-publications/guide-to-incident-notification>
- Worksafe Victoria: Online notification forms: <http://www.worksafe.vic.gov.au/safety-and-prevention/health-and-safety-topics/incident-notification>

Service policies

- *Administration of First Aid Policy.*
- *Administration of Medication Policy.*
- *Anaphylaxis Policy.*
- *Asthma Policy.*
- *Dealing with Infectious Diseases Policy.*
- *Dealing with Medical Conditions Policy.*
- *Diabetes Policy.*
- *Emergency and Evacuation Policy.*
- *Epilepsy Policy.*
- *Excursions and Service Events Policy.*
- *Occupational Health and Safety Policy*
- *Privacy and Confidentiality Policy.*
- *Road Safety and Safe Transport Policy.*

PROCEDURES

The Approved Provider and Persons with Management and Control is responsible for:

- Ensuring that the premises are kept clean and in good repair.
- Ensuring that staff have access to medication, Incident, Injury, Trauma and Illness forms (available from ACECQA – refer to *Sources*) and WorkSafe Victoria incident report forms (refer to *Sources*).
- Ensuring that the service has an occupational health and safety policy and procedures that outline the process for effectively identifying, managing and reviewing risks and hazards that are likely to cause injury, and reporting notifiable incidents to appropriate authorities (refer to *Occupational Health and Safety Policy*).
- Ensuring that completed medication records are kept until the end of 3 years after the child's last attendance (Regulation 92, 183).
- Ensuring that a parent/guardian of the child is notified as soon as is practicable, but not later than 24 hours after the occurrence, if the child is involved in any incident, injury, trauma or illness while at the service (Regulation 86).
- Ensuring that Incident, Injury, Trauma and Illness Records are kept and stored securely until the child is 25 years old (Regulations 87, 183).
- Ensuring that there is a minimum of one educator with a current approved first aid qualification on the premises at all times (refer to *Administration of First Aid Policy*).
- Ensuring that there are an appropriate number of up-to-date, fully equipped first aid kits that are accessible at all times (refer to *Administration of First Aid Policy*).
- Ensuring that the orientation and induction of new and relief staff include an overview of their responsibilities in the event of an incident or medical emergency.

- Ensuring that children's enrolment forms provide authorisation for the service to seek emergency medical treatment by a medical practitioner, hospital or ambulance service.

The Nominated Supervisor, Persons in Day to Day Charge, other educators and staff are responsible for:

- Ensuring that volunteers and parents on duty are aware of children's medical management plans (refer to *Definitions*) and their responsibilities in the event of an incident, injury or medical emergency.
- Responding immediately to any incident, injury or medical emergency.
- Implementing individual children's medical management plans, where relevant.
- Notifying parents/guardians immediately after an incident, injury, trauma or medical emergency, or as soon as is practicable.
- Requesting the parents/guardians make arrangements for the child or children involved in an incident or medical emergency to be collected from the service or informing parents/guardians if an ambulance has been called.
- Notifying other person/s as authorised on the child's enrolment form when the parents/guardians are not contactable.
- Recording details of any incident, injury or illness in the *Incident, Injury, Trauma and Illness Record* (refer to *Definitions*) as soon as is practicable but not later than 24 hours after the occurrence.
- Ensuring that regulatory and legislative responsibilities are met in relation to any incident, injury or medical emergency.
- Maintaining all enrolment and other medical records in a confidential manner (refer to *Privacy and Confidentiality Policy*).
- Regularly checking equipment in both indoor and outdoor areas for hazards and taking the appropriate action to ensure the safety of the children when a hazard is identified.
- Assisting the Approved Provider with regular hazard inspections (refer to Attachment 1 – Sample hazard identification checklist).
- Reviewing the cause of any incident, injury or illness and taking appropriate action to remove the cause if required, for example, removing a nail found protruding from climbing equipment or retraining staff to adhere more closely to the service's *Hygiene Policy*.
- Notifying DET in writing within 24 hours of an incident involving the death of a child, or any incident, illness or trauma that requires treatment by a registered medical practitioner or admission to a hospital.
- Ensuring that the following contact numbers are displayed in close proximity of each telephone:
 - 000
 - DET regional office
 - Approved Provider
 - Asthma Victoria: (03) 9326 7055 or toll free 1800 645 130
 - Victorian Poisons Information Centre : 13 11 26
 - local council or shire.

When there is a medical emergency, educators will:

- Call an ambulance, where necessary.
- Administer first aid and provide care and comfort to the child prior to the parents/guardians or ambulance arriving.
- Implement the child's current medical management plan, where appropriate.
- Notify parents/guardians as soon as is practicable of any serious medical emergency, incident or injury concerning the child, and request the parents/guardians make arrangements for the child to be collected from the service and/or inform the parents/guardians that an ambulance has been called.

- Notify other person/s as authorised on the child's enrolment form, if the parents/guardians are not contactable.
- Ensure ongoing supervision of all children in attendance at the service.
- Accompany the child in the ambulance when the parents/guardians are not present, provided that staff-to-child ratios can be maintained at the service.
- Notify the Approved Provider of the medical emergency, incident or injury as soon as is practicable.
- Complete and submit an incident report to DET, the Approved Provider and the service's public liability insurer following a serious incident.

When a child develops symptoms of illness while at the service, educators will:

- Ensure that the Nominated Supervisor, or person in day-to-day care of the service, contacts the parents/guardians or authorised emergency contact for the child to outline the signs and symptoms observed.
- Request that the child is collected from the service if the child is not well enough to participate in the program.
- Ensure that they separate the child from the group and have a staff member remain with the child until the child recovers, a parent/guardian arrives, or another responsible person takes charge.
- Call an ambulance (refer to definition of *medical emergency*) if a child appears very unwell or has a serious injury that needs urgent medical attention.
- Ensure that the child is returned to the care of the parent/guardian or authorised emergency contact person as soon as is practicable.
- Ensure that, where medication, medical or dental treatment is obtained, the parents/guardians are notified as soon as is practicable and within 24 hours and are provided with details of the illness and subsequent treatment administered to the child.
- Ensure that the Approved Provider is notified of the incident.
- Ensure that the *Incident, Injury, Trauma and Illness Record* is completed as soon as is practicable and within 24 hours of the occurrence.

Parents/guardians are responsible for:

- Providing authorisation in their child's enrolment record for the service to seek emergency medical treatment by a medical practitioner, hospital or ambulance service (Regulation 161 (1)).
- Payment of all costs incurred when an ambulance service is called to attend to their child at the service.
- Notifying the service, upon enrolment or diagnosis, of any medical conditions and/or needs, and any management procedure to be followed with respect to that condition or need (Regulation 162)
- Ensuring that they provide the service with a current medical management plan, if applicable (Regulation 162 (d)).
- Collecting their child as soon as possible when notified of an incident, injury or medical emergency involving their child.
- Informing the service of an infectious disease or illness that has been identified while the child has not attended the service, and that may impact on the health and wellbeing of other children, staff and parents/guardians attending the service.
- Being contactable, either directly or through emergency contacts listed on the child's enrolment form, in the event of an incident requiring medical attention.
- Signing the *Incident, Injury, Trauma and Illness Record*, thereby acknowledging that they have been made aware of the incident.
- Notifying the service by telephone when their child will be absent from their regular program.
- Notifying staff/educators if there is a change in the condition of their child's health, or if there have been any recent accidents or incidents that may impact on the child's care e.g. any bruising or head injuries.

EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider of Camberwell Kindergarten and Child Care Centre Inc. will:

- Regularly seek feedback from everyone affected by the policy regarding its effectiveness.
- Monitor the implementation, compliance, complaints and incidents in relation to this policy.
- Review and analyze information gathered from the *Incident, Injury, Trauma and Illness Record* and staff first aid records regarding incidents at the service.
- Keep the policy up to date with current legislation, research, policy and best practice.
- Revise the policy and procedures as part of the service's policy review cycle, or as required.
- Notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

ATTACHMENTS

- Attachment 1: Sample hazard identification checklist
- Attachment 2 – Exclusion Schedule

AUTHORISATION

This policy was adopted by the Approved Provider of Camberwell Kindergarten and Children Care Centre Inc. on 16/07/2019

REVIEW DATE: 16/07/2021

ATTACHMENT 1

Sample hazard identification checklist

Service: _____

Date: _____

Inspected by: _____

Hazard	Yes	No	Comments
1. Floors			
Surface is even and in good repair.			
Surface is free from tripping and slipping hazards (e.g. oil, water, sand).			
Surface is safe (e.g. not likely to become excessively slippery when wet).			
2. Kitchen and work benches			
Work bench space is adequate and at comfortable working height.			
Kitchen and work bench space is clean and free of clutter.			
Equipment not in use is properly stored.			
Lighting is satisfactory			
A door or gate restricts child access to the kitchen.			
Ventilation fan is in good working order.			
Kitchen appliances are clean and in good working order.			
3. Emergency evacuation			
Staff have knowledge of fire drills and emergency evacuation procedures.			
Fire drill instructions are displayed prominently in the service.			
Regular fire drills are conducted.			
Extinguishers are in place, recently serviced and clearly marked for type of fire.			
Exit signs are posted and clear of obstructions.			
Exit doors are easily opened from inside.			

4. Security and lighting			
Security lighting is installed in the building and car park.			
There is good natural lighting.			
There is no direct or reflected glare.			
Light fittings are clean and in good repair.			
Emergency lighting is readily available and operable (e.g. torch).			
5. Windows			
Windows are clean, admitting plenty of daylight.			
Windows have no broken panes.			
6. Steps and landings			
All surfaces are safe.			
There is adequate protective railing which is in good condition.			
7. Ladders and steps			
Ladders and steps are stored in a proper place.			
Ladders and steps are free of defects (e.g. broken or missing rungs etc.).			
They conform to Australian Standards.			
They are used appropriately to access equipment stored above shoulder height.			
8. Chemicals and hazardous substances			
All chemicals are clearly labelled.			
All chemicals are stored in locked cupboard.			
Material Safety Data Sheets (MSDS) are provided for all hazardous substances.			
9. Storage (internal and external)			
Storage is designed to minimise lifting problems.			
Materials are stored securely.			
Shelves are free of dust and rubbish.			
Floors are clear of rubbish or obstacles.			
Dangerous material or equipment is stored out of reach of children.			
10. Manual handling and ergonomics			
Trolleys or other devices are used to move heavy objects.			
Heavy equipment (such as planks and trestles) is stored in a way that enables it to be lifted safely.			
Adult-sized chairs are provided and used for			

staff (to avoid sitting on children's chairs).			
Workstations are set up with the chair at the correct height.			
Workstations are set up with phone, mouse and documents within easy reach and screen adjusted properly.			
Work practices avoid the need to sit or stand for long periods at a time.			
11. Electrical			
There are guards around heaters.			
Equipment not in use is properly stored.			
Electrical equipment has been checked and tagged.			
Use of extension leads, double adaptors and power boards are kept to a minimum.			
Plugs, sockets or switches are in good repair.			
Leads are free of defects and fraying.			
Floors are free from temporary leads			
There are power outlet covers in place.			
12. Internal environment			
Hand-washing facilities and toilets are clean and in good repair.			
There is adequate ventilation around photocopiers and printers.			
13. First aid and infection control			
Staff have current approved first aid qualifications and training.			
First aid cabinet is clearly marked and accessible only to staff.			
Cabinet is fully stocked and meets Australian Standards (refer to <i>Administration of First Aid Policy</i>).			
Disposable gloves are provided.			
Infection control procedures are in place.			
Current emergency telephone numbers are displayed.			
14. External areas			
Fencing is secure, unscaleable and of a height prescribed by the Building Code of Australia (no breaches in the fence or materials left adjacent that would assist children to scale the fence)			
Child-proof locks are fitted to gates.			
Paving and paths have an even surface and are in good repair.			
Paving and path surfaces are free of slipping			

hazards, such as sand.			
Soft-fall and grass areas are free of hazards.			
Equipment and materials used are in good repair and free of hazards.			

15. Equipment			
Furniture and play equipment are in good repair (no protruding bolts, nails, splinters).			
Impact-absorbing material is placed under all equipment where fall height could exceed 0.5 metres.			
Guardrails are provided for play equipment over 1 metre.			
16. Sun protection			
There is an adequate supply of SPF 30+ broad spectrum, water-resistant sunscreen provided for use by children and staff.			
Sunhats are provided for all staff required to work in the sun.			
There is a <i>Sun Protection Policy</i> in place, which requires staff and children, and others who work in the sun to use sunscreen and an appropriate sunhat.			

If any box is marked with a "No", it is deemed to be unsatisfactory and must be followed up using an appropriate risk assessment and control checklist.

ATTACHMENT 2

Exclusion Schedule

The following schedule provides the minimum period of exclusion from schools and children's services centres where a child has an infectious disease or has come into contact with an infectious disease. This schedule is based on the Department of Human Services Victoria "Communicable Disease Schedule".

The Centre will comply with the following.

Disease	A child with this condition will be excluded from the Centre ...	Where this condition is encountered, contacts will ...
Chicken Pox	Until fully recovered or at least 1 week after the eruption first appears.	Not be excluded from the Centre.
Conjunctivitis	Until discharge from eyes has stopped or for 24 hours after the first drops have been administered. <i>Centre Note:</i> <ul style="list-style-type: none"> ▪ <i>The discharge from the eye is highly infectious.</i> 	Not be excluded from the Centre.
Diphtheria	Until receipt of medical certificate of recovery from infection.	Domiciliary contacts excluded until investigated by the medical officer of health, or health officer of the Department, and shown to be clear of infection.
Giardiasis (Diarrhoea)	Until diarrhoea has stopped or medical certificate is produced.	Not be excluded from the Centre.
Hand, Foot and Mouth Disease	Until all blisters have dried.	Not be excluded from the Centre.
Herpes (Cold sores)	Young children unable to comply with good hygiene practises should be excluded while the lesion is weeping. Lesions to be covered by dressings, where possible.	Not be excluded from the Centre.
Hepatitis A (Infectious Hepatitis)	Until receipt of a medical certificate of recovery from infection, or until symptoms disappear.	Not be excluded from the Centre.
Hepatitis B	Until recovery from acute attack.	Not be excluded from the Centre.

Disease	A child with this condition will be excluded from the Centre ...	Where this condition is encountered, contacts will ...
Impetigo (School Sores)	Until sores have fully healed. The child may be allowed to return earlier provided that: <ul style="list-style-type: none"> ▪ Appropriate treatment has begun, and ▪ Sores on exposed surfaces such as scalp, face, hands or legs are properly covered with moisture-proof dressings. 	Not be excluded from the Centre.
Influenza and Influenza like illness	Exclude until well.	Not be excluded from the Centre.
Measles	Until at least 4 days from the appearance of rash, or until receipt of a medical certificate of recovery from infection.	Non-immunised children must be excluded for 13 days from the first appearance of rash in the last-occurring case, unless they are immunised within 72 hours of first contact.
Meningitis (bacteria)	Exclude until well.	Not be excluded from the Centre
Meningococcal Infection (Meningitis)	Until a medical certificate of recovery from infection.	Domiciliary contacts must be excluded until they have received appropriate treatment for at least 48 hours.
Mumps	Until fully recovered and/or medical certificate is produced.	Not be excluded from the Centre.
Pediculosis (Head Lice)	Until appropriate treatment has begun. <i>Centre Notes:</i> <ul style="list-style-type: none"> ▪ <i>Suspected and confirmed cases must be excluded from the Centre immediately.</i> ▪ <i>All nits need to have been removed.</i> 	Not be excluded from the Centre. <i>Centre Note:</i> <ul style="list-style-type: none"> ▪ <i>Close contacts should be inspected regularly for signs of infestation.</i>
Pertussis (Whooping Cough)	Until five days after the onset of illness and until receipt of a medical certificate of recovery from infection.	Domiciliary contacts must be excluded from attending a children's services centre for 21 days after the last exposure of infection if they have not had whooping cough or immunization against whooping cough.
Poliomyelitis	Until at least 14 days after onset of illness and until receipt of a medical certificate of recovery.	Not be excluded from the Centre.

Disease	A child with this condition will be excluded from the Centre ...	Where this condition is encountered, contacts will ...
Ringworm	Until appropriate treatment has begun. Infected area is to be covered by appropriate dressing.	Not be excluded from the Centre.
Rotavirus (Diarrhoea)	Until diarrhoea has stopped and a medical certificate is produced.	Not be excluded from the Centre.
Rubella (German Measles)	Until fully recovered and at least 4 days after onset of rash.	Not be excluded from the Centre.
Scabies	Until appropriate treatment has begun.	Not be excluded from the Centre.
Sever Acute Respiratory Syndrome (SARS)	Exclude until medical certificate of recovery is produced.	Not be excluded from the Centre unless considered necessary by the department.
Shigella (Diarrhoea)	Until diarrhoea has stopped and/or medical certificate is produced.	Not be excluded from the Centre.
Streptococcal Infections (including Scarlet Fever)	Until receipt of medical certificate of recovery from infection.	Not be excluded from the Centre.
Trachoma	Until appropriate treatment has begun.	Not be excluded from the Centre.
Tuberculosis	Until receipt of medical certificate from a health officer of the Department that the child is not considered to be infectious.	Not be excluded from the Centre.
Typhoid and Paratyphoid Fever	Until receipt of a medical certificate of recovery from infection and approval from the Secretary of the Department.	Not be excluded from the Centre unless the Medical Officer of Health or a health officer of the Department considers exclusion to be necessary

A "Medical Certificate" means a certificate of a legally qualified medical practitioner.

Centre-Specific Exclusion List

In addition to the Exclusion Schedule above (based on the Infectious Diseases Regulations 2001), the table below provides additional conditions where the Nominated Supervisor, will exclude an ill child from the Centre.

Suspected Condition	Parent will be notified ...	Subject to the Nominated Supervisor, Certified Supervisor and other educators individual assessment, a child will be excluded ...	A child may return to the Centre ...
Diarrhoea	After the first episode of diarrhoea.	After the second bout of diarrhoea or before, subject to the Nominated Supervisor, Person Responsible or other educators, individual assessment.	After 24 hours after last loose bowel motion.
Vomiting	After the first episode of vomiting.	After the second bout of vomiting.	After vomiting has ceased for 24 hours
Unusual Spots and Rashes	Immediately.	Until the spots have been assessed by a doctor. If the spots are infectious, the Centre will follow the Department of Human Services' Exclusion Schedule.	Once a medical clearance certificate has been provided.
Elevated Temperature	Subject to the Nominated Supervisor, Person Responsible or other educators' individual assessment. Immediately if the temperature is elevated above 38° Centigrade. Paracetamol may be administered after first obtaining verbal agreement from the parent.	A child will be excluded if: <ul style="list-style-type: none"> ▪ Their temperature is above 38 Centigrade, or 24 hours afterwards ▪ The child is obviously unwell and distressed, or ▪ The child is not taking in any fluids. 	After temperature has ceased for 24 hours