



Telethon Speech & Hearing
Releasing children's potential

Telethon Speech and Hearing (TSH) Health Policy

TSH aims to provide a safe and healthy environment for all staff, parents and children.

Young children are particularly at risk of infection, and of spreading infection, because:

- they engage in close physical contact with a wide range of children and adults in closed spaces for long periods of time;
- they have had limited previous exposure to many common infectious diseases;
- they have increased contact with materials (toys, toilets, etc) that may be infectious;
- they have age-normative behaviours which contribute to the spread of infections, such as a lack of toilet training, lack of control over bodily secretions, and generally less-effective practice of hand-washing and other hygiene procedures; and
- the risk of infection can be increased in group situations. Hygiene procedures in group settings require more thorough attention than may be required in a home setting.

Our 24 hour exclusion policy for people who are ill is important in ensuring the health and wellbeing of others, and in making recovery times quicker.

- 24 hour exclusion following vomiting, diarrhoea or any bowel or stomach upset means 24 hours free of vomiting/diarrhoea after the reintroduction and tolerance of a full and normal diet.
- 24 hour exclusion after an elevated temperature means the temperature has stayed at the "normal level", around 36-37°C, for 24 hours without analgesics or any other administered agent.
- 24 hour exclusion "after medication" means children are excluded for 24 hours after commencement of antibiotic or antifungal treatment. This allows time for the medication to take effect.
- Separate guidelines (see below) regarding exclusion apply for specific cases of diarrhoea (e.g. campylobacter, giardia, and salmonella).

Specific Guidelines for the Exclusion of Sick Children, as per the 2014 Communicable Disease Guidelines provided by the Department of Health for Western Australia, are outlined in the table below.

*Notifiable: Discuss with your local public health unit staff.

CONDITION(S)	INSTRUCTIONS FOR AFFECTED CHILD	CONTACTS (other family members)
Elevated temperature (non-specific)	Child must be excluded for a full 24 hours after the temperature returns to normal without the need for medication.	Not excluded
Non-specific diarrhoea or vomiting	Child must be excluded for a full 24 hours after returning to a normal diet. In the instance of non-infectious diarrhoea, the parent must provide a note from his/her GP stating that the child is not infectious, before he/she may return.	Not excluded
Immunisation	Child must be excluded for 24 hours after immunisations have been administered. This is deemed necessary to monitor children for adverse reactions to immunisation.	Not excluded
Acute febrile respiratory disease (Various viruses, e.g. Parainfluenzavirus, RSV, Adenovirus, Rhinovirus, Coxsackievirus, Echovirus)	Child does not need to be excluded. Refer to your GP for medical advice and treatment.	Not excluded
Amoebic dysentery (Amoebiasis)	Child must be excluded until 48 hours after diarrhoea has ceased.	Not excluded
Chickenpox (Varicella and herpes zoster)	Excluded for at least 5 days after the rash first appears AND all the blisters are dry (vesicles have formed crust) AND the person is systemically well. Crusts alone do not warrant exclusion.	Any child with an immune deficiency (eg leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise no exclusion. *Notifiable
Cold sores (Herpes simplex 1 and 2)	Young children unable to comply with good hygiene practices should be excluded while the lesion is weeping. Staff with cold sores	Not excluded Parents need to take

	will be allowed in all areas with the exception of contact with babies provided that they take the necessary precautions in their contact with the children: i.e. keep lesions covered; do not kiss the children; do not use communal cups, cutlery etc.	necessary precautions
Conjunctivitis	Child with either viral or bacterial conjunctivitis must be excluded until all discharge has ceased. In the case of allergic conjunctivitis, the parent must provide a note from a GP stating that the child is not infectious before he/she may return.	Not excluded
Cryptosporidiosis	Child must be excluded until 48 hours after diarrhoea has ceased.	Not excluded
Cytomegalovirus (CMV)	Child does not need to be excluded. Refer to your GP for medical advice and treatment.	Not excluded
Diarrhoea: Specific Campylobacter Giardia Rotavirus Salmonella Shigella Worms*	Child must be excluded until bowel motions have returned to normal and until at least 48 hours after the last abnormal motion. A medical certificate of recovery must also be produced. *Exclude until treatment has occurred.	Not excluded *Notifiable
Diphtheria	Child must be excluded until: - a) At least two negative throat swabs have been taken (the first not less than 24 hours after cessation of antibiotic treatment and the second not less than 48 hours later); and b) A certificate is provided by a GP recommending that the exclusion should cease.	Exclude family and household contacts until approval to return has been given by medical practitioner. *Notifiable
Glandular Fever	Child must be excluded until well. Refer to your GP for medical advice and treatment.	Not excluded
German Measles (Rubella)	Child must be excluded for 4 days after onset of rash.	Not excluded
Hand, Foot and Mouth Disease	Child must be excluded until vesicles have formed crusts that are dry.	Not excluded
Haemophilus Influenza Type B	Child must be excluded until antibiotic treatment is completed, usually for 48 hours.	Not excluded *Notifiable
Head Lice	Child must be excluded until lice and eggs (nits) are killed.	Not excluded
Hepatitis A (viral)	Child must be excluded until 14 days after	Not excluded

	onset of illness or 7 days after jaundice appears.	*Notifiable
Hepatitis B	Child does not need to be excluded. Refer to your GP for medical advice and treatment.	Not excluded *Notifiable
Hepatitis C	Child does not need to be excluded. Refer to your GP for medical advice and treatment.	Not excluded *Notifiable
HIV/AIDS	Child does not need to be excluded. Refer to your GP for medical advice and treatment.	Not excluded *Notifiable
Hookworm	Child must be excluded until 48 hours after diarrhoea has ceased.	Not excluded
Human Herpes Virus 6	Child does not need to be excluded. Refer to your GP for medical advice and treatment.	Not excluded
Impetigo (School Sores)	Child must be excluded for 24 hours after antibiotic treatment commenced. Lesions on exposed skin surfaces should be covered with a waterproof dressing.	Not excluded
Influenza (Flu)	Child must be excluded until all symptoms resolved.	Not excluded *Notifiable
Measles	Child must be excluded for 4 days following onset of rash, in consultation with public health unit staff.	Vaccinated or previously infected contacts not excluded. Susceptible contacts excluded until 14 days after onset of rash in the last case occurring at a facility. Susceptible contacts vaccinated with MMR within 72 hours of first contact with measles, or immunoglobulin within 6 days of exposure, may return following vaccination. *Notifiable
Meningococcal Disease	Child must be excluded until antibiotic treatment has been completed.	Not excluded *Notifiable
Molluscum Contagiosum	Child does not need to be excluded. Refer to your GP for medical advice and treatment.	Not excluded
Mumps	Child must be excluded for 9 days following onset of symptoms.	Not excluded

		*Notifiable
Parvovirus B19	Child does not need to be excluded. Refer to your GP for medical advice and treatment.	Not excluded
Whooping Cough (Pertussis)	Child must be excluded until 5 days following an appropriate antibiotic treatment, or for 21 days from the onset of coughing.	Contact management to be co-ordinated by public health unit staff *Notifiable
Pinworm	Child does not need to be excluded. Refer to your GP for medical advice and treatment.	Not excluded
Pneumococcal Disease	Child must be excluded until 24 hours after commencement of antibiotic treatment.	Not excluded *Notifiable
Ringworm (Tinea)	Child must be excluded until they have received anti-fungal treatment for 24 hours.	Not excluded
Roundworm	Child does not need to be excluded. Refer to your GP for medical advice and treatment.	Not excluded
Scabies	Child must be excluded until the day after treatment has commenced.	Not excluded - Family contacts should be treated
Shingles	Child does not need to be excluded unless rash is uncovered and weeping.	Not excluded. Non-immune people may develop chickenpox if they are exposed to vesicle fluid from a person with shingles, they should refer to their GP. *Notifiable
Streptococcal Infections (including Scarlet Fever)	Child must be excluded until 24 hours following the commencement of antibiotic treatment.	Not excluded
Tetanus	Child does not need to be excluded. Refer to your GP for medical advice and treatment.	Not excluded
Tuberculosis	Child must be excluded until a Medical Certificate of Recovery is obtained.	Contact management will be coordinated by the Anita Clayton Centre. Telephone 9222 8500 *Notifiable
Typhoid and Paratyphoid	Exclusion of the child is to be discussed with	Contact management

	local public health staff as clearance testing may be required before the child can return to the facility.	will be coordinated by public health unit staff *Notifiable
Viral Rashes	A letter from the child's GP stating that the rash is not infectious must be provided and the child must be well enough to attend.	Not excluded
Warts	Child does not need to be excluded. Refer to your GP for medical advice and treatment.	Not excluded
Whipworm	Child does not need to be excluded. Refer to your GP for medical advice and treatment.	Not excluded

Assessing Serious or Potentially Serious Infectious Disease

- It is highly important that infectious/contagious diseases be reported to TSH as soon as possible
- TSH reserves the right to exclude any child or staff member who has an illness that may affect the health/wellbeing of others.
- As a general rule, children should not be brought to TSH unless they are able to cope adequately with the normal routines and activities.
- Children should not be brought to TSH if they will expose others to unnecessary infection.

If a child does not have an infectious disease, but exhibits any of the following symptoms, he/she may be excluded until such time the symptoms have subsided:

- Sleeps at times that are not normal for his/her usual routine;
- Elevated temperature that remains above 37.5°C or continues to increase;
- Crying constantly as a result of illness-related discomfort;
- Negative reaction to medication(s); and/or
- He/she is in need of constant one-to-one care.

Immunisation

It is strongly recommended that children and staff are fully immunised where appropriate, as immunisation is a primary method of eradicating many childhood diseases.

TSH recommends that all children receive the complete routine schedule of vaccinations provided free under the National Immunisation Program, unless exceptional circumstances apply. An exclusion of 24 hours after immunisations is deemed necessary, as the children are potentially infectious during this time and need to be monitored for adverse reactions.

Female parents and family members of child-bearing age are warned about the potential hazards to an unborn child of certain infectious diseases.