POL2-P15 Infectious Disease, Immunisation and Exclusion Policy and Procedure

1. Purpose

The purpose of this policy is to establish Affinity Education Group's (Affinity) approach to managing health-related risks within centres. This includes the prevention and control of infectious and vaccine-preventable diseases, the management of immunisation requirements, and the appropriate use of exclusion to protect the health and wellbeing of children, families, educators and the wider community.

This policy supports Affinity's obligations under the Education and Care Services National Law and Regulations and relevant public health legislation by setting clear expectations for managing illness, infectious disease and immunisation-related risks in a consistent, lawful and child-safe manner. It recognises immunisation as an important public health measure and confirms when exclusion from care may be required to reduce the spread of illness and protect vulnerable individuals.

This policy provides clarity for families, educators and service leaders about how health-related risks, immunisation status and exclusion decisions are managed across Affinity centres, ensuring decisions are informed by legislative requirements, public health guidance and Affinity's commitment to safe, healthy and inclusive learning environments.

2. Scope

This policy and procedure applies to all enrolled children at Affinity, their families and authorised nominees, staff, students, contractors and volunteers across all Affinity centres, programs and business operations where health-related risks require management. It outlines Affinity's high-level approach to infectious disease prevention and control, immunisation requirements, and exclusion and return-to-care decisions to support consistent, safe and compliant practice.

This procedure does not apply to the immediate management of incidents, injury, trauma or medical emergencies, which are addressed under separate **POL2-P24 Incident management**, **POL 2-P26 First Aid** and **POL Dealing with Medical Conditions** policies and procedures.

This procedure must be read in conjunction with the **POL 6-P1 Enrolment and Orientation Procedure**, and relevant **POL Dealing with Medical Conditions** policies and procedures.

3. Definitions

The following definitions support consistent understanding of the terms used in this procedure.

Term	Definition
Exclusion	The temporary requirement for a child or staff member to remain away from an Affinity centre to manage health, safety, public health or operational risk.
Staff	All persons employed by Affinity Education Group in centre-based or corporate roles, whether full-time, part-time or casual.
Infectious disease	A disease that is designated under a law of a relevant jurisdiction or by a health authority as a disease that would require a person with the disease to be excluded from an education and care service.
NHMRC - National	The National Health and Medical Research Council (NHMRC) are Australia's leading expert body in health and medical research which the Staying Healthy Guidelines have informed this policy and procedure https://www.nhmrc.gov.au/about-us/publications/staying-healthy-guidelines
Immunisation	The process by which a person becomes protected against a disease through vaccination, allowing the body to build defences against harmful infections. Whilst immunisation is not compulsory*, it is strongly encouraged. Families who choose not to immunise their children up to the age of 19, on non-medical grounds, are not eligible to receive government financial childcare assistance. To be considered immunised, the child must be up to date and remain up to date with the National Immunisation Program Schedule or on a recognised catch up program.

*Certain states (Victoria, New South Wales and Western Australia) require children to be immunised to be enrolled in early childhood services.

4. Guiding principles

At Affinity, we believe that child safety is everyone's responsibility. We are committed to upholding the safety, rights and wellbeing of all children and promote a culture of child safety with a zero tolerance approach to child abuse and harm. Affinity ensures the Paramountcy Principle is applied in all aspects of our work. All decisions and actions related to the operation and delivery of education and care services must prioritise children's safety, rights and best interests above all other considerations.

The following principles guide how Affinity approaches the management of health, infectious disease, immunisation and exclusion across all centres:

- **Child safety and wellbeing first** – All health-related decisions prioritise the safety, wellbeing and best interests of children and support child-safe, inclusive and nurturing learning environments.
- **Prevention-focused and risk-aware practice** – Affinity adopts a proactive approach to managing health risks, recognising that early identification, appropriate exclusion and effective infection control are critical to limiting the spread of illness.

- **Shared responsibility** – Health is a shared responsibility, with families, staff and centre leaders working collaboratively through respectful communication, timely information sharing and mutual accountability.
- **Evidence-informed decision making** – Decisions are guided by current legislation, public health advice, recognised health authorities and nationally endorsed best-practice frameworks.
- **Consistency, fairness and transparency** – Immunisation, exclusion and return-to-care decisions are applied consistently and fairly across centres, supported by clear communication and documented rationale.
- **Continuous improvement and ethical practice** – Health and exclusion practices are lawful, ethical and regularly reviewed and strengthened through feedback, incidents, audits and quality improvement processes.

These principles underpin all actions described in this procedure and guide professional judgement where centre-specific decisions are required.

5. Procedures

5.1 Responding to suspected or confirmed illness or infectious disease

This explains how centres respond to suspected or confirmed illness or infectious disease to ensure health risks are managed promptly, consistently and in line with public health requirements. This must be applied in accordance with public health advice and the **Promapp** **3.3.09 Manage illness and exclusion** and **POL 2-P17 Infection Control Procedure.pdf** and **POL 6-P2 Arrival Departure and Collection Policy and Procedure** when child arrives to service presenting an injury or illness.

Procedure overview

To manage illness and infectious disease risks, the following actions must be completed:

- **Act**: affected children are supported with relevant first aid displaying signs and symptoms of illness. Refer to NHMC for specific guidelines
- **Separate**: The child may be temporarily separated from the group setting to prevent the spread of illness and ensure the health and safety of all children and staff whilst ensuring adequate supervision and support of the child until they are collected
- **Notify**: Parents (or emergency contacts) are informed and asked to collect the child promptly
- **Infection Control** (follow **POL 2-P17 Infection Control Procedure**)
    - **Handling of items**: Bedding, towels, clothing used by the child are sealed in a plastic bag and sent home for laundering unless centre provided items
    - **Disinfection:** Toys and eating utensils the child used are separated and disinfected
- **Document:**
    - FRM 2-F7 Illness Report.pdf to record all information including, details, action taken and notifications
    - FRM 2-F9 Illness_Injury On Arrival.pdf to record illness or injury that was presented upon arrival at the service
    - FRM 2-D4b Monthly Illness Register.docx Centre Manager to complete to identify any illness trends and outbreaks. If considered an outbreak refer to **5.3 Managing outbreaks and communicable diseases**.
- **Communicate (with Confidentiality)**:
    - Centre will communicate to parents/emergency contact any exclusion periods or additional information required upon collection of unwell child
    - Information is provided to all centre families informing them of any possible infectious disease, (See Manage outbreaks and communicable diseases for table on notifiable outbreaks) Personal health information remains confidential.

Key Actions

- Parents must notify the centre of any infectious conditions in their family
- Should the child show signs of being unwell, in discomfort or unable to participate in daily activities the nominated supervisor may contact the parent to collect the child.

Medication for illness, pain or fever

- Children needing medication for illness, pain or fever (eg. Paracetamol/Nurofen) will require a doctors certificate confirming no illness/infectious disease present and the child is fit to attend the service Eg. See Teething. FRM 2-F9 Illness_Injury On Arrival.pdf
- When a child needs ongoing pain medication due to injury then medical clearance should be provided and state that pain medication will be given as part of injury management and the child can be accepted into care. Following **POL2-P1 Administration of Medication Procedure**
- Follow the **POL2-P1 Administration of Medication Procedure** including when FRM 2-F4 Emergency Paracetamol Administration Form.pdf is required

- Should the child show signs of being unwell, in discomfort or unable to participate in daily activities the nominated supervisor may contact the parent to collect the child.

5.2 Applying exclusion and return to care decisions

This action explains how exclusion and return-to-care decisions are applied to ensure health risks are minimised and attendance resumes safely in line with public health guidance and Promapp **3.3.09 Manage illness and exclusion** processes.

Procedure overview

To support safe exclusion and return to care, the following actions must be completed:

- Nominated Supervisors will be guided by the National Health and Medical Research Council (NHMRC) on the illness including the required exclusion periods. Please refer to https://www.nhmrc.gov.au/about-us/publications/staying-healthy-guidelines/fact-sheets
- exclusion periods are applied consistently
    - children who show symptoms of infectious disease or on confirmation of an infectious disease or vaccine preventable disease diagnosis, the child will be excluded for the recommended time according to National Health and Medical Research Council (NHMRC) and will be able to return to the centre based on NHMRC guidance
    - Any child who has not been immunised, or is considered unimmunised, according to National Immunisation Schedule, will be excluded until the centre is deemed clear of the vaccine preventable disease to minimise the risk of infection to them. The Centre Manager will contact any unimmunised child's family immediately to request immediate collection of their child.
- return-to-care requirements are confirmed; and
- decisions are communicated clearly and respectfully.

Exclusion based on symptoms

A child showing signs of these **symptoms or a combination** of these requires action and potential exclusion (This information is from NHMRC Staying Healthy Guidelines 6th Edition):

Exclude Exclude in some cases

Symptoms	Action required	Exclusion of person who is sick
Diarrhoea or vomiting	Send child home as soon as possible	Exclude until there has not been any diarrhoea or vomiting for at least 24 hours If the diarrhoea or vomiting are confirmed to be due to norovirus, exclude until there has not been any diarrhoea or vomiting for at least 48 hours
Eye discharge (pus or severe wateriness)	Send child home as soon as possible	Exclude until discharge from the eyes has stopped (unless a doctor has diagnosed a non-infectious cause for the eye discharge)
Fever (temperature more than 38.0 °C)	Send child home as soon as possible	Exclude until the temperature remains normal, unless the fever has a known non-infectious cause If the child has gone home from the service with a fever but their temperature is normal the next morning, they can return to the service If the child wakes in the morning with a fever, they should stay home until their temperature remains normal Normal temperature is between 36.5 °C and 38.0 °C If a doctor later diagnoses the cause of the child's fever, follow the exclusion guidance for that disease
Rash	Can stay at the service unless: • it develops rapidly • it is combined with fever or other concerning symptoms	Rash on its own may not be cause for concern, but rash can often be combined with other symptoms In cases of rapidly developing rash or when rash is combined with other **concerning symptoms**, exclude until the concerning symptoms have gone

Respiratory symptoms (cough, runny or blocked nose, sore throat)	Exclude if the symptoms: • are severe or • are getting worse (more frequent or more severe) or • are combined with concerning symptoms such as: ○ fever ○ rash ○ tiredness ○ pain ○ poor feeding	If a person has respiratory symptoms (cough, sneezing, runny or blocked nose, sore throat), monitor them and exclude them if: • they have several respiratory symptoms at the same time or • they have developed new symptoms while at the service or • the respiratory symptoms are severe or • the respiratory symptoms are getting worse (more frequent or severe) or • they also have **concerning symptoms** (fever, rash, tiredness, pain, poor feeding) A person can often have an ongoing cough after they have recovered from a respiratory infection. If their other symptoms have gone and they are feeling well, they can return to the service

If at any point a child has any of the following serious symptoms, **call an ambulance (000) immediately** and follow **POL2-P24 Incident management:**

- Breathing difficulty—the child may be breathing very quickly or noisily or look pale or blue around the mouth. The child may be working hard at breathing, with the muscles between the ribs or at the base of the neck being drawn in with each breath.
- Drowsiness or unresponsiveness—the child is less alert, sleepier than normal, or difficult to wake from sleep, or they are not responding as they usually do (for example, making less eye contact than usual or less interested in their surroundings than usual).
- Poor circulation—the child looks very pale, and their hands and feet feel cold or look blue.

Exclusion periods based on diagnosed conditions

Nominated Supervisors will be guided by the National Health and Medical Research Council (NHMRC) on the illness including the required exclusion periods. Please refer to https://www.nhmrc.gov.au/about-us/publications/staying-healthy-guidelines/fact-sheets .

The minimum exclusion periods recommended by NRMRC aim to reduce the spread of infectious diseases between children, educators and other staff, and families visiting early education and care services. The exclusion periods are based on how long a person with a specific disease is likely to be infectious. Table of exclusion based on a diagnosed condition should be referred too.

Exclusion based on medication

As per **POL2-P1 Administration of Medication Procedure** – Where a child has started on a new medication, they are required to be excluded from the service for the first 24 hours so that:

- The child can be monitored for adverse reactions at home by a parent for potential allergic reactions or side effects before entering a group setting
- For infections it allows the treatment to take effect and reduces the risk of the child being contagious to others (exclusion period will be advised based on NRMRC fact sheet - refer to *Exclusion period based on diagnosed condition*)

Return to care decision

If a child has been absent due to an infectious condition, they will be able to return to the centre based on NHMRC guidance. If the conditions worsens or spreads the exclusion steps are repeated. The Nominated Supervisor or Responsible Person will make the decision on the child's suitability to return to care and may be guided by the local public health unit.

Teething

Medical advice may be requested in specific situations, where symptoms could indicate an infectious illness. If they do not have an infectious disease and the symptoms are relating to teething this is where doctor's advice is requested to accept into care otherwise exclusion may occur based on infectious disease symptoms as per NHRMC guidance.

Where medication is required, follow **POL2-P1 Administration of Medication Procedure** and any previous medications should be disclosed upon arrival, follow **POL 6-P2 Arrival Departure and Collection Policy and Procedure**. Should the child show signs of being unwell, in discomfort or unable to participate in daily activities the nominated supervisor may contact the parent to collect the child.

Exceptions and contingencies

Extended or additional exclusion may apply where symptoms persist or public health directions require. Regular fees are payable during the period of absence when a child is suffering from a vaccine preventable or infectious disease. This also applies when an unimmunised child is excluded due to the presence of a vaccine preventable disease.

Should the child show signs of being unwell, in discomfort or unable to participate in daily activities the nominated supervisor may contact the parent to collect the child.

5.3 Managing outbreaks and communicable diseases

This action explains how outbreaks and communicable diseases are managed to ensure public health and regulatory reporting obligations are met following the **3.3.12 Report Incidents and Complaints by Centres** and **3.3.17 Manage outbreaks and communicable diseases.**

Procedure overview

To manage outbreaks and notifiable diseases effectively, the following actions must be completed:

- incidents are documented and reported for each illness FRM 2-F7 Illness Report.pdf and all illnesses at the service FRM 2-D4b Monthly Illness Register.docx;
- enhanced infection control measures are implemented; and
- practices are reviewed following the incident.

Notifiable Health Conditions

- Diagnosis can only be given by a medical practitioner. Educators and families cannot diagnose an illness.
- Families must notify the Centre Manager of a confirmed diagnosis of an infectious or preventable disease as soon as possible after receiving the diagnosis
- The Centre Manager must notify the local public health unit if a child has a confirmed communicable disease, including outbreaks of conditions below:

NSW	NT	QLD	VIC/WA
If a child or staff member at your service has one of the following diseases or has come into contact with a person who has one of the following diseases:	If a child or staff member at your service has one of the following diseases:	If you have 2 or more cases of gastroenteritis among children or staff over a period of 1 to 3 days	If you suspect an outbreak of gastroenteritis
diphtheria	diarrhoea or vomiting (if 2 or more people are affected)		
gastroenteritis (if 2 or more people are affected and you suspect an outbreak)	diphtheria		
Hib *(Haemophilus influenzae* type b)	Hib (*Haemophilus influenzae* type b)		
measles	measles		
meningococcal disease	meningococcal disease		
mumps	mumps		
poliomyelitis	rubella (German measles)		
rubella (German measles)	tuberculosis (TB)		
tetanus	typhoid and paratyphoid		
whooping cough (pertussis)	whooping cough (pertussis)		

Contacting the Public Health Unit

- Australian Capital Territory – ACT Health Directorate – Health Protection Service
- New South Wales – NSW Health – Public Health Units
- Northern Territory – Northern Territory Department of Health – Centre for Disease Control
- Queensland – Queensland Health – Public Health Units
- Victoria – Victorian Department of Health
- Western Australia – Western Australian Department of Health – Public Health Units

Regulatory and Health Authority Notifications

- All confirmed cases/outbreaks must be recorded in the Compliance, Risk and Safety Portal (ServiceNow) as an ***Incident – Illness*** following **3.3.12 Report Incidents and Complaints by Centres**
- The Incident Support Team will report outbreaks to the Regulatory Authority via NQAITS if required following their reporting processes **POL2-P24 Incident management**
- The population health unit may issue exclusion letters to families of unimmunised children, outlining the illness and exclusion period to protect children and staff.

Information to be displayed

Additional controls may apply during outbreaks or where public health directions specify alternative requirements. The Centre Manager will arrange for notification to be displayed at the centre to inform all centre users of the presence of the illness INF 1055 Infectious Illness Notification Sign.pdf including a factsheet from National Health and Medical Research Council (NHMRC) on the illness.

Additional measures to reduce the risk of infection spread

- Rearranging play experience and environment to discourage crowded spaces
- Reassess programming to rearrange experiences offered that may increase changes of cross contamination such as, eg. Reduce sandpit use, playdoh, sensory trays, dramatic play food items.
- Increased cleaning measures in rooms and across centre using **FRM 2-F22 General Cleaning Checklist.pdf**
- Minimise shared equipment during mealtimes
- Providing additional handwashing opportunities and hand sanitiser stations/measures.

Exceptions and contingencies

Public health authorities may direct additional requirements or timeframes which will be followed based on their advice.

Escalation and support

Widespread or high-risk outbreaks are escalated to senior leadership and regulatory authorities following GUI 1334 Risk Classification and Escalation Matrix.docx

5.4 Managing immunisation requirements at enrolment

This action is applied by reviewing and recording immunisation status during enrolment and confirming compliance with jurisdictional requirements. Detailed workflows, including process maps and work instructions, are maintained in Promapp under the relevant enrolment and 3.3.14 Manage Immunisation records processes.

A copy of the national immunisation schedule can be found on the Department of Health website (link below). Each state has individual schedules under the National Program. https://www.health.gov.au/topics/immunisation/when-to-get-vaccinated/national-immunisation-program-schedule

Procedure overview

To ensure compliance with immunisation and exclusion requirements, the following actions must be completed:

- immunisation status is confirmed and proof of the child's immunisation status by way of Immunisation History Statement issued by the Australian Immunisation Register (AIR) uploaded into XAP;
- proof of immunisation medical exemption is recorded and issued by the Australian Immunisation Register (AIR) are verified and uploaded into XAP in place of the Immunisation History Statement where applicable; and
- families are informed of exclusion implications for vaccine-preventable diseases.

Exceptions

WA Requirements:

The Department of Health's Chief Health Officer may request information about the immunisation status of any child. The Centre Manager must report any under-immunised child to the Chief Health Officer. The Centre Manager is required to report a child who has or is reasonably suspected to have contracted a vaccine-preventable notifiable infectious disease to the Chief Health Officer, when directed to do so. The AIR for enrolments in WA must be dated no earlier than two months prior to enrolment date

Families who do not immunise their children:

There will be circumstances in which families have chosen to not immunise their children, due to:

- **medical** - 'medical contraindications' or 'natural immunity'. Both of these exemptions must be issued by a medical practitioner. Families will still be eligible for CCS payment.
- **non medical grounds** - known as conscientious or vaccine objectors due to personal, philosophical or religious beliefs [not applicable in VIC, NSW, WA, QLD]

During the enrolment process, families will be:

- issued a copy of this Policy and Procedure
- families must indicate that they have read and understood them
- reminded that the national 'No Jab No Play, No Jab No Pay' policy in which families will not qualify for CCS resulting in the payment of full fees (in the case of non medical grounds. Medical grounds families will still be eligible for CCS payment)
- advised that in the instance that a vaccine-preventable disease is present within the centre, that their child will be immediately excluded until the disease is no longer present

Centre Manager/Nominated Supervisor will:

- ensure a copy of any exemptions are uploaded into XAP
- monitor due dates for immunisations via XAP and remind families accordingly. Families will provide updates as necessary according to the immunisation schedule.
- When a vaccine preventable disease is in centre - Any child who has not been immunised, or is considered unimmunised, according to National Immunisation Schedule, will be excluded until the centre is deemed clear of the vaccine preventable disease to minimise the risk of infection to them. The Centre Manager will contact any unimmunised child's family immediately to request immediate collection of their child.

Note: Homoeopathic immunisation is not recognised as an alternative to the recommended childhood immunisation schedule, therefore, the child will be considered unimmunised. If a family does not produce any evidence of the child's immunisation then the child will be considered to be unimmunised.

National and state legislation in relation to immunisation requirements for child care

Refer to No Jab No Play, No Jab No Pay - https://www.ncirs.org.au/public/no-jab-no-play-no-jab-no-pay for relevant information

Escalation and support

Concerns or non-compliance relating to immunisation requirements are escalated to Regional Manager.

5.5 Supporting staff health and immunisation

It is recommended that all educators employed at the service should be fully immunised with all childhood immunisations. Educators should also receive booster doses according to the National Immunisation Schedule. The Federal Department of Health recommends that everyone from the age of six months should be vaccinated with the flu vaccination, Educators and staff working with children are advised to have the flu vaccination each year between March and May, prior to the height of cold and flu season during the winter months or as recommended by their health professional. This will reduce the risk of catching and hence spreading the illness with others in the centre environment.

Escalation and support

Health-related concerns are escalated through leadership or HR support channels.

6. Roles and responsibilities summary

The following table provides a summary of role responsibilities that align with the procedures and ProMapp processes referenced.

Role	Responsibilities
Centre Managers / Nominated Supervisors	• oversee the implementation of this procedure at centre; • confirm and manage immunisation, exclusion and return-to-care requirements; • coordinate communication with families and relevant authorities; and • ensure reporting and documentation obligations are met.
Families and authorised nominees	• provide accurate and timely health and immunisation information; • notify the centre of illness, diagnosis or exposure where relevant; and • comply with exclusion and return-to-care requirements.
Managers (corporate and operational)	• support consistent application of health and exclusion practices; • provide guidance where complex or escalated issues arise; and • ensure risks are managed in line with organisational requirements.
Operational leadership and compliance support	• provide advice on regulatory and public health requirements; • support decision-making for complex, high-risk or disputed cases; and • liaise with regulatory or public health authorities as required.
Staff	• comply with this procedure and related health requirements; • monitor for signs of illness and implement infection control practices; • manage personal health and immunisation status; and • escalate health-related concerns or risks when required.

7. Related legislation and internal documents

The following legislation, regulations and internal documents inform and support this procedure, ensuring compliance with legal requirements and consistent implementation.

Legislation		
ProMapp	POL2-P24 Incident management, POL 2-P26 First Aid POL Dealing with Medical Conditions POL 6-P1 Enrolment and Orientation Procedure POL 2-P17 Infection Control Procedure.pdf POL 6-P2 Arrival Departure and Collection Policy and Procedure POL2-P1 Administration of Medication Procedure	3.3.09 Manage illness and exclusion 3.3.12 Report Incidents and Complaints by Centres 3.3.17 Manage outbreaks and communicable diseases. 3.3.14 Manage Immunisation records
Forms	FRM 2-F7 Illness Report.pdf FRM 2-F9 Illness_Injury On Arrival.pdf FRM 2-D4b Monthly Illness Register.docx INF 1055 Infectious Illness Notification Sign.pdf GUI 1334 Risk Classification and Escalation Matrix.docx FRM 2-F4 Emergency Paracetamol Administration Form.pdf	

8. Version history

Version Control	Date	Author	Description of Change
1	Oct 2013	AEG	Update ECSNR
1.2	Dec 2014	AEG	Update ECSNR
V12.15	Dec 2015	AEG	Revision re legislation
V1.16	Jan 2016	AEG	Revision re legislation
V6.16	Jun 2016	AEG	Flu Vaccination added
V8.16	Aug 2016	AEG	Immunisation evidence
V5.17	May 2017	AEG	Added reporting
V11.17	Nov 2017	AEG	NSW vaccination
V3.18	Mar 2018	AEG	VIC/NSW vaccination
V6.18	JUN 2018	AEG	CCS reference
V12.18	DEC 2018	AEG	WA vaccination reporting
V7.19	Jul 2019	AEG	WA vaccination
V3.19	Mar 2020	AEG	COVID-19 added
V5.21	May 2021	AEG	Scheduled review. Added ASAS
V4.22	Apr 2022	AEG	Vax mandates, SPM
V7.23	Jul 2023	AEG	Updated links, removed some COVID references, grace period
V12.23	Dec 2023	AEG	Added RACI table and reference. XAP replaced SPM.
V7.24	July 2024	AEG	Scheduled review
V4.25	April 2025	AEG	Included links to state/territory Public Health units. Updated Staying Health 6th Edition. Added reporting information and exclusion of children in care.
V19	June 2026	AEG	Archived POL2-P15 Exclusion Procedure and Merged with POL2-P18 Infectious Diseases and Immunisation Procedure into a single procedure. New additions included greater clarity of teething and NHMRC criteria on excluding on symptoms. Communicating to parents 14 days prior to enacting this policy and procedure
V19.1	June 2026	AEG	Minor amendment based on parent feedback – Updated wording to align with NHMRC to state: If a child has been absent due to an infectious condition, they will be able to return to the centre based on NHMRC guidance and exclusion periods. Rather than medical clearance. As well as the teething requirement: Medical advice may be requested in specific situations, where symptoms could indicate an infectious illness. If they do not have an infectious disease and the symptoms are relating to teething this is where doctor's advice is required.