

# DEALING WITH INFECTIOUS DISEASES POLICY



## Policy Statement

Our Service has a duty of care to ensure that the health, safety and wellbeing of children, families, educators, and visitors of the Service are maintained at all times. The way that children interact with each other and with adults in education and care services means that diseases can quickly spread in a variety of ways. Whilst it is not possible to prevent the spread of all infections and diseases, minimising the risk is enhanced through immunisation, effective hand hygiene; and, the exclusion of ill children, educators and other stakeholders.

## Strategies and Practices

- The *Dealing with Infectious Diseases Policy* is available to families upon enrolment and staff upon induction.
- The service practices effective hygiene procedures including regular handwashing, nose blowing, cleaning of mouthed toys, resources and surfaces etc to ensure a clean environment is provided to the children at all times.
- The service has professional cleaners that clean the service on a daily basis when there are no children on the premises.
- Families, staff and visitors to the service have access to hand washing facilities as well as hand sanitiser that is available in the foyer.
- Educators role model and support children to implement effective handwashing, cough etiquette and nose blowing procedures to minimise the risk of illnesses and infectious diseases spreading.
- All educators employed by the service will hold (or be enrolled in) a current approved First Aid, CPR, Anaphylaxis and Asthma qualification. First Aid, Anaphylaxis and Asthma qualifications are renewed every three years and CPR qualifications are renewed annually.
- All children who attend the service must be immunised unless they provide evidence from a registered health professional to show that they have an exemption due to a medical contraindication or natural immunity.
- The service keeps up-to-date records of children's immunisation status and families are reminded regularly to provide up to date copies of these records to the service after every vaccination.
- The Service maintains a record of staff and children who are not immunised. Children and staff who are not immunised may be excluded from the Service for the duration of an outbreak of an infectious disease.
- The Service adheres to the National Health and Medical Research Council's recommended minimum exclusion periods for infectious conditions. (See Attachment 1). Information about infectious diseases and minimum exclusion periods for these conditions are included in the *Family Handbook*.
- The exclusion periods outlined in this table may be increased occasionally upon advice from the Health Department and other relevant authorities. This information will be provided to families as soon as possible.
- Please note: The service has its own policy in relation to head lice which differs from the NHMRC exclusion periods.
- The age of children and children with low immunity and/or children who are immuno-compromised need to be considered when dealing with infectious diseases.

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- When a child presents with symptoms of an infectious disease/illness whilst at the service, educators will:
  - Inform the Nominated Supervisor/Responsible Person present of their concerns.
  - Isolate the child in the office or available room, contact family to collect child and remain with the child until they are collected. This will support the containment of the disease.
  - Thoroughly clean resources and area where ill child was with hot soapy water.
  - Remind family of exclusion periods.
  - The parent/authorised nominee will be asked to sign the Incident, Injury, Trauma and Illness Record.
- After a child or staff member has been diagnosed with an infectious disease, they may be asked to provide a medical certificate verifying that they are sufficiently recovered to return to the Service. This will be at the discretion of the Nominated Supervisor/Responsible Person.
- To ensure the safety of other children, staff and visitors, parents are asked to inform the Service if their child has been exposed to any infectious disease. If an outbreak of an infectious disease occurs in the Service, parents and staff will be notified by a sign displayed in the foyer of the service and/or via email.
- This sign and/or email will include:
  - the name of the Infectious Disease
  - the number of cases
  - the room/s of the child/ren
  - a fact sheet regarding the infectious disease from Staying Healthy in Childcare 5th edition
  - last days of attendance and
  - Spread of Infection Information Sheet from Staying Healthy in Childcare 5th edition
- All instances of educator and child illnesses and infectious diseases are recorded on the Illness and Infectious Disease Register by the Nominated Supervisor or Responsible Person so that they may be tracked and any spread minimised. This register is located in the office.
- If an infectious disease is listed as a notifiable disease (See attachment 2), the Nominated Supervisor or Responsible Person will contact the Local Public Health Unit immediately. The service will also notify the Regulatory Authority. The Details of the Local Public Health Unit are listed in Attachment 3. If the disease is vaccine preventable, then the Nominated Supervisor or Responsible Person will complete the 'Vaccine Preventable Disease Notification Form' (See Attachment 4).
- If further cases of the infectious disease present after the initial notification has occurred then the Nominated Supervisor or responsible person will update the Infectious Diseases Register, update the NQAITS, update parents and staff via signage in the foyer and another email.
- In the event of an infectious disease pandemic being declared by recognised authorities, Little Adventures Early Learning will follow the *Emergency Evacuation and Lockdown Procedure* as well as implement all other measures recommended by authorities.

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## References

- *Education and Care Services National Law*
- *Education and Care Services National Regulations*
- *Guide to the National Quality Framework*
- National Health and Medical Research Council. (2012). *Staying Healthy: Preventing infectious diseases in early childhood education and care services*. 5th edition.
- *Public Health Act 2010*
- Dr Brenda Abbey (*Childcare by Design*)

## Policy Review

The Service encourages staff and parents to be actively involved in the review of each of its policies and procedures. In addition, the Service will accommodate any new legislative changes as they occur and, any issues identified as part the Service's commitment to quality improvement. The Service consults with relevant recognised authorities as part of the review to ensure the policy contents are consistent with current research and contemporary views on best practice.

# DEALING WITH INFECTIOUS DISEASES POLICY

## Attachment 1

### Staying Healthy in Child Care 5th Edition - Recommended minimum exclusion periods

# Recommended minimum exclusion periods

ADAPTED FROM STAYING HEALTHY | 5TH EDITION | 2013

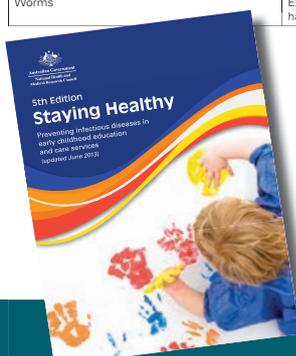
Condition	Exclusion of case	Exclusion of contacts <sup>a</sup>
Campylobacter infection	Exclude until there has not been a loose bowel motion for 24 hours <sup>b</sup>	Not excluded
Candidiasis (thrush)	Not excluded	Not excluded
Cytomegalovirus (CMV) infection	Not excluded	Not excluded
Conjunctivitis	Exclude until discharge from the eyes has stopped, unless a doctor has diagnosed non-infectious conjunctivitis	Not excluded
Cryptosporidium	Exclude until there has not been a loose bowel motion for 24 hours <sup>b</sup>	Not excluded
Diarrhoea (No organism identified)	Exclude until there has not been a loose bowel motion for 24 hours <sup>b</sup>	Not excluded
Fungal infections of the skin or nails (e.g. ringworm, tinea)	Exclude until the day after starting appropriate antifungal treatment	Not excluded
Giardiasis	Exclude until there has not been a loose bowel motion for 24 hours <sup>b</sup>	Not excluded
Glandular fever (mononucleosis, Epstein Barr virus [EBV] infection)	Not excluded	Not excluded
Hand, foot and mouth disease	Exclude until all blisters have dried	Not excluded
Haemophilus influenzae type b (Hib)	Exclude until the person has received appropriate antibiotic treatment for at least 4 days	Not excluded. Contact a public health unit for specialist advice
Head lice (pediculosis)	Not excluded if effective treatment begins before the next day at the education and care service. The child does not need to be sent home immediately if head lice are detected	Not excluded
Hepatitis A	Exclude until a medical certificate of recovery is received and until at least 7 days after the onset of jaundice	Not excluded. Contact a public health unit for specialist advice about vaccinating or treating children in the same room or group
Hepatitis B	Not excluded	Not excluded
Hepatitis C	Not excluded	Not excluded
Herpes simplex (cold sores, fever blisters)	Not excluded if the person can maintain hygiene practices to minimise the risk of transmission. If the person cannot comply with these practices (e.g. because they are too young), they should be excluded until the sores are dry. Sores should be covered with a dressing, where possible	Not excluded
Human immunodeficiency virus (HIV)	Not excluded. If the person is severely immune compromised, they will be vulnerable to other people's illnesses	Not excluded
Human parvovirus B19 (fifth disease, erythema infectiosum, slapped cheek syndrome)	Not excluded	Not excluded
Hydatid disease	Not excluded	Not excluded
Impetigo	Exclude until appropriate antibiotic treatment has started. Any sores on exposed skin should be covered with a watertight dressing	Not excluded
Influenza and influenza-like illnesses	Exclude until person is well	Not excluded
Listeriosis	Not excluded	Not excluded
Measles	Exclude for 4 days after the onset of the rash	Immunised and immune contacts are not excluded For non-immunised contacts, contact a public health unit for specialist advice. All immunocompromised children should be excluded until 14 days after the appearance of the rash in the last case
Meningitis (viral)	Exclude until person is well	Not excluded
Meningococcal infection	Exclude until appropriate antibiotic treatment has been completed	Not excluded. Contact a public health unit for specialist advice about antibiotics and/or vaccination for people who were in the same room as the case
Molluscum contagiosum	Not excluded	Not excluded
Mumps	Exclude for 9 days or until swelling goes down (whichever is sooner)	Not excluded
Norovirus	Exclude until there has not been a loose bowel motion or vomiting for 48 hours	Not excluded
Pertussis (whooping cough)	Exclude until 5 days after starting appropriate antibiotic treatment, or for 21 days from the onset of coughing	Contact a public health unit for specialist advice about excluding non-vaccinated and incompletely vaccinated contacts, or antibiotics
Pneumococcal disease	Exclude until person is well	Not excluded
Roseola	Not excluded	Not excluded
Ross River virus	Not excluded	Not excluded
Rotavirus infection	Exclude until there has not been a loose bowel motion or vomiting for 24 hours <sup>b</sup>	Not excluded
Rubella (German measles)	Exclude until fully recovered or for at least 4 days after the onset of the rash	Not excluded
Salmonellosis	Exclude until there has not been a loose bowel motion for 24 hours <sup>b</sup>	Not excluded
Scabies	Exclude until the day after starting appropriate treatment	Not excluded
Shigellosis	Exclude until there has not been a loose bowel motion for 24 hours <sup>b</sup>	Not excluded
Streptococcal sore throat (including scarlet fever)	Exclude until the person has received antibiotic treatment for at least 24 hours and feels well	Not excluded
Toxoplasmosis	Not excluded	Not excluded
Tuberculosis (TB)	Exclude until medical certificate is produced from the appropriate health authority	Not excluded. Contact a public health unit for specialist advice about screening, antibiotics or specialist TB clinics
Varicella (chickenpox)	Exclude until all blisters have dried—this is usually at least 5 days after the rash first appeared in non-immunised children, and less in immunised children	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise, not excluded
Viral gastroenteritis (viral diarrhoea)	Exclude until there has not been a loose bowel motion for 24 hours <sup>b</sup>	Not excluded
Worms	Exclude if loose bowel motions are occurring. Exclusion is not necessary if treatment has occurred	Not excluded

<sup>a</sup> The definition of 'contacts' will vary according to the disease—refer to the specific fact sheet for more information.

<sup>b</sup> If the cause is unknown, possible exclusion for 48 hours until cause is identified. However, educators and other staff who have a food handling role should always be excluded until there has not been a loose bowel motion for 48 hours.

Adapted from SA Health Communicable Disease Control Branch: <http://www.dh.sa.gov.au/pehs/branches/branch-communicable.htm>. Note that exclusion advice is consistent with Series of National Guidelines (SoNGs) where available.

Staying Healthy. Preventing infectious diseases in early childhood education and care services | 5th Edition | Printed June 2013 | NHMRC Ref. CH55e



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## Attachment 2

### Public Health Act 2010 No 127 – Schedule 2 Notifiable diseases

Acute rheumatic fever	Middle East respiratory syndrome coronavirus
Acute viral hepatitis	Novel Coronavirus 2019
Adverse event following immunisation	Paratyphoid
Avian influenza in humans	Pertussis (whooping cough)
Botulism	Phenylketonuria in a child under the age of one year
Cancer	Plague
Cholera	Poliomyelitis
Congenital malformation (as described in the International Statistical Classification of Diseases and Related Health Problems) in a child under the age of one year	Pregnancy with a child having a congenital malformation (as described in the International Statistical Classification of Diseases and Related Health Problems), cystic fibrosis, hypothyroidism, thalassaemia major or phenylketonuria
Creutzfeldt-Jakob disease (CJD) and variant Creutzfeldt-Jakob disease (vCJD)	Rabies
Cystic fibrosis in a child under the age of one year	Rheumatic heart disease in a person under the age of 35 years
Diphtheria	Severe Acute Respiratory Syndrome
Foodborne illness in two or more related cases	Smallpox
Gastroenteritis among people of any age, in an institution (for example, among persons in educational or residential institutions)	Syphilis
Haemolytic Uraemic Syndrome	Tetanus
Haemophilus influenzae type b	Thalassaemia major in a child under the age of one year
Hypothyroidism in a child under the age of one year	Tuberculosis
Legionnaires' disease	Typhoid
Leprosy	Typhus (epidemic)
Lyssavirus	Viral haemorrhagic fevers
Measles	Yellow fever
Meningococcal disease	

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## Attachment 3

### Local Public Health Unit Contact Details

#### Port Macquarie Public Health Unit (Mid North Coast and Northern NSW LHD)

PO Box 126, Port Macquarie, 2444

Phone: (02) 6589 2120

Fax: (02) 6589 2390 (secure line)

#### After hours

Phone: 0439 882 752 Infectious Disease or

Phone: 0428 882 805 Environmental Health

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## Attachment 4

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### VACCINE PREVENTABLE DISEASE NOTIFICATION FORM



For completion by school principals and directors of child care centres when a child enrolled at the school or facility:

- has one of the listed vaccine preventable diseases; **OR**  
 is reasonably suspected of having come into contact with a person who has a vaccine preventable disease, and there has been no immunisation certificate or evidence of immunisation lodged to show that the child is immunised against, or acquired immunity by infection from, that disease.

Please notify these conditions to the Public Health Unit. See <https://www.health.nsw.gov.au/Infectious/pages/plus.aspx> for your local Public Health Unit details or call **1300 066 055**.

#### Child Details

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Date of Birth: \_\_\_/\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
 Gender:  Male  Female  Transgender  
 Language spoken at home: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
 Indigenous status:  Aboriginal  Both Aboriginal and Torres Strait Islander  Not stated  
 Torres Strait Islander  Not Aboriginal or Torres Strait Islander

#### Facility Details

#### Parent/Guardian Details

#### Suspected Vaccine Preventable Disease

School/Child care: \_\_\_\_\_ Last Name: \_\_\_\_\_  Diphtheria  
 Class/Room/Care Group: \_\_\_\_\_ First Name: \_\_\_\_\_  *Haemophilus influenzae* type b  
 Class/Group Size: \_\_\_\_\_ Address (if different to child): \_\_\_\_\_  Measles  
 No. of Classes/Rooms: \_\_\_\_\_ Postcode: \_\_\_\_\_ Phone No: \_\_\_\_\_  Meningococcal type C  
 School/Centre Size: \_\_\_\_\_  Parent/s of the child advised that Public Health Unit has been notified and will be in contact  Mumps  
 Date of first symptoms **OR**  Date of contact with a person with a vaccine preventive disease: \_\_\_/\_\_\_/\_\_\_\_  Pertussis (whooping cough)  
 Symptoms **OR**  Other details of contact with a person with a vaccine preventive disease (eg where, how long, doing what)  Poliomyelitis  
 Rubella  
 Tetanus

Date last attended school or child care facility: \_\_\_/\_\_\_/\_\_\_\_  
 How were you made aware of the case?  Parent or  Other (please specify)  
 Child's vaccination status:  
 Fully vaccinated  Medical exemption  Catch-up schedule  Unvaccinated/unknown

#### Notifier Details

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Position/Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Notification Date: \_\_\_/\_\_\_/\_\_\_\_ Postcode: \_\_\_\_\_ Suburb: \_\_\_\_\_

#### NSW Health Use Only:

Date Received: \_\_\_/\_\_\_/\_\_\_\_ PHU: \_\_\_\_\_ Record No: \_\_\_\_\_

Version 1, April 2019