

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 sanitiser in the foyer, as well as handwashing facilities being located throughout the service
- 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.
- Families are required to provide an up-to-date Australian Immunisation Register Statement upon enrolment, unless they provide evidence of an exemption due to a medical contraindication or natural immunity, or registered Catch-up Schedule.
- 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 children who are not immunised. Children who are not immunised may be excluded from the Service for the duration of an outbreak of an infectious disease.
- Little Adventures Early Learning (LAEL) invite educators to provide details of their immunisation status during the HR induction process. The Staff Handbook includes the recommended adult immunisation schedule.
- 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.

DEALING WITH INFECTIOUS DISEASES POLICY



- 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 6th edition
 - last days of attendance and
 - Spread of Infection Information Sheet from Staying Healthy in Childcare 6th 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 notify the Approved Provider, then 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, LAEL will follow the *Emergency Evacuation and Lockdown Procedure* as well as implement all other measures recommended by authorities.

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. (2024). *Staying Healthy: Preventing infectious diseases in early childhood education and care services*. 6th edition.
- *Public Health Act 2010*
- Dr Brenda Abbey (*Childcare by Design*)
- NSW Health Immunisation Enrolment Toolkit for ECECS

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 6th Edition - Recommended minimum exclusion periods

Exclusion for common or concerning conditions

NHMRC

These are 20 of the more common or concerning conditions seen in care services.
For the full list of exclusion based on conditions, see the *Staying Healthy* guidelines.



CONDITION	EXCLUSION OF DIAGNOSED PERSON
Chickenpox (varicella)	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 vaccinated children See the guidelines for contact exclusions
Conjunctivitis or eye discharge	Exclude until discharge from the eyes has stopped (unless a doctor has diagnosed non-infectious conjunctivitis)
Ear infection	Not excluded unless they also have concerning symptoms (fever, rash, tiredness, pain, poor feeding)
Fever	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 If a doctor later diagnoses the cause of the child's fever, follow the exclusion guidance for that disease
Gastroenteritis ('gastro') • <i>Campylobacter</i> infection • Cryptosporidiosis • Giardia infection (giardiasis) • Rotavirus infection • <i>Salmonella</i> infection (salmonellosis) • <i>Shigella</i> infection (shigellosis)	Exclude until there has not been any diarrhoea or vomiting for at least 24 hours Staff members with these symptoms should not handle food until they have not vomited or had diarrhoea for at least 48 hours (they can be assigned to other duties after at least 24 hours, or stay away from the service for at least 48 hours) Check if your state or territory has different requirements for gastroenteritis
• Norovirus infection	Exclude until there has not been any diarrhoea or vomiting for at least 48 hours
Hand, foot and mouth disease	Exclude until all blisters have dried
Head lice	See Head Lice Policy
Hib (<i>Haemophilus influenzae</i> type b)	Exclude until the person has received treatment for at least 4 days
Measles	Exclude for at least 4 days after the rash appeared See the guidelines for contact exclusions
Meningitis (viral)	Exclude until person is well
Meningococcal infection	Exclude until the person has completed antibiotic treatment
Mumps	Exclude for at least 9 days or until swelling goes down (whichever is sooner)
Pneumococcal disease	Exclude until person has received antibiotic treatment for at least 24 hours and feels well
Rash	Not excluded unless combined with other concerning symptoms (fever, tiredness, pain, poor feeding)
Respiratory conditions and infections • Bronchitis and bronchiolitis • Common cold • COVID-19 (also refer to state or territory advice) • Croup • Flu (influenza) • Human metapneumovirus • Pneumonia • RSV (respiratory syncytial virus)	If a person has respiratory symptoms (cough, sneezing, runny or blocked nose, sore throat), exclude them only if: • 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) <u>Otherwise do not exclude.</u> 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
Shingles (zoster infection)	Exclude children until blisters have dried and crusted Adults who can cover the blisters are not excluded (they are excluded if blisters cannot be covered) See the guidelines for contact exclusions
Skin-related infections • Cold sores (herpes simplex)	Not excluded if the person can maintain hygiene practices to minimise the risk of transmission If the person cannot maintain these practices (for example, because they are too young), exclude until the sores are dry Cover sores with a dressing, if possible
• Fungal infections of the skin or scalp (ringworm, tinea, athlete's foot) • Impetigo (school sores) • Scabies and other mites causing skin disease	Exclude until the day after starting treatment For impetigo, cover any sores on exposed skin with a watertight dressing
• Warts	Not excluded
Strep throat	Exclude until the person has received antibiotic treatment for at least 24 hours and feels well
Whooping cough (pertussis)	Exclude until at least 5 days after starting antibiotic treatment, or for at least 21 days from the onset of coughing if the person does not receive antibiotics See the guidelines for contact exclusions
Worms	Not excluded



DEALING WITH INFECTIOUS DISEASES POLICY

Attachment 2

Notifiable vaccine preventable diseases under the Public Health Act 2010

Disease	Description
Diphtheria	Bacterial disease spread by respiratory droplets – causes severe throat and breathing difficulties, nerve paralysis and heart failure
Tetanus	Caused by toxin of bacteria in soil, caused painful muscle spasms, convulsions and lockjaw
Pertussis (Whooping Cough)	Bacterial disease spread by respiratory droplets – causes ‘whooping cough’ with prolonged cough lasting up to 3 months
Haemophilus Influenzae type b (Hib)	Bacterial disease spread by respiratory droplets – causes meningitis (infection of tissues around brain), epiglottitis (blockage of airway), septicaemia (blood infection) and septic arthritis (joint infection)
Polio	Virus spread in faces and saliva – causes fever, headache and vomiting and may progress to paralysis
Measles	Highly infectious virus spread by respiratory droplets – causes fever, cough and rash
Mumps	Virus spread by saliva, causes swollen neck and salivary glands and fever
Rubella	Virus spread by respiratory droplets – causes fever, rash and swollen glands but can cause severe birth defects in babies of infected pregnant women
Meningococcal C	Bacteria spread by respiratory droplets – causes septicaemia (blood infection) and meningitis (infection of tissue around brain)

Note: Childcare centres are also encouraged to seek advice from their local Public Health Unit (PHU) when they suspect an infectious disease outbreak is affecting their school or centre, such as outbreak of gastrointestinal or respiratory illness.

Attachment 3

Local Public Health Unit Contact Details

Port Macquarie Public Health Unit (Mid North Coast LHD)

PO Box 126, Port Macquarie, 2444

Phone: (02) 6589 2120

Fax: (02) 6589 2390 (secure line)

After hours

Phone: 0439 882 752

If unanswered; 0408 050 968 or 0407 904 280.

DEALING WITH INFECTIOUS DISEASES POLICY

Attachment 4

CONFIDENTIAL		
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/phus.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
	First Name:	☐ Haemophilus influenzae type b
Class/Room/Care Group:	Address (if different to child):	☐ Measles
Class/Group Size:		☐ Meningococcal type C
No. of Classes/Rooms:	Postcode: Phone No:	☐ Mumps
School/Centre Size:	☐ Parent/s of the child advised that Public Health Unit has been notified and will be in contact	☐ Pertussis (whooping cough)
☐ Date of first symptoms OR ☐ Date of contact with a person with a vaccine preventive disease:		☐ Poliomyelitis
☐ Symptoms OR ☐ Other details of contact with a person with a vaccine preventive disease (eg where, how long, doing what)		☐ 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 2, May 2023