

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.

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 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.

DEALING WITH INFECTIOUS DISEASES POLICY



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

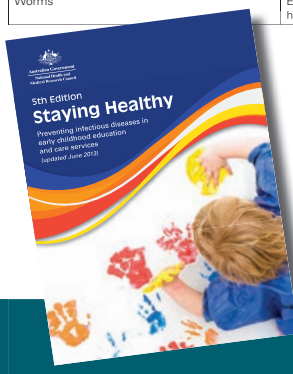
| Condition | Exclusion of case | Exclusion of contacts ^a |
|--|--|---|
| Campylobacter infection | Exclude until there has not been a loose bowel motion for 24 hours ^b | Not excluded |
| Candidiasis (thrush) | Not excluded | Not excluded |
| Cytomegalovirus (CMV) infection | Not excluded | Not excluded |
| 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 ^b | Not excluded |
| Diarrhoea (No organism identified) | Exclude until there has not been a loose bowel motion for 24 hours ^b | 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 ^b | 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 ^b | 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 ^b | 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 ^b | 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 ^b | Not excluded |
| Worms | Exclude if loose bowel motions are occurring. Exclusion is not necessary if treatment has occurred | Not excluded |

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

^b 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



DEALING WITH INFECTIOUS DISEASES POLICY

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 | |

DEALING WITH INFECTIOUS DISEASES POLICY



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

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/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
 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: _____ Pertussis (whooping cough)
 Parent/s of the child advised that Public Health Unit Poliomyelitis
 has been notified and will be in contact Rubella
 Tetanus
 Date of first symptoms **OR** Date of contact with a person with a vaccine preventive disease: ___/___/____
 Symptoms **OR** Other details of contact with a person with a vaccine preventive disease (eg where, how long, doing what)

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