

## DEALING WITH INFECTIOUS DISEASE POLICY

### **Introduction**

Ensuring the health and safety of children, and staff, and supporting children's ongoing wellbeing, is a core focus of the delivery of an Education and Care Service. Educators in services need to be aware of the likelihood of young children being exposed to an infectious illness whilst in care. Maintaining hygiene practices within the service and teaching young children about health and hygiene will assist in the prevention of infectious diseases. Providing families with timely and current information will further support this process.

### **Goals - What are we going to do?**

Children's exposure to infectious diseases will be minimised by:

- our service following all recommended guidelines from relevant authorities regarding the prevention of infectious diseases;
- promotion of practices that reduce the transmission of infection;
- the exclusion of sick children and staff;
- service support for child immunisation; and
- implementation of effective hand washing procedures.

### **Strategies - How will it be done?**

#### **Nominated Supervisor (Centre Director) will:**

- Develop procedures for:
  - maintaining a hygienic environment;
  - providing families with relevant infectious diseases, health and hygiene information;
  - guiding children's understanding of health and hygiene throughout the daily program;
  - ensuring staff are aware of relevant immunisation guidelines for children and themselves; and
  - maintaining relevant records regarding the current status of the immunisation of staff and children at the service, as well as any relevant medical conditions of children at the service.
- Develop an enrolment procedure that captures all required information regarding the children's immunisation status, and any medical conditions.
- Provide relevant sourced materials to families about:
  - the current NSW Immunisation Schedule for children;
  - exclusion guidelines for children that are not immunised or have not yet received all of their immunisations in the event of an infectious illness at the service, upon induction at the service;
  - advice and information regarding any infectious diseases in general, and information regarding any specific infectious illnesses that are suspected/present in the service; and
  - providing information on illnesses (as soon as practicable after the occurrence of an infectious disease).
- Provide information to families as soon as practicable of the occurrence of an infectious disease that describe the:
  - nature of illness;
  - incubation period; and
  - infectious and exclusion periods.

This information will be sourced from a reliable source such as, *Staying Healthy in Childcare - Preventing Infectious Diseases in Child Care* (5th Edition), National Health and Medical Research Council (2006).

- Maintaining confidentiality with regards to children's individual medical circumstances, by putting procedures in place to safeguard children and families personal information;
- Devising a routine written process for updating children's enrolment records with regards to immunisation, ensuring that this occurs as required, (i.e. as children reach age milestones for immunisation), or at least twice a year;
- Advising staff of the recommended immunisations for people working with children as per the *Immunisation Handbook – 9th Edition* (2008);
- Providing opportunities for educators to source relevant up to date information on the prevention of infectious diseases, and maintaining health and hygiene from trusted sources;
- Ensuring opportunities for educators and families to be involved in the review of the policies and procedures regarding children's health and safety; and
- Inform and implement the advice of the health department, or local health unit regarding Infectious Diseases as required.

**Educators will:**

- Ensure that any children that are suspected of having an infectious illness are responded to and their health and emotional needs supported at all times;
- Implement appropriate health and safety procedures, when tending to ill children;
- Ensure that families are aware of the need to collect their children as soon as practicable to ensure the child's comfort;
- Advise families that they will need to alert the service if their child is diagnosed with an Infectious Illness;
- Maintain their own immunisation status, and advise the Approved Provider/Nominated Supervisor of any updates to their immunisation status;
- Provide varied opportunities for children to engage in hygiene practices, including routine opportunities, and intentional practice;
- Take into consideration the grouping of children to reduce the risk of acquiring an infectious illness when planning the routines/program of the day;
- Implement the services health and hygiene policy including:
  - hand washing – washing and drying thoroughly, and remembering to include babies when hand washing
  - routine and daily cleaning of the service;
  - Nappy changing procedures;
  - wearing gloves (particularly when in direct contact with bodily fluids); and
  - proper handling and preparation of food.
- Provide opportunities for staff, children and families to have access to health professionals by organising visits/guest speakers to attend the service to ensure that practices in place at the service are correct; and
- Maintain currency with regard to Health and Safety by attending appropriate professional development opportunities.

**Families will:**

- Advise the service of their child's immunisation status, and provide written documentation of this for the service to copy and keep with the child's enrolment records;
- Advise the service when their child's immunisation/medical condition is updated and provide this information to the service to ensure that enrolment records are up to date; and
- Have the opportunity to provide input into the review and effectiveness of policies and procedures of the service via various methods.

**Evaluation**

Infection control is effectively managed at the service to ensure children remain healthy and transmission of infectious diseases are minimised.

**Recommended minimum periods of exclusion from school, pre-school and child care centres for cases of and contact with infectious diseases.**

**Adapted from *Staying Healthy in Childcare – 5<sup>th</sup> Edition***

CONDITION	Minimum exclusion periods	Exclusion of Contacts
<i>Campylobacter</i> infection	Exclude until there has not been a loose bowel motion for 24 hours.	Not excluded
Candidiasis (thrush)	Not excluded	Not excluded
Conjunctivitis	Exclude until discharge from the eye has stopped, unless a doctor has diagnosed non-infectious conjunctivitis.	Not excluded
Cytomegalovirus Infection	Not excluded	Not excluded
<i>Cryptosporidium</i>	Exclude until there has not been a loose bowel motion for 24 hours.	Not excluded
Diarrhoea and vomiting (gastroenteritis)	Exclude until 24 hours after last vomit or loose bowel motion. 48 hours for an outbreak.	Not excluded
Fungal infections of the skin or nails (eg. 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	Not excluded
Glandular Fever (mononucleosis, Epstein-Barr virus [EBV] infection)	Not excluded	Not excluded
Hand, Foot and Mouth	Exclude until all blisters have dried	Not excluded
<i>Haemophilus influenzae</i> 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
Headlice (pediculosis)	Not excluded if effective treatment begins before the next day at the education and care service	Not excluded
Hepatitis A	Exclude until a medical certificate of recovery is received and at least 7 days after the onset of jaundice	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 (eg 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	Not excluded
Human immune-deficiency virus infection (HIV AIDS virus)	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 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

Meningitis (viral)	Exclude until well	should be excluded until 14 days after the appearance of the rash in the last case 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 treatment, or for 21 days from the onset of coughing	Contact a public health unit for specialist advice about excluding non-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	Not excluded
Rubella (German measles)	Exclude until the person has 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	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	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	Exclude until a 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 (eg leukaemia) or receiving chemotherapy should be excluded for their own protection as they are at high risk of developing severe disease, otherwise not excluded
Worms	Exclude if loose bowel motions are occurring Exclusion is not necessary if treatment has occurred.	Not excluded

*This policy links to the following:*

*National Quality Standard: 2.1.3, 2.1.4*

*Education and Care Service National Regulations 2011*

*Staying Healthy in Childcare – Preventing Infectious Diseases in Child Care - 5<sup>th</sup> Edition (2012)*

*National Health and Medical research Council: [www.nhmrc.gov.au](http://www.nhmrc.gov.au)*