



DEALING WITH INFECTIOUS DISEASES POLICY

SPCC Saints Academy will provide a safe and hygienic environment that will promote the health and wellbeing of the children (My Time, Our Place Outcome 3). We will take all reasonable steps to prevent and manage the spread of infectious diseases through the implementation of procedures that are consistent with guidelines of Health Authorities.

PROCEDURE

(a) Prevention:

- Universal precautions will be consistently applied across service practices to ensure prevention of the spread of infections is effective.
- A regularly updated copy of the Department of Health guidelines on infectious diseases will be made available for reference by staff, management and families.
- If a child is showing symptoms of an infectious disease whilst at home, families are not permitted to bring the child to the service. Children who appear unwell when being signed in by their family will not be permitted to be left at the service.
- Hand washing will be practised by all educators and children upon entering the service, before preparing or eating food and after all dirty tasks such as toileting, cleaning up any items, wiping a nose, before and after administering first aid, playing outside or handling an animal. In addition, educators will wash their hands before leaving the service.
- The service will be cleaned daily, and rosters maintained as evidence of the cleaning tasks being undertaken.
- All toilet facilities will have access to a basin or sink with running hot and cold water and soap and paper towel for washing and drying hands.
- Women and girls will have access to proper feminine hygiene disposal.
- Soap and paper towel will also be available in the kitchen area.
- All toilets, hand basins and kitchen facilities used by the service will be cleaned and disinfected daily. General surfaces will be cleaned with detergent after each activity and at the end of the day and all contaminated surfaces will be disinfected.
- Toys will be washed, cleaned and disinfected on a regular basis with material items such as dress ups and cushion covers laundered as required but a minimum of quarterly.
- Educators will maintain and model appropriate hygiene practices and encourage the children to adopt effective hygiene practices. As part of children taking increasing responsibility for their own health and physical wellbeing, educators should acknowledge children who are modelling hygiene practices.
- Informal education in proper hygiene practices will be conducted on a regular basis, either individually or as a group through conversations, planned experiences, inclusion in service routines and reminders. Health and hygiene practices will be highlighted to parents, and where appropriate information sheets or posters will be used by educators to support these practices.
- Educators will aim to provide a non-judgmental approach to differences in hygiene practices and standards between families in order to support children's developing sense of identity. Where practices differ to standards expected in the service children that these are practices to be followed in the service, but they may be different for them at home.
- All educators will be advised upon appointment to the position to maintain their immunity to common childhood diseases, tetanus and Hepatitis B through immunisation with their local health professional.

(b) Management:

- Children and staff with infectious diseases will be excluded from the service for the period recommended by the Department of Health.



- Where there is an outbreak of an infectious disease, each enrolled child's family/emergency contact will be notified within 24 hours under ordinary circumstances. The service will maintain confidentiality when issuing the notification and ensure it is not prejudicial or identify any children.
- In the event of an outbreak of vaccine-preventable disease at the service or school attended by children at service, parents of children not immunised will be required to stay at home for the duration of the outbreak, for their own protection.
- If a child develops symptoms of a possible infectious disease whilst at the service, their family will be contacted to take the child home. Where they are not available, emergency contacts will be called to ensure the child is removed from the service promptly.
- All staff dealing with open sores, cuts and bodily fluids shall wear disposable gloves and practice universal precautions.
- Staff with cuts, open wounds or skin diseases such as dermatitis should cover their wounds and wear disposable gloves.
- Disposable gloves will be properly and safely discarded and staff are to wash their hands after doing so.
- If a child has an open wound it will be covered with a dressing and securely attached. If bodily fluids or blood gets on the skin but there is no cut or puncture, wash away with hot soapy water.
- In the event of exposure through cuts or chapped skin, promptly wash away the fluid, encourage bleeding and wash in cold or tepid soapy water.
- In the event of exposure to the mouth, promptly spit it out and rinse mouth with water several times.
- In the event of exposure to the eyes, promptly rinse gently with cold or tepid tap water or saline solution.
- In the event of having to perform CPR, disposable sterile mouth masks are preferably to be used, or if unavailable a piece of cloth. The staff person in charge of the first aid kit will ensure that a mask is located in the kit.
- Staff will consider the resources they are using when assisting school age children when toileting to ensure they are age appropriate and ensure privacy for the child and ease of use by staff.
- Any soiled clothing shall be handled using disposable gloves and be placed in a sealed plastic bag for the parents to take home for laundering. The service will never rinse soiled clothing.
- Any blood or bodily fluid spills will be cleaned up immediately, using gloves and the area fully disinfected. Cloths used in cleaning will be wrapped in plastic bags and properly disposed of according to current infection control guidelines.
- The Public Health Unit will be notified if any child contracts a vaccine-preventable disease.
- At all times the service will follow the recommendations as outlined in the Health Department document.
- The decision to exclude or re-admit a child or staff member will be the responsibility of the Nominated Supervisor based on the child's symptoms, medical opinion and Department of Health guidelines for children who have an infectious disease or who have been exposed to an infectious disease.
- The Nominated Supervisor or staff members have the right to refuse access if concerned about the child's health.
- Children and staff with diarrhoea will be excluded for 24 hours after the symptoms have disappeared or after a normal stool.

Closing a service

- Management will determine if the service is required to close. Should the service close a notification of service closure must be made within 24 hours, or as soon as possible through NQA ITS.
- Service must submit an I01 Notification of incident – Closure or reduction in number of children attending the service through the National Quality Agenda IT System (NQA ITS) external link.
- Admin to action service closure processes through our software provider.

Reopening a service

- Service will advise when reopened by:
 - logging into NQA ITS external link and add an additional information to our original notification of closure or emailing ececd@det.nsw.edu.au to say our service has reopened and when.



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

Adapted from Staying Healthy in Childcare – 5th 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	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
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 should be excluded until 14 days after the appearance of the rash in the last case
Meningitis (viral)	Exclude until 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 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
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This policy links to the following:

National Quality Standard: 2.1.2, 2.2.2 2.1.3, 2.1.4, 7.1.2

Education and Care Service National Regulations 2011: 85-88

Staying Healthy in Childcare – Preventing Infectious Diseases in Child Care - 5th Edition (2012)

National Health and Medical research Council: www.nhmrc.gov.au, Work Health and Safety

Act 2011, NSW Health guidelines