

INFECTIOUS DISEASES AND EXCLUSION

Quality Area 2: Children's Health and Safety

Standard 2.1 Each child's health is promoted

Standard 2.3 Each child is protected

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PURPOSE

Our service has a duty of care to ensure that children, families, educators and visitors of the service are provided with a high level of protection during the hours of the service's operation. We aim to manage illnesses and prevent the spread of infectious diseases throughout the service. Immunisation is a simple, safe and effective way of protecting people against harmful diseases before they come into contact with them in the community. Immunisation not only protects individuals, but also others in the community, by reducing the spread of disease.

POLICY

- All information regarding the prevention of infectious diseases is sourced from a recognised health authority;
- To implement the recommendations from Staying Healthy in Child Care – Preventing Infectious Diseases in Child Care to prevent the spread of infectious diseases at the Preschool;
- Children are protected from harm by ensuring relevant policies and procedures are followed regarding health and safety within the service
- A hygienic environment is maintained;
- Children are directed in their understanding of health and hygiene throughout the daily program and routine

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- Educators and Staff are aware of relevant immunisation guidelines for children and themselves;
- Information is collected on enrolment and maintained regarding each child's immunisation status, and any medical conditions;
- To provide families with relevant sourced materials and information on infectious diseases, health and hygiene including:
 - the current NSW Immunisation Schedule for children;
 - exclusion guidelines in the event of an infectious illness at the service for children that are not immunised or have not yet received all of their immunisations;
 - advice and information regarding any infectious diseases in general, and information regarding any specific infectious illnesses that are suspected/present in the service;
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- All educators are mindful and preserve confidentiality of individual children's medical circumstances
- Children's enrolment records are updated with regards to immunisation as required, (i.e. as children reach age milestones for immunisation),
- To notify and implement the advice of the health department, or local health unit regarding Infectious Diseases as required;
- Children do not attend the Service if they are unwell. If a child has been sick they must be well for 24hrs before returning to the service. For example, if a child is absent due to illness or is sent home due to illness they will be unable to attend the next day as a minimum. A doctors certificate may be requested by the Educator if in doubt that the child has returned to full health
- When a child is ill due to an infectious or contagious disease, they are to remain out of care for the exclusion period stated in table 1.1 (extract from 'Staying Healthy in Child Care 5th Edition); a doctor's certificate does not override these exclusion periods
- Symptoms such as, but not limited to, diarrhoea, vomiting, rash, excessive green or yellow nose discharge, mouth ulcers and headache may be signs of a serious or infectious disease; children with these symptoms and/or when a family notifies that their child is too ill to attend care, should be excluded until they have recovered or have a certificate from their doctor

- If a child is not infectious but the nature of their illness requires the child's condition to be closely monitored, they are to remain out of care during this period of the illness

Educators will ensure:

- That any child suspected of having an infectious illness are responded to and their health and emotional needs supported at all times
- To implement appropriate health and safety procedures, when treating ill children
- That families are aware of the need to gather their children as soon as practicable;
- Advise families that they will need to alert the service if their child is diagnosed with an Infectious Illness;
- To provide diverse opportunities for children to participate in hygiene practices, including routine opportunities, and intentional practice;
- To take into consideration the combination of children to decrease the risk of attaining an infectious illness when planning the routines/program of the day;
- That all families and the service are notified of any occurrence of significant infectious disease or outbreak in their service. The identity of the infectious individual will not be disclosed unless permission from that person or person's guardian is provided
- If a child becomes ill whilst in care, the educator completes an Incident, Injury, trauma and Illness Record form and contacts the parents / guardian immediately to arrange early collection
- They share with parents, any observations in regards to their child's health
- When they or a member of their household contracts an infectious disease, the educator does not provide care for the exclusion period

Families will:

- Advise the service of their child's immunisation status, by providing approved documentation for the service to copy and place in the child's file.
- Provide alternate care for their child if they are sick
- Arrange for their child to be collected if they become sick or unwell during care

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- Ensure that a child does not attend care for at least 24 hours after the commencement of a new course of medication to ensure they are recovering and not experiencing any side effects

Public Health Unit:

- If there is an outbreak of a vaccine-preventable disease, educator must notify the nominated supervisor, who will notify the Public Health Unit of cases of the following vaccine—preventable diseases and comply with their directives: diphtheria, measles, mumps, poliomyelitis, rubella (german measles), whooping cough (pertussis), tetanus and Hib
- The public health unit may direct any unimmunised child to be excluded from care for the period of the outbreak in accordance with the Public Health (Amendment) Act 2010
- The nominated supervisor will seek advice from the Public Health Unit if there is an outbreak of gastroenteritis, meningitis, food poisoning, streptococcal infection, tuberculosis or hepatitis A
- The Public Health Unit may contact the coordination unit for the purpose of collecting the contact details of children in care if it is suspected the individual may have had significant contact with a child in care, an educator, or an educators household member who may have an infectious disease; the Public Health Unit is responsible to advise families of the exposure to the infectious disease

Table 1.1 Recommended minimum exclusion periods

Condition	Exclusion of case	Exclusion of contacts ^a
<i>Campylobacter</i> 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
<i>Cryptosporidium</i>	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
<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
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

Condition	Exclusion of case	Exclusion of contacts^a
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 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 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 ^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

Condition	Exclusion of case	Exclusion of contacts ^a
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 as they are at high risk of developing severe disease 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 the 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/ygw/index.htm>. Note that exclusion advice is consistent with the Communicable Diseases Network Australia Series of National Guidelines (SoNGs), where available.

Some diseases—such as pertussis, typhoid, tuberculosis, meningococcal disease and hepatitis A—can cause concern among parents and sometimes interest from the media. Education and care services should consult their local public health unit, which can provide support and education in the event of a concerning disease.

Source:

- Education and Care Services National Regulation
- Education and Care Services National Law
- Public Health Act 2010
- 5th Edition Staying Healthy in Childcare

Associated Forms/information:

- Incident, Injury, trauma and Illness Record

Failure to comply with this policy may result in disciplinary action or termination of employment or registration as an educator