

INFECTIOUS DISEASES



POLICY STATEMENT

Our service is committed to ensuring the health of all children, their families, our staff and their families, and our broader community by minimising the spread of infectious diseases by;

- I. responding to the needs of the child or adult who presents with symptoms of an infectious disease or infestation while attending the service;
- II. complying with current exclusion schedules and guidelines set by the Public Health Unit;
- III. providing up-to-date information and resources for families and staff regarding protection of all children from infectious diseases and blood-borne viruses, management of infestations and immunisation programs; and
- IV. complying with the guidelines set out by the Australian Government National Health and Medical Research Council (NHMRC) in the publication '*Staying Healthy: Preventing infectious diseases in early childhood education and care services*'.

GOALS

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;

- I. effective hand hygiene;
- II. promptly informing families of notifiable diseases and health alerts;
- III. exclusion of unwell children, educators and other staff; and
- IV. immunisation.

(Staying Healthy; Preventing infectious diseases in early childhood education and care services 5th edition 2015)

Note: See separate policy for Covid-19 (Coronavirus)

STRATEGIES

EFFECTIVE HYGIENE

Our service will maintain and promote effective hygiene practices, including:

- I. correct handwashing technique;
- II. using standard precautions when handling blood, all body fluids, secretions and excretions, dried blood and other body substances.
- III. cleaning toys and other items that children are likely to put in their mouths, after use;

- IV. raking sandpits often and/or securely covering them when not in use;
- V. disposing of soiled items in a container that is inaccessible to children;
- VI. cleaning and sanitising of food preparation and eating areas after each use;
- VII. washing rubbish bins regularly; and
- VIII. actively promoting handwashing and other hygiene practices with children and families.

EXCLUSION OF UNWELL CHILDREN, EDUCATORS AND OTHER ATTENDANTS OF THE SERVICE

Infectious Diseases

In order to prevent the spread of infectious diseases through interpersonal contact, our service will adhere to the exclusion period table, published by the Department of Health. www.nhmrc.gov.au

Fever

In children, a temperature of 38°C or higher indicates a fever.

A fever is usually caused by an infection somewhere in the body. Some types of infections that lead to fever include:

viral (caused by a virus) – around nine out of ten children with a fever will have a viral illness, such as cold, flu or gastroenteritis

bacterial (caused by bacteria) – such as some ear infections, pneumonia or urine infections.

See <https://www.healthdirect.gov.au/fever>

In order to prevent the spread of infection and ensure wellbeing, children with a temperature of 38°C or higher will be excluded from the service.

Upon presentation of symptoms or concerns, notes will be recorded on an **Incident, Illness, Accident, Trauma report** to monitor the temperature of the child. If required, a **fever record** will be provided to their parent / guardian upon collection with a recommendation to monitor or seek further medical advice.

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CONDITIONS REQUIRING EXCLUSION PERIODS

These exclusions apply to both staff and children.

Condition	Exclusion Period
Diarrhoea and Vomiting	
Norovirus Rotavirus Gastroenteritis Campylobacter Infection Cryptosporidium Giardiasis Salmonellosis Shigellosis	48 hours after last loose bowel motion or vomiting and feel well and able to return to normal activities.
Coughs and Runny Noses	
COVID-19	See separate policy titled 'COVID-19'
Influenza	During epidemic, children and staff with suggestive symptoms will be excluded until well
Whooping Cough	For 5 days from commencement of antibiotic treatment or 3 weeks from when the 'whoop' started
Strep Throat	Until 24 hours after antibiotic treatment begins
Skin Issues	
Chicken Pox	Until all blisters have dried (at least 5 days)
Fungal infection (ringworm, tinea)	Until the day after starting antifungal treatment
German Measles (Rubella)	Until fully recovered and 4 days after rash disappears
Haemophilias Influenza (HIB)	Until person has started antibiotics for at least 4 days
Hand Foot & Mouth Disease	Until all blisters have dried
Impetigo	Until treatment has commenced, and sores are covered with appropriate and watertight dressing
Measles	Until 4 days after appearance of rash
Mumps	Until 9 days or until swelling goes down
Scabies	Until the day after treatment begins
Other	
Hepatitis A	Until 7 days after onset of jaundice
Conjunctivitis	Until discharge from eyes has stopped unless diagnosed by doctor as non-infectious conjunctivitis
Meningitis	Until person is well
Meningococcal Infection	Until antibiotic treatment is completed
Pneumococcal Disease	Until person is well
Tuberculosis	Until clearing medical certificate from doctor

CONDITIONS NOT REQUIRING EXCLUSION

These exclusions apply to both staff and children.

Condition	Recommendation
Cold Sores	Sores should be covered
Glandular Fever	Not necessary to stay at home, however many children are too sick to attend whilst managing Glandular Fever
Common Cold	Unless coloured discharge from nose, constant sneezing or coughing
Hepatitis B & C	
HIV or AIDS	
Erythema Infectiosum (Slapped Cheek Syndrome)	Not infectious once the rash appears

IMMUNISATION

The NSW Government Immunisation Toolkit for early childhood education and care services guides our practice and provides resources and information to support families access information regarding immunisation.

Under the Public Health Act 2010, and the Bill passed by the NSW Parliament to amend this act, parents who wish to enrol their child are required to provide at the time of enrolment:

- I. An AIR Immunisation History Statement which shows that the child is up to date with their scheduled vaccinations; or
- II. An AIR Immunisation History Form on which the immunisation provider has certified that the child is on a recognised catch up schedule (temporary for 6 months only).

No other form of documentation is acceptable (i.e. the Interim Vaccination Objection Form or Blue Book).

Each child's immunisation status will be recorded on the services immunisation register at the time of enrolment.

Under the Public Health Act, a 12-week temporary exemption for children evacuated during a state of emergency and those in emergency out of home care is extended to all children in out of home care and Aboriginal and Torres Strait Islander children. The Nominated Supervisor will check that an updated approved immunisation form has been provided for each child after each immunisation milestone (6 weeks, 4 months, 6 months, 12 months, 18 months and 4 years of age, as appropriate) and record the details on the immunisation register. This will be retained for 3 years from the date on which each enrolled child ceases to attend the service, and a copy of a child's immunisation documentation will be provided to another service in the event that the child transfers to that service (upon request).

VACCINE PREVENTABLE DISEASES

The Public Health Unit will be advised as soon as the service is aware that a child or educator has contracted a vaccine-preventable disease and any directions will be followed accordingly. Any child or educator that is not fully immunised may be excluded for a period of time if there is a case of a vaccine preventable disease at the service, or if the child or educator has been in contact with someone outside the Service who has a vaccine preventable disease. We will consider the Exclusion Periods recommended by the National Health and Medical Research Council and act on any directions provided by Public Health Unit. It is the responsibility of families to inform the Service that their child has come into contact with someone with a vaccine preventable or infectious disease.

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ROLES AND RESPONSIBILITIES

Approved Provider responsibilities

- I. Ensuring that where there is an occurrence of an infectious disease at the service, a parent/guardian or authorised emergency contact of each child at the service is notified of the occurrence as soon as is practicable (Regulation 88(2)).
- II. Ensuring that information from the Public Health Unit about the recommended minimum exclusion periods is displayed at the service, is available to all stakeholders and is adhered to in the event of an outbreak of an infectious disease (as designated by the Department of Health).
- III. Ensuring that the parent/guardian and Public Health Unit are informed within 24 hours of becoming aware that a member of our preschool community has been diagnosed with Pertussis, Poliomyelitis, Measles, Mumps, Rubella, Meningococcal, Diphtheria, Haemophilus Influenza Type B (Hib) or Tetanus.
- IV. Ensuring that any directions provided by Public Health Unit are followed regarding the possible exclusion of a child or educator who is not immunised against a vaccine preventable disease.
- V. Notifying the Regulatory Authority within 24 hours of a serious incident including when a child becomes ill at the service or medical attention is sought while the child is attending the service.
- VI. Ensuring that appropriate and current information and resources are provided to staff and parents/guardians regarding the identification and management of infectious diseases, blood-borne viruses and infestations.
- VII. Keeping informed about current legislation, information, research and best practice.
- VIII. Ensuring that any changes to the exclusion table or immunisation schedule are communicated to staff and parents/guardians in a timely manner.

Nominated Supervisor responsibilities

- I. Contacting the parents/guardians of a child suspected of suffering from an infectious or vaccine- preventable disease, and requesting the child be collected as soon as possible.
- II. Notifying a parent/guardian or authorised emergency contact person when a symptom of an excludable infectious illness or disease has been observed.
- III. Ensuring that a minimum of one staff with current approved first aid qualifications is in attendance and immediately available at all times the service is in operation.
- IV. Establishing good hygiene and infection control procedures and ensuring that they are adhered to by everyone at the service.
- V. Ensuring the exclusion requirements for infectious diseases are adhered to as per the recommended minimum exclusion periods,
- VI. Notifying the Approved Provider and parents/guardians of any outbreak of infectious disease at the service, and displaying this information in a prominent position.
- VII. Advising parents/guardians on enrolment that the recommended minimum exclusion periods will be observed in regard to the outbreak of any infectious diseases or infestations.
- VIII. Advising the parents/guardians of a child who is not fully immunised on enrolment that they may be required to keep their child at home when an infectious disease is diagnosed at the service, dependent on directions from the Public Health Unit.

- IX. Requesting that parents/guardians notify the service if their child has, or is suspected of having, an infectious disease or infestation.
- X. Providing information and resources to families to assist in the identification and management of infectious diseases and infestations.
- XI. Maintaining confidentiality at all times.
- XII. Providing relevant sourced materials to families.
- XIII. Ensuring that an "Incident, Injury, Trauma and Illness" record is completed as soon as practicable or no later than 24 hours of the illness occurring

Educator responsibilities

- I. Ensuring that any children that are suspected of having an infectious illness are responded to and their health and emotional needs supported at all times.
- II. Implementing appropriate health and safety procedures, when tending to ill children.
- III. Ensuring that families are aware of the need to collect their children as soon as practicable to ensure the child's comfort.
- IV. Maintaining their own immunisation status, and advising the Approved Provider/Nominated Supervisor of any updates to their immunisation status.
- V. Providing varied opportunities for children to engage in hygiene practices, including routine opportunities, and intentional practice.
- VI. Observing signs and symptoms of children who may appear unwell, and informing the Nominated Supervisor.
- VII. Providing access to information and resources for parents/guardians to assist in the identification and management of infectious diseases and infestations.
- VIII. Monitoring any symptoms in children that may indicate the presence of an infectious disease.
- IX. Maintaining confidentiality at all times.

Family's responsibilities

- I. Providing Immunisation documentation upon enrolment and when updated.
- II. Keeping their children at home if they are unwell or have an excludable infectious disease.
- III. Keeping their children at home when an infectious disease has been diagnosed at the service and their child is not fully immunised against that infectious disease if directed to do so by the Public Health Unit.
- IV. Informing the service if their child has an infectious disease or has been in contact with a person who has an infectious disease.

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RELATED GUIDELINES, STANDARDS, FRAMEWORKS, LEGISLATION

National Quality Standards

Quality Area 2: Children's Health and Safety – Standards 2.1, 2.1.1, 2.1.2, 2.2

Quality Area 6: Collaborative Partnerships with Families and Communities – Standard 6.1, 6.2

Office of the Childrens Guardian: Child Safe Standards

Standard 1: Child safety is embedded in the organisational leadership, governance and culture.

Standard 3: Families and communities are informed and involved.

Standard 7: Staff are equipped with the knowledge, skills and awareness to keep children safe through continual education and training.

Standard 10: Policies and procedures document how the organisation is child safe.

Legislation

Education and Care Services National Law Act 2010: Section 167

Education and Care Services National Regulations: Regulations 78-80, 88 and 168

Work Health and Safety Act 2011

Public Health Regulation 2012

Public Health Act 2010

Public Health Amendment (Vaccination of Children Attending Child Care Facilities) Bill 2013

Australian New Zealand Food Standards Code (FSANZ)

Health Act 2010 - Parliament of NSW -

www.parliament.nsw.gov.au/bills/Pages/bill-details

MONITORING, EVALUATION AND REVIEW

This policy will be monitored to ensure compliance with legislative requirements and unless deemed necessary through the identification of practice gaps, the service will review this Policy every two years.

Families and staff are essential stakeholders in the policy review process and will be given opportunity and encouragement to be actively involved.

In accordance with R. 172 of the Education and Care Services National Regulations, the service will ensure that families of children enrolled at the service are notified at least 14 days before making any change to a policy or procedure that may have significant impact on the provision of education and care to any child enrolled at the service; a family's ability to utilise the service; the fees charged or the way in which fees are collected.

RESOURCES / USEFUL LINKS

Immunisation Toolkit –

www.health.nsw.gov.au/immunisation/Publications/immunisation-enrolment-toolkit.pdf

NSW Immunisation Schedules –

<https://www.health.nsw.gov.au/immunisation/Pages/default.aspx>

Vaccination Q&A –

www.health.nsw.gov.au/immunisation/

Staying Healthy: Preventing infectious diseases in early childhood education and care services 5th edition July 2015 –

www.nhmrc.gov.au/sites/default/files/documents/attachments/ch55-staying-healthy.pdf

Exclusion period for infectious diseases table –

www.nhmrc.gov.au/file/5111/download?token=sqK1YrXf

AIR-Immunisation History Statement –

<https://www.servicesaustralia.gov.au/australian-immunisation-register>

Public Health Amendment (Vaccination of Children Attending Child Care Facilities) Bill 2013; Public Health regulation 2012; Public

Fever in babies and children



Call an ambulance on triple zero (000) if your child is listless and doesn't respond to your voice, loses consciousness or has a seizure (fit) for the first time, or has difficulty breathing.



For children with a temperature of 38°C or higher

Is your child aged 0 - 3 months?

YES

Go to the emergency department at nearest hospital immediately

Is your child aged 3-12 months?

YES

See a doctor immediately

Is your child more than 12 months old?

YES



Does your child have any of these symptoms as well as a fever?



Headache or stiff neck



Drowsiness



Seizure



Difficulty breathing



Vomiting



Diarrhoea



New skin rash



Dehydration (not drinking or weeing enough)



Doesn't improve in 48 hours



Are in pain

YES

See a doctor immediately

?

Not sure?
Call healthdirect

1800 022 222

healthdirect

NO

Manage fever at home

If your child is older than 3 months and seems well, you can treat them at home.



Keep fluids up



Dress in light clothing



Keep the room cool



Consider pain relief



Fever is a common symptom of COVID-19. Here's what you need to know about the symptoms of COVID-19, restrictions, how to avoid infection and more.

If you have any cold or flu-like symptoms, get tested for COVID-19 immediately - even if your symptoms are mild. Use the COVID-19 Symptom Checker if you're not sure what to do.

Sources:

Pregnancy Birth and Baby - pregnancybirthandbaby.org.au/fever-in-babies

Healthdirect - healthdirect.gov.au/fever-and-high-temperature-in-children

This infographic does not replace the advice of your doctor or pharmacist. Read the label on the packet and information pamphlet before using medicines. For further information, call healthdirect on 1800 022 222 or speak to your health professional. In an emergency, call triple zero (000) without delay.