

Infectious Diseases Policy

To be read with -

Immunisation and Disease Prevention Policy

NQS

QA2	2.1.2	Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.
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National Regulations

Regs	77	Health, hygiene and safe food practices
	85	Incident, injury, trauma and illness policies and procedures
	86	Notification to parents of incident, injury, trauma and illness
	87	Incident, injury, trauma and illness record
	88	Infectious diseases
	90	Medical conditions policy
	162	Health information to be kept in enrolment record

Aim

Immunisation is a simple, safe and effective way of protecting individuals 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.

Related Policies

Educator and Management Policy

Enrolment Policy

Food Nutrition and Beverage Policy

Health, Hygiene and Safe Food Policy

Incident, Injury, Trauma and Illness Policy

Immunisation Policy

Medical Conditions Policy

Privacy and Confidentiality Policy

Who is affected by this policy?

Child

Parents

Family

Educators

Management

Visitors

Volunteers

Implementation

Educators and the Nominated Supervisor must:

- minimise the spread of potential infectious diseases between children by excluding children who may have an infectious disease or are too ill to attend the service and facilitating the prevention and effective management of acute illness in children
- comply with the minimum Exclusion Periods outlined in Schedule 7 of the Public Health and Wellbeing Regulations 2019 (2019 Regulations) if they've been advised a child has a disease listed in the Schedule, or come into contact with a person who has a listed disease
- comply the minimum Exclusion periods outlined in the NHMRC 'Staying Healthy' publication if a child is ill with a disease not listed in Schedule 7 of the 2019 Regulations
- inform parents of minimum exclusion periods, noting the Nominated Supervisor may ultimately determine when a child can return after illness and absence for the minimum exclusion period.

Educators will also advise the Nominated Supervisor as soon as they believe they have an infectious disease and are unable to care for children

Children might be brought to care with symptoms or signs of illness or while in care suddenly develop an illness that has not been diagnosed by a doctor, and that might be potentially infectious or potentially life-threatening for the child. Symptoms may not clearly fit those listed in exclusion diseases making it difficult for educators to decide whether to accept or exclude the child. **If educators suspect a child may have an infectious disease, they will exclude the child until they receive a medical certificate stating the child is not contagious and is okay to attend the Service.**

Parents must advise educators on arrival verbally or in writing of any symptoms requiring administration of medication to their child in the past 48 hours and the cause of the symptoms if known. This advice must be provided the first time the child attends after the medication has been administered.

Many illnesses, while not fitting exclusion criteria, can transmit disease to other children in care, and can make a child too ill to participate in normal activities. All children who are unwell should not attend the Service and educators will ask parents of children who are unwell to collect the child from the residence/venue within one hour or to make alternative arrangements for their child's care.

The Nominated Supervisor will:

- assist educators in making notification to public health authorities
- organise a pool of regular relief educators to cover educators who are ill and unable to care for children
- request a medical certificate from educators who have been ill stating they are not contagious and are okay to return to work
- comply with any directions from public health officials.

If an infectious disease arises at a residence/venue educators will respond to any symptoms in the following manner -

- Isolate the child from other children
- Ensure the child is comfortable and appropriately supervised
- Contact the child's parents or nominated emergency contact (if the child's parents are unavailable we will contact authorised nominees) and ask them to pick the child up as quickly as possible (and within one hour). Educators will provide information in the child's home language if possible
- Any person picking the child up from the service must be able to show identification if unknown to the educator
- Ensure all linen, towels and clothing which has been used by the child are washed separately and if possible air dried in the sun
- Ensure all toys used by the child are disinfected
- Ensure all eating utensils used by the child are separated and sterilised.
- Inform all families of the presence of an infectious disease verbally and by placing a notice near the front door. The child's name will not be revealed
- Ensure confidentiality of any personal or health related information related to any child or family

Fevers

Unwell children include those with fevers. Fevers refer to temperatures above 38°C, and are usually a sign of infection (eg virus). When children develop a fever at the service, educators and staff will:

- contact parents and ask them to collect the child unless we have written advice from a medical practitioner that the fever is not caused by an infectious disease. Parents will be advised fever can be a symptom of a serious illness and they should also consider taking their child to the doctor
- administer first aid if required in line with service procedures. This may include calling an ambulance.
- if the child is distressed, bathe their face in lukewarm water, and administer paracetamol if parents have given written permission and administration is consistent with the Administration of Medication Policy
- offer water to the child and ensure they are not overdressed and their clothing is comfortable
- monitor the child's behaviour, alertness and any other symptoms that could indicate serious infection including rash, stiffness, vomiting, coughing or convulsions.

- remind parents that ill children must stay home. If child returns the following day with illness or fever the parents will be called to collect child again.

Notifications and exclusion periods

As outlined in the Public Health and Wellbeing Regulations 2019 (Vic):

- parents must advise educators as soon as possible if a child has an infectious diseases or the child has been in contact with a person infected with an infectious disease listed in Schedule 7 of the 2019 Regulations (Reg 110). These diseases are listed in Schedule 7 (extract from Fact Sheet 'Immunisation and exclusions (schools and children's services) Dept Health and Human Services attached)
- Approved providers or nominated supervisors must not allow a child who has been infected or had contact with the diseases outlined in Schedule 7 to the Regulations to attend the service for the exclusion periods outlined in Schedule 7 (Reg 111).
- The Chief Health Officer may direct the person in charge to exclude a child the Officer believes is at substantial risk of contracting a vaccine-preventable disease after considering, for example their immunisation status.

Public Health Units - Advice and Notifications

Public Health Units are an important source of information and advice about many contagious/notifiable diseases including measles, meningococcal disease, Haemophilus influenzae type b (Hib), hepatitis A, and pertussis (whooping cough). Nominated Supervisors will telephone these Units as soon as possible when needed/appropriate for advice about an illness and how to control the spread of the illness and follow any advice. In particular, the nominated supervisor will always phone the Public Health Unit as soon as possible (and within 24 hours) when there are:

- two or more cases (children or staff) of gastroenteritis in the centre (including norovirus, rotavirus, salmonellosis which are types of gastroenteritis) within 48 hours of each other. Symptoms include diarrhoea, vomiting, fever, abdominal cramps
- two or more cases (children or staff) of Shigellosis which is a severe intestinal infection. Symptoms include diarrhoea, fever, vomiting and cramps.

Contact the Department of Health and Human Services, Communicable Disease Prevention and Control Branch on 1300 651 160.

Sources

Education and Care Services National Law and Regulations

National Quality Standard

A guide to the management and control of gastroenteritis outbreaks in children's centres: VIC Health

NHMRC. Staying Healthy -Preventing Infectious Diseases in Early Childhood Education and Care Services 5th edition

Public Health and Wellbeing Act 2008

Public Health and Wellbeing Regulations 2019

'Immunisation and exclusions (schools and children's services) Fact Sheet' Health and Human Services

Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

Last reviewed: 1st May 2023 Date for next review: 1st May 2024

Attachment A

Extract of Schedule 7 – Minimum period of exclusion from primary schools, education and care services premises and children's services centres for infectious diseases cases and contacts

Highlighted sections indicate changes under the Public health and Wellbeing Regulations 2019.

Conditions	Exclusion of cases	Exclusion of Contacts
Chickenpox	Exclude until all blisters have dried. This is usually at least 5 days after the rash appears in unimmunised children, but may be less in previously immunised children	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded
Conjunctivitis	Exclude until discharge from eyes has ceased	Not excluded
Cytomegalovirus (CMV) infection	Exclusion is not necessary	Not excluded
Diarrhoeal illness ¹	Exclude until there has not been vomiting or a loose bowel motion for 24 hours	Not excluded
Diphtheria	Exclude until medical certificate of recovery is received following at least two negative throat swabs, the first not less than 24 hours after finishing a course of antibiotics and the other 48 hours later	Exclude family/household contacts until cleared to return by the Chief Health Officer
Glandular fever (Epstein-Barr Virus infection)	Exclusion is not necessary	Not excluded
Hand, Foot and Mouth disease	Exclude until all blisters have dried	Not excluded
<i>Haemophilus influenzae</i> type b (Hib)	Exclude until 48 hours after initiation of effective therapy	Not excluded
Hepatitis A	Exclude until a medical certificate of recovery is received, but not before 7 days after the onset of jaundice or illness	Not excluded
Hepatitis B	Exclusion is not necessary	Not excluded
Hepatitis C	Exclusion is not necessary	Not excluded
Herpes (cold sores)	Young children unable to comply with good hygiene practices should be excluded while the lesion is weeping. Lesions to be covered by dressing, where possible	Not excluded

¹ Diarrhoeal illness includes instances where certain pathogens are identified including Amebiasis (*Entamoeba histolytica*), Campylobacter spp., Salmonella spp., Shigella spp. and intestinal worms, but is not limited to infection with these pathogens.

Human immuno-deficiency virus infection (HIV)	Exclusion is not necessary	Not excluded
Impetigo	Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing	Not excluded
Influenza and influenza like illnesses	Exclude until well	Not excluded unless considered necessary by the Chief Health officer
Leprosy	Exclude until approval to return has been given by the Chief Health Officer	Not excluded
Measles	Exclude for at least 4 days after onset of rash	Immunised contacts not excluded. Unimmunised contacts should be excluded until 14 days after the first day of appearance of rash in the last case. If unimmunised contacts are vaccinated within 72 hours of exposure with any infectious case, or received Normal Human Immunoglobulin (NHIG) within 144 hours of exposure of any infectious case, they may return to the facility
Meningitis (bacterial —other than meningococcal meningitis)	Exclude until well	Not excluded
Meningococcal infection	Exclude until adequate carrier eradication therapy has been completed	Not excluded if receiving carrier eradication therapy
Mumps	Exclude for 5 days or until swelling goes down (whichever is sooner)	Not excluded
Molluscum contagiosum	Exclusion is not necessary	Not excluded
Pertussis (Whooping cough)	Exclude the child for 21 days after the onset of cough or until they have completed 5 days of a course of antibiotic treatment	Contacts aged less than 7 years in the same room as the case who have not received three effective doses of pertussis vaccine should be excluded for 14 days after the last exposure to the infectious case, or until they have taken 5 days of a course of effective antibiotic treatment
Poliovirus infection	Exclude for at least 14 days from onset. Re-admit after receiving medical certificate of recovery	Not excluded
Ringworm, scabies, pediculosis (head lice)	Exclude until the day after appropriate treatment has commenced	Not excluded
Rubella (German measles)	Exclude until fully recovered or for at least four days after the onset of rash	Not excluded
Severe Acute Respiratory Syndrome (SARS)	Exclude until medical certificate of recovery is produced	Not excluded unless considered necessary by the Chief Health Officer
Shiga toxin or Verotoxin producing <i>Escherichia coli</i> (STEC or VTEC)	Exclude if required by the Chief Health officer and only for the period specified by the Chief Health Officer	Not excluded



Streptococcal infection (including scarlet fever)	Exclude until the child has received antibiotic treatment for at least 24 hours and the child feels well	Not excluded
Tuberculosis (excluding latent tuberculosis) ²	Exclude until receipt of a medical certificate from the treating physician stating that the child is not considered to be infectious	Not excluded
Typhoid fever (including paratyphoid fever)	Exclude until approval to return has been given by the Chief Health Officer	Not excluded unless considered necessary by the Chief Health Officer

² This means that exclusion of cases and contacts is not necessary for latent tuberculosis.