

Early Learning Centre

Dealing with Infectious Diseases



Rationale

Infectious diseases are common in children. Children are at a greater risk of exposure to infections in a children's service due to interacting with a large number of other children. It is not possible to prevent the spread of all infections and illnesses within a children's service, however taking reasonable steps to prevent and/or contain outbreaks of infectious diseases and illnesses by following effective policies and procedures and maintaining hygiene practices within the service as well as teaching young children about health and hygiene will assist in the prevention of infectious diseases and illnesses. Providing families with timely and current information will further support this process.

Aim

To plan for and respond effectively to minimise children's exposure to infectious diseases and illnesses.

Implementation

The Approved Provider will:

- Ensure that all information regarding the prevention of infectious diseases is sourced from a recognised health authority.
- Ensure that all children are reasonably protected from harm by working with the Nominated Supervisor and Educators on developing, implementing and reviewing policy that will guide health and safety procedures within the service.
- Ensure that if there is an occurrence of an infectious disease, reasonable steps are taken to prevent the spread of that infectious disease *Regulation 88(1)*.
- Ensure that if there is an occurrence of an infectious disease, parents/ guardians are notified as soon as practicable *Regulation 88(2)*.
- Ensure that information about the minimum exclusion periods recommended by *SA Health and Staying Healthy in Child Care- Preventing Infectious Diseases, NHMRC, 2006* are explained in the enrolment process and will be enforced in the Early Learning Centre.
- Ensure parents/guardians are aware of the National Immunisation Procedures and child's Immunisation Status.

- Ensure all centre staff are aware of individual children who are not up-to-date with immunisations or whose parents have chosen not to immunise their child.?
- Collect, maintain and store appropriately the required enrolment documents including health information and immunisation status of children in the service.
- Maintain confidentiality in regards to children's health records.
- Advise staff of the recommended immunisations for people working with young children as per the *Immunisation Handbook- 10th edition (2014)*, Australian Government Department of Health.

The Nominated Supervisor will:

- Develop procedures for;
 - Maintaining a hygienic environment.
 - Providing families with relevant information regarding infectious diseases and health and hygiene information.
 - Guide children with health and hygiene practices through daily routines and programming.
- Notify the Approved Provider of any outbreak of infectious disease in the centre.
- Provide information to families as soon as practicable of the occurrence of an infectious disease that describes the; nature of illness; incubation period; and infectious and exclusion periods. Display this information for families in a prominent position. This information will be sources from a reliable source such as *Staying Healthy in Childcare- Preventing Infectious Diseases in Child Care, NHMRC 2006*.
- Display the exclusion periods for infectious diseases at the service and ensure this information is available to all stakeholders and if any changes are made these are communicated to staff and families.
- Maintain confidentiality with regards to children's individual medical circumstances.
- Provide regular reminders to families to keep information in children's enrolment records up to date (immunisations), ensuring this occurs as required.
- Contact parents/guardians if they suspect or observe signs that their child may be suffering from an infectious disease/illness and request the child be collected as soon as possible.
- Advise parents/guardians to notify the school if their child has, or is suspected of having an infectious disease, illness or infestation.
- Establish good hygiene and infection control procedures, and ensure that they are adhered to by all staff.

- Ensure the exclusion requirements for infectious diseases are adhered to as per the recommended minimum exclusions periods *SA Health and Staying Healthy in Childcare – Preventing Infectious Diseases in Child Care, NHMRC 2006*.
- Implement relevant Health and Safety Policies and Procedures including; *Dealing with Infectious Diseases Policy, Incident, Injury, Trauma and Illness Policy, Occupation, Health and Safety Policy, Dealing with Medical Conditions in Children Policy*.

Educators will:

- Observe signs and symptoms of children who may appear unwell and inform the Nominated Supervisor or Certified Supervisor.
- Provide access to information and resources for parents/guardians to assist in the identification and management of infectious diseases, illnesses and infestations.
- Monitor any symptoms in children that may indicate the presence of an infectious disease and take appropriate measures to minimise cross-infection.
- Comply with relevant Health and Safety Policies and Procedures including; *Dealing with Infectious Diseases Policy, Incident, Injury, Trauma and Illness Policy, Occupation, Health and Safety Policy, Dealing with Medical Conditions in Children Policy*.
- Maintain confidentiality at all times.

Parents/Guardians will:

- Keep their children home if they are unwell or have an excludable infectious disease.
- Keep their children home when an infectious disease has been diagnosed at the centre until there are no more occurrences of that disease and the exclusion period has ceased.
- Inform the school if their child has an infectious disease or has been in contact with a person who has an infectious disease.
- Provide accurate and current information regarding the immunisation status of their child/ren when they enrol, and update the enrolment information when required.
- Comply with the minimum exclusion periods.
- Take full responsibility for the child's health if their child is not immunised according to the NIP.
- Regularly check their child's hair for head lice or lice eggs, as well as members of the family and treat infestations as necessary.

- Notify the school when head lice or lice eggs have been found in their child's hair and when treatment commenced.

Volunteers and students, while at the service are responsible for following this policy and its procedures.

Relevant Legislation

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011: 88, 162, 168 2 (b) (c), 177 1(b)
- National Quality Standard
- Occupational Health and Safety Act 2004

Links to National Quality Standard

- 2.1 Each child's health is promoted.
- 2.1.1 Each child's health needs are supported.
- 2.1.3 Effective hygiene practices are promoted and implemented.
- 2.1.4 Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines.

Resources

- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011, ACECQA.
- Guide to the National Quality Standard, ACECQA.
- Staying Healthy in Child Care: Preventing infectious diseases in child care, 4th Edition, 2006, NHMRC.
- National Health and Medical Research Council: www.nhmrc.gov.au/
- SA Health: www.sahealth.sa.gov.au

INFECTIOUS DISEASES

A copy of the Infectious Diseases guidelines is attached.

INFECTIOUS DISEASES

Condition	Cases	Contacts
Campylobacter (food poisoning)	Exclude until there has not been a loose bowel motion for 24 hours.	Not excluded
Chicken Pox	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 (eg Leukaemia or receiving chemotherapy) should be excluded for their own protection. Otherwise not excluded
Conjunctivitis (Acute infectious)	Exclude until discharge from eyes has ceased.	Not excluded.
Diarrhoea (Rotavirus, Shigella, Giardia, Salmonella, Campylobacter)	Exclude until there has not been a loose bowel motion for 24 hours.	Not excluded
Salmonella, (Campylobacter)		

Condition	Cases	Contacts
Diphtheria	Exclude until medical certificate of recovery following at least 2 negative throat swabs, the first not less than 24 hrs after cessation of antibiotic treatment and the other 48 hours later.	Exclude family/household contacts until cleared to return by an appropriate health authority
Hand, Foot and Mouth disease	Exclude until all blisters have dried.	Not excluded
Glandular fever	Exclusion is not necessary.	Not excluded
Hepatitis A	Exclude until a medical certificate or 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
Human Immunodeficiency Virus Infection (HIV)	Exclusion is not necessary.	Not excluded
Impetigo (school sores)	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 an appropriate health authority
Leprosy	Exclude until approval to return has been given by an appropriate health authority.	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 their first case, or received NHIG within 144 hours of exposure, they may return to the facility
Meningitis (bacteria 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 9 days or until swelling goes down (whichever is sooner).	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
Poliomyelitis	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 4 days after the onset of rash.	Not excluded.

Salmonella, Shigella	Exclude until there has not been a loose bowel motion for 24 hours.	Not excluded
Severe Acute Respiratory Syndrome (SARS)	Exclude until medical certificate of recovery is produced.	Not Excluded
Streptococcal infection (Including Scarlet Fever)	Exclude until the child has received antibiotic treatment for at least 24 hrs and the person feels well.	Not Excluded
Tuberculosis	Exclude until receipt of a medical certificate from the appropriate health authority stating that the child is not considered to be infectious.	Not Excluded
Typhoid and Paratyphoid fever	Exclude until approval to return has been given by an appropriate health authority	Not Excluded
Worms (intestinal)	Exclude until there has not been a loose bowel motion for 24 hours.	

Evaluation

Created: 2015	Reviewed:	To be Reviewed: 2016
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