



DEALING WITH INFECTIOUS DISEASES POLICY

Quality Area 2: Children's Health and Safety

POLICY STATEMENT

Children encounter many other children and adults within the Service environment which can result in the contraction of infectious illnesses. 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 within the community, by reducing the spread of disease and illnesses.

Our education and care service is committed to providing a safe and healthy environment for all children, staff and any other persons attending the service by:

- Responding to the needs of the child or adult who presents with symptoms of an infectious disease or infestation while attending the service;
- Complying with current exclusion schedules and guidelines set by the Public Health Unit; and;
- Providing up-to-date information and resources for families and staff regarding the protection of all children from infectious diseases and blood-borne viruses, management of infestations and immunisation programs.

GOALS/ WHAT ARE WE GOING TO DO?

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:

- Effective hand hygiene;
- Exclusion of ill children, educators and other staff; and
- Immunisation.

(Staying Healthy; Preventing infectious diseases in early childhood education and care services 5th edition 2013)

STRATEGIES / HOW WILL IT BE DONE?

Effective Hygiene

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

- Correct handwashing technique;
- Using standard precautions when handling blood, all body fluids, secretions and excretions, dried blood and other body substances.
- Cleaning toys and other items that children are likely to put in their mouths, after use;





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- Raking sandpits often and/or securely covering them when not in use;
- Disposing of soiled items in a container that is inaccessible to children;
- Washing rubbish bins and nappy buckets regularly; and
- Actively promoting handwashing and other hygiene practices with children and families.

Exclusion of Children, Educators and Other Staff

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 National Health and Medical Research Council. www.nhmrc.gov.au, please also refer to www.healthdirect.gov.au/schoolexclusion-for-health-reasons

Educators are informed of the symptoms of excludable illnesses and diseases and of infection control through staff meetings and professional development and are provided with educational materials. They are alert to the signs of illness in children and respond accordingly. The signs include, but are not limited to:

- Severe, persistent, or prolonged coughing
- Breathing difficulties (e.g. noisy, wheezy)
- Yellowish skin or eyes
- Irritated eyes, eye lining red, pus from eyes
- Unusual spots or rashes
- Vomiting and/or diarrhoea
- Temperature over 37.5 degrees Celsius
- Behaviour exhibited that is not 'normal' for the child (e.g. sleeping, being unable to participate in the daily activities as usual).

Fever

In children, a temperature over 37.5°C 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.
- www.health.vic.gov.au/edfactsheets/downloads/fever-in-children.pdf
- http://raisingchildren.net.au/articles/fever_a.html

In order to prevent the spread of infection and ensure wellbeing, children with a temperature above 37.5°C will be excluded from the service.

Immunisation

Our service's practice is guided by our state/territory's department of health in relation to child immunisations. We will share resources and information from government bodies and recognised authorities to support families access information regarding immunisations.





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Parents who wish to enrol their child are required to provide at the time of enrolment their child's immunisation status. This may be an AIR Immunisation History Statement or Form based on regulatory requirements and/or the state/territory's Public.

A note on immunisation

Immunisation requirements vary based on each state and territory's health legislation.

Each child's record must include the immunisation status of the child (R162(f)).

The National Law and Regulations do not specify how this information must be obtained, except for at services located in NSW and VIC (R162(h) and (i)).

A service should include as part of its health practices and procedures a written process to obtain information from families about their children's current immunisation status. Practices and procedures should include any jurisdictional requirements about immunisation.

For national and state legislation in relation to immunisation requirements for education and care services (such as No Jab, No Play) please refer to: www.ncirs.org.au/public/no-jab-no-play-no-jab-no-pay

Exclusion Periods

The Public Health Unit will be advised as soon as the service is aware that a child or educator has contracted a vaccine-preventable infectious 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. (*Staying Healthy in Children 5th Edition*).

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.

ROLES AND RESPONSIBILITIES

The Approved Provider will be responsible for:

Ensuring the service operates in line with the Education and Care Services National Law and National Regulations including:

- Ensuring that where there is an occurrence of an infectious disease at the service, reasonable steps are taken to prevent the spread of that infectious disease (Regulation 88(1)) using the Orchard disease notification poster and notification via OWNA.
- 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)).





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- 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).
- Ensuring that the parent/ guardian and Public Health Unit are notified as soon as possible, after being made aware that an enrolled child: has one of the following vaccine preventable diseases, or is reasonably suspected of having come into contact with a person who has one of these vaccine preventable diseases and the enrolled child has no evidence of immunisation lodged to show that the child is immunised against, or acquired immunity by infection from, that disease.
 - a) Pertussis, or
 - b) Poliomyelitis, or
 - c) Measles, or
 - d) Mumps, or
 - e) Rubella, or
 - f) Meningococcal C, or
 - g) Diphtheria, or
 - h) Haemophilus influenza Type b (Hib), or
 - i) Tetanus
 - j) Covid-19
- 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.
- 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.
- 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.
- Keeping informed about current legislation, information, research and best practice.
- Ensuring that any changes to the exclusion table or immunisation schedule are communicated to staff and parents/guardians in a timely manner.

The Nominated Supervisor will be responsible for:

- 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.
- Notifying a parent/guardian or authorised emergency contact person when a symptom of an excludable infectious illness or disease has been observed.
- 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.
- Establishing good hygiene and infection control procedures, and ensuring that they are adhered to by everyone at the service.
- Ensuring the exclusion requirements for infectious diseases are adhered to as per the recommended minimum exclusion periods, notifying the Approved Provider and parents/guardians of any outbreak of infectious disease at the service, and displaying this information in a prominent position.





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- 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.
- 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.
- Requesting that parents/guardians notify the service if their child has, or is suspected of having, an infectious disease or infestation.
- Providing information and resources to families to assist in the identification and management of infectious diseases and infestations.
- Maintaining confidentiality at all times.
- Providing relevant sourced materials to families.
- 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.
- OWNA completed register of illness and/or document incidents of infectious diseases. Some diseases require your state authority to be notified.

The Early Childhood Educators will be responsible for:

- 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.
- Implementing appropriate health and safety procedures, when tending to ill children.
- Ensuring that families are aware of the need to collect their children as soon as practicable to ensure the child's comfort.
- Maintaining their own immunisation status, and advising the Approved Provider/Nominated Supervisor of any updates to their immunisation status.
- Providing varied opportunities for children to engage in hygiene practices, including routine opportunities, and intentional practice.
- Observing signs and symptoms of children who may appear unwell, and informing the Nominated Supervisor.
- Providing access to information and resources for parents/guardians to assist in the identification and management of infectious diseases and infestations.
- Monitoring any symptoms in children that may indicate the presence of an infectious disease.
- Maintaining confidentiality at all times.
- Washable toys and equipment will be washed in detergent and hot water or the dishwasher and aired to dry (toys will not be washed in the dishwasher at the same time as dishes). All toys and equipment that have been cleaned will be recorded on the toy cleaning register.
- A 'Dummy Basket' is located by the sign in sheet that requires all children that use a dummy to place the dummy in the basket in an individual container, small zip locked plastic bag, or a protector with the child's name clearly stated to reduce the risk of cross contamination.
- All cleaning procedures will be recorded on the Service's Cleaning Checklist.
- Furnishings, fabric tablecloths will be laundered at the end of each week and hung out to dry. This will be increased during an outbreak of illness in the Service.
- Floor surfaces will be cleaned on a daily basis after each meal by educators.
- Toilets/bathrooms will be cleaned in the middle of the day by educators, and whenever needed throughout the day using disinfectant and paper towel.





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- Disposable paper towel and disinfectant are used to clean bodily fluids off beds, floors, bathrooms, etc.
- Pregnant staff do not change nappies or assist in toileting or cleaning up toileting accidents to prevent unexpected cross-contamination and risk to the pregnancy.
- WH & S officers to ensure Cloths are colour coded so that a separate cloth is used for bathroom, art and craft, and surfaces.

Families will:

- Providing Immunisation documentation upon enrolment and as administered.
- Keeping their children at home if they are unwell or have an excludable infectious disease.
- 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.
- Informing the service if their child has an infectious disease or has been in contact with a person who has an infectious disease.
- Ensure families keep their child home from service until they are feeling well, and they have not had any symptoms for 24 - 48 hours. These include symptoms such as a fever. Diarrhoea and vomiting restrictions are for 48 hours or as per the NSW Department of Health or Public Health Unit guidelines.
- Ensuring that their child does not return to care if they have received Panadol or Nurofen in the last 24 hours

RELATED LEGISLATION, GUIDELINES, STANDARDS, FRAMEWORKS

- National Quality Standard, Quality Area 2: Children's Health and Safety – Standard 2.1
- National Quality Standard, Quality Area 6: Collaborative Partnerships with Families and Communities – Standard 6.1, 6.2
- Education and Care Services National Law Act 2010: Section 167
- Education and Care Services National Regulations: Regulations 85-87, 88, 162, 168(2)(c)
- Work Health and Safety Act 2011
- Australian New Zealand Food Standards Code (FSANZ)

RESOURCES / USEFUL LINKS

- 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=hm8rNZF0
- AIR-Immunisation History Statement - Australian Immunisation Register
- Australian Government Department of Health: Immunisation www.health.gov.au/health-topics/immunisation





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- National Centre for Immunisation Research and Surveillance (NCIRS): National and state legislation in relation to immunisation requirements for child care www.ncirs.org.au/public/no-jab-no-play-no-jab-no-pay

POLICY REVIEW

The Service encourages staff and parents to be actively involved in the annual review of each of its policies and procedures. In addition, the Service will accommodate any new legislative changes as they occur and any issues identified as part of the Service's commitment to quality improvement. The Service consults with relevant recognised authorities as part of the annual review to ensure the policy contents are consistent with current research and contemporary views on best practice.

Date(s) reviewed: June 2021 / February 2022

