

Policy 7

Dealing with Infectious Diseases Policy

Policy Statement

At Wideview Outside School Hours Care we strive to take reasonable steps to prevent the spread of infectious diseases through the implementation of procedures. These procedures must be consistently applied across the centre to all children and adults using the service. WOOSHC will provide a safe and hygienic environment that will promote the health and wellbeing of all children (“My Time, Our Place” Outcome 3). We will take all reasonable steps to prevent and manage the spread of infectious diseases through the implementation of procedures that are consistent with guidelines of State Health Authorities.

Links to Education and Care Services National Regulations and National Quality Standard

QUALITY AREA		
2.1	Health	Each child’s health and physical activity is promoted
2.1.2	Health Practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented
2.2	Safety	Each child is protected
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
77	Health
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
167	Record of service’s compliance

Procedure

1. Information

- 1.1 Parents will be informed about the illness and infectious diseases policy on enrolment.
- 1.2 A copy of minimum exclusion periods for infectious diseases from “Saying healthy in childcare”, Will be kept attached to the illness and infectious disease policy for reference by staff, management and made available to parents on request.
- 1.3 Department of Health guidelines on infectious diseases from NSW Dept. of Health website will be checked for current up to date information on outbreaks of infectious disease and information sheets provided for families and staff as needed.

2. Prevention

- 2.1 Universal precautions will be consistently applied across service practices to ensure prevention of the spread of infections is effective.
- 2.2 A copy of the Department of Health guidelines on infectious diseases will be kept at the service for reference by educators, management, and families.
- 2.3 If a child is showing symptoms of an infectious disease whilst at home, families are not permitted to bring the child to the service. Children who appear unwell when being signed in by their family will not be permitted to stay at the service.
- 2.4 Hand washing and sanitising will be practised by all educators and children upon entering the service, before preparing or eating food and after all dirty tasks such as toileting, cleaning up any items, wiping a nose, before and after administering first aid, playing outside, or handling an animal.
- 2.5 The service will be cleaned daily, and rosters maintained as evidence of the cleaning tasks being undertaken.

- 2.6 All toilet facilities will have access to a basin or sink with running water, soap, and drying facilities i.e.: paper towel, hand dryer for washing and drying hands.
- 2.7 Soap and paper towel will also be available in the kitchen area.
- 2.8 Hand basins and kitchen facilities used by the service will be cleaned and sanitised daily. General surfaces will be cleaned during the session if needed and at the end of each day and all contaminated surfaces will be disinfected.
- 2.9 Toys will be washed, cleaned, and disinfected on a regular basis with material items such as dress ups and cushion covers laundered as required but a minimum of quarterly.
- 2.10 Educators will maintain and model appropriate hygiene practices and encourage the children to adopt effective hygiene practices. As part of children taking increasing responsibility for their own health and physical wellbeing, educators will acknowledge children who are modelling hygiene practices.
- 2.11 Informal education on hygiene practices will be conducted on a regular basis, either individually or as a group through conversations, planned experiences, inclusion in service routines and reminders. Health and hygiene practices will be highlighted to parents, and where appropriate information sheets or posters will be used by educators to support these practices.
- 2.12 Educators will aim to provide a non-judgmental approach to differences in hygiene practices and standards between families to support children's developing sense of identity. Where practices differ to standards expected in the service, educators are to remind children that these are practices to be followed in the service, but they may be different for them at home.
- 2.13 All educators will be advised upon appointment to the position that it is their responsibility to maintain their immunity to common childhood diseases, tetanus and Hepatitis B through immunisation and consultation with their local health professional.

3. Management of Infectious Diseases

- 3.1 Children and educators with infectious diseases will be excluded from the service for the period recommended by the Department of Health.
- 3.2 Where there is an outbreak of an infectious disease, each enrolled child's family/emergency contact will be notified within 24 hours via a notice, email or phone call under ordinary circumstances. The service will maintain confidentiality when issuing the notification and ensure it is not prejudicial or identify any children.
- 3.3 In the event of an outbreak of vaccine-preventable disease at the service or school attended by children at service, parents of children not immunised will be required to stay at home for the duration of the outbreak for their own protection.
- 3.4 If a child develops symptoms of a possible infectious disease whilst at the service, their family will be contacted to take the child home. Where they are not available, emergency contacts will be called to ensure the child is removed from the service promptly. then and Incident, injury, Illness and Trauma form will be completed.
- 3.5 All educators dealing with open sores, cuts and bodily fluids shall wear disposable gloves and practice precautions.
- 3.6 Educators with cuts, open wounds, or skin diseases such as dermatitis should cover their wounds with dressings or wear disposable gloves.
- 3.7 Disposable gloves will be properly and safely discarded, and educators are to wash their hands after doing so.
- 3.8 If a child has an open wound, it will be covered with a dressing.
- 3.9 If bodily fluids or blood gets on the skin but there is no cut or puncture, wash away with hot soapy water.
- 3.10 In the event of exposure through cuts or chapped skin, promptly wash away the fluid, encourage bleeding and wash in cold or tepid soapy water.
- 3.11 In the event of exposure to the mouth, promptly spit it out and rinse mouth with water several times.
- 3.12 In the event of exposure to the eyes, promptly rinse gently with cold or tepid tap water or saline solution.

- 3.13 In the event of having to perform CPR, disposable sterile mouth masks may be used if available.
- 3.14 Any exposure should be reported to the Nominated Supervisor to ensure proper follow up procedures occur.
- 3.15 When assisting children with toileting or changing, educators will ensure that they wear gloves when possible and always wash their hands afterwards. They will also encourage the child to wash their hands.
- 3.16 Educators will consider the resources they are using when assisting school age children with toileting to ensure they are age appropriate and ensure privacy for the child and ease of use.
- 3.17 Any soiled clothing will be placed in a sealed plastic bag for the parents to take home for laundering. The service will not rinse soiled clothing.
- 3.18 Any blood or bodily fluid spills will be cleaned up immediately, using gloves and fully disinfect the area. Cloths used in cleaning will be wrapped in plastic bags and properly disposed of according to current infection control guidelines.
- 3.19 Payment of fees will be required for children during an outbreak of a vaccine-preventable disease, unless other arrangements discussed and agreed to by management have been made.
- 3.20 The Nominated Supervisor will follow the recommendations as outlined by NSW Health Department.
- 3.21 The decision to exclude or re-admit a child or educator will be the responsibility of the Nominated Supervisor and will be based on the child's symptoms, medical advice and Department of Health guidelines for children who have an infectious disease or who have been exposed to an infectious disease.
- 3.22 The service has the right to refuse access if there are valid concerns about the child's health.
- 3.23 A doctor's clearance certificate may be required for infectious diseases before returning to the Service.

4. Reportable Diseases

- 4.1 The service will notify their local public health unit if any child or educator contracts a vaccine-preventable disease.

5. Responsibility of Parents

- 5.1 To not bring sick children to the service and to arrange prompt collection of children who are unwell.

Sources, further reading and useful websites

- Australian Children's Education & Care Quality Authority. (2014).
- My Time, Our Place: Framework for School Age Care in Australia (2011).
- National Regulation
- National Quality Standard 2
- NSW Department of Health website - <https://www.health.nsw.gov.au/Infectious/controlguideline/Pages/default.aspx>
- Disability Discrimination Act 1975
- NSW Anti-discrimination Act 1977
- Work Health and Safety Act 2011
- Staying Healthy in Child Care (5thEdition)

Policy review information -

Review Date	Date completed	By Whom	Collaborated	Comment
April 2020	Apr 2020	Brandi (Manager)	Staff Committee Parents	
May 2021	May 2021	Brandi (Manager)		
May 2022	May 2022	Brandi (Manager)		
May 2023	May 2023	Brandi (Manager)		
2024				



Recommended minimum exclusion periods

ADAPTED FROM STAYING HEALTHY | 5TH EDITION | 2013

Condition	Exclusion of case	Exclusion of contacts ^a
Campylobacter 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
Cryptosporidium	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
Haemophilus influenzae 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
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 and incompletely 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 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
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. 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 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/branches/branch-communicable.htm>. Note that exclusion advice is consistent with Series of National Guidelines (SoNGs) where available.

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