

PUTNEY PLAYGROUNDS KINDERGARTEN INFECTIOUS DISEASES POLICY

To be read with -
Immunisation and Disease Prevention Policy

NQS

QA2	2.1.1	Each child's health needs are supported.
	2.1.4	Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines.

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 people 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

Enrolment Policy
Food Nutrition and Beverage Policy
Health, Hygiene and Safe Food Policy
Incident, Injury, Trauma and Illness Policy
Infectious Diseases Policy
Medical Conditions Policy
Privacy and Confidentiality Policy

Who is affected by this policy?

Child

Parents

Family

Educators

Management

Visitors

Volunteers

Implementation

- The service will use the attached Recommended Minimum Periods of Exclusion to exclude children and educators and inform parents of exclusion and non-exclusion periods for infectious diseases. We will minimise the spread of potential infectious diseases between children, other children and educators 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.
- Notification of the child's parents or nominated contacts will occur immediately.
- All appropriate notifications to the local Public Health Unit are available under the 'Infectious Diseases requiring Notification to the local Public Health Unit and must occur within 24 hours. The Nominated Supervisor is responsible for notifying the local Public Health Unit.
- 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 the service to decide whether to accept or exclude the child from the service. Many illnesses, while not fitting exclusion criteria, can transmit disease to other children in care, and many non-exclusion diseases can make a child too ill to participate in normal care activities.

If an infectious disease arises at the service we will respond to any symptoms in the following manner -

- Isolate the child from other children.
- Ensure the child is comfortable and appropriately supervised by educators.
- Contact the child's parents or nominated emergency contact. If the child's parents are unavailable we will contact the next nominated person. We will inform the contact of the child's condition and ask for a parent or other authorised person to pick the child up as quickly as possible. Any person picking the child up from the service must be approved by the child's parents and be able to show identification.
- Ensure all bedding, towels and clothing which has been used by the child is disinfected. These items will be 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.
- Provide information in the child's home languages to the best of our ability.
- Inform all service families and educators of the presence of an infectious disease.
- Ensure confidentiality of any personal health related information obtained by the service and educators in relation to any child or their family.
- If a child or educator has been unable to attend the Service because of an infectious illness the person must provide a doctors certificate which specifically states the child/educator is ok to return to the Service.

Infectious Diseases requiring Notification to the local Public Health Unit

Infectious Diseases notification should be directed by telephone to the local Public Health Unit, and should be initiated within twenty-four hours of diagnosis.

NSW local Public Health unit directory and contact details are available on the following NSW Health website –

<http://www.health.nsw.gov.au/PublicHealth/Infectious/phus.asp>

All infectious diseases notification forms are available from Public Health Units and on the NSW Health website –

<http://www.health.nsw.gov.au/public-health/forms>.

As outlined under Section 42D, Public Health Act 1991 (NSW), the Nominated Supervisor of a service is required to notify the local Public Health Unit of the following infectious disease occurrences at the service –

- Diphtheria
- Measles
- Mumps
- Pertussis (Whooping cough)
- Poliomyelitis
- Rubella (German measles)
- Tetanus

The National Health and Medical Research Council (NHMRC) recommend that educators should be immunised against -

- Hepatitis A.
- Measles-Mumps-Rubella (MMR).

Educators born during or since 1966 who do not have vaccination records of two doses of MMR, or do not have antibodies for rubella, require vaccination.

- Varicella, if they have not previously been infected with chickenpox.

- Pertussis. An adult booster dose is especially important for those educators caring for the youngest children who are not fully vaccinated.

Although the risk is low, educators who care for children with intellectual disabilities should seek advice about Hepatitis B immunisation if the children are unimmunised.

Recommended Minimum Periods of Exclusion

National Health and Medical Research Council.

Staying Healthy in Child Care. 4th edition, Commonwealth of Australia 2005.

Children who are unwell should not attend the service.

Definition of 'Contacts' will vary according to disease. Please refer to specific Fact Sheets for definition of 'Contacts'.

Amoebiasis (Entamoeba histolytica)

Exclude until there has not been a loose bowel motion for 24 hours.

Exclusion of Contacts - Not excluded.

Campylobacter

Exclude until there has not been a loose bowel motion for 24 hours.

Exclusion of Contacts - Not excluded.

Candidiasis (See 'Thrush')

Chickenpox (Varicella)

Exclude until all blisters have dried. This is usually at least 5 days after the rash first appeared in unimmunised 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.

CMV (Cytomegalovirus infection)

Exclusion is NOT necessary.

Exclusion of Contacts - Not excluded.

Cryptosporidium infection

Exclude until there has not been a loose bowel motion for 24 hours.

Exclusion of Contacts – Not excluded.

Diarrhoea (No organism identified)

Exclude until there has not been a loose bowel motion for 24 hours.

Exclusion of Contacts - Not excluded.

Diphtheria

Exclude until medical certificate of recovery is received following at least 2 negative throat swabs, the first swab not less than 24 hours after finishing a course of antibiotics followed by another swab 48 hours later.

Exclude contacts that live in the same house until cleared to return by an appropriate health authority.

German measles (See 'Rubella')

Giardiasis

Exclude until there has not been a loose bowel motion for 24 hours.

Exclusion of Contacts - Not excluded.

Glandular fever (Mononucleosis, EBV infection)

Exclusion is NOT necessary.

Exclusion of Contacts - Not excluded.

Hand, foot and mouth disease

Exclude until all blisters have dried.

Exclusion of Contacts - Not excluded.

Haemophilus influenzae type b (Hib)

Exclude until the person has received appropriate antibiotic treatment for at least 4 days.

Exclusion of Contacts - Not excluded.

Head lice (Pediculosis)

Exclusion is NOT necessary if effective treatment is commenced prior to the next day at child care (ie the child doesn't need to be sent home immediately if head lice are detected).

Exclusion of Contacts - Not excluded.

Hepatitis A

Exclude until a medical certificate of recovery is received, but not before seven days after the onset of jaundice.

Exclusion of Contacts - Not excluded.

Hepatitis B

Exclusion is NOT necessary.
Exclusion of Contacts - Not excluded.

Hepatitis C

Exclusion is NOT necessary.
Exclusion of Contacts - Not excluded.

Herpes simplex (cold sores, fever blisters)

Exclusion is not necessary if the person is developmentally capable of maintaining hygiene practices to minimise the risk of transmission.

If the person is unable to comply with these practices they should be excluded until the sores are dry. Sores should be covered by a dressing where possible.

Exclusion of Contacts - Not excluded.

Human Immunodeficiency Virus (HIV/AIDS)

Exclusion is NOT necessary. If the person is severely immunocompromised, they will be vulnerable to other people's illnesses.

Exclusion of Contacts - Not excluded.

Hydatid disease

Exclusion is NOT necessary.
Exclusion of Contacts - Not excluded.

Impetigo (school sores)

Exclude until appropriate antibiotic treatment has commenced. Any sores on exposed skin should be covered with a watertight dressing.

Exclusion of Contacts - Not excluded.

Influenza and influenza-like illnesses

Exclude until well.
Exclusion of Contacts - Not excluded.

Legionnaires' disease

Exclusion is NOT necessary.
Exclusion of Contacts - Not excluded.

Leprosy

Exclude until approval to return has been given by an appropriate health authority.
Exclusion of Contacts - Not excluded.

Measles

Exclude for 4 days after the onset of the rash.

Immunised and immune contacts are not excluded. Non-immunised contacts of a case are to be excluded from child care until 14 days after the first day of appearance of rash in the last case, unless immunised within 72 hours of first contact during the infectious period with the first case.

All immunocompromised children should be excluded until 14 days after the first day of appearance of rash in the last case.

Meningitis (bacterial)

Exclude until well and has received appropriate antibiotics.

Exclusion of Contacts - Not excluded.

Meningitis (viral)

Exclude until well.

Exclusion of Contacts - Not excluded.

Meningococcal infection

Exclude until appropriate antibiotic treatment has been completed.

Exclusion of Contacts - Not excluded.

Molluscum contagiosum

Exclusion is NOT necessary.

Exclusion of Contacts - Not excluded.

Mumps

Exclude for nine days or until swelling goes down (whichever is sooner).

Exclusion of Contacts - Not excluded.

Norovirus

Exclude until there has not been a loose bowel motion or vomiting for 48 hours.

Exclusion of Contacts - Not excluded.

Parvovirus infection (fifth disease, erythema infectiosum, slapped cheek syndrome).

Exclusion is NOT necessary.

Exclusion of Contacts - Not excluded.

Pertussis (See 'Whooping Cough')

Respiratory Syncytial virus

Exclusion is NOT necessary.
Exclusion of Contacts - Not excluded.

Ringworm/tinea

Exclude until the day after appropriate antifungal treatment has commenced.
Exclusion of Contacts - Not excluded.

Roseola

Exclusion is NOT necessary.
Exclusion of Contacts - Not excluded.

Ross River virus

Exclusion is NOT necessary.
Exclusion of Contacts - Not excluded.

Rotavirus infection

Children are to be excluded from the service until there has not been a loose bowel motion or vomiting for 24 hours.
Exclusion of Contacts - Not excluded.

Rubella (German measles)

Exclude until fully recovered or for at least four days after the onset of the rash.
Exclusion of Contacts - Not excluded.

Salmonella infection

Exclude until there has not been a loose bowel motion for 24 hours.
Exclusion of Contacts - Not excluded.

Scabies

Exclude until the day after appropriate treatment has commenced.
Exclusion of Contacts - Not excluded.

Scarlet fever (See 'Streptococcal sore throat')

School sores (See 'Impetigo')

Shigella infection

Exclude until there has not been a loose bowel motion for 24 hours
Exclusion of Contacts - Not excluded.

Streptococcal sore throat (including scarlet fever)

Exclude until the person has received antibiotic treatment for at least 24 hours and feels well.
Exclusion of Contacts - Not excluded.

Thrush (candidiasis)

Exclusion is NOT necessary.
Exclusion of Contacts - Not excluded.

Toxoplasmosis

Exclusion is NOT necessary.
Exclusion of Contacts - Not excluded.

Tuberculosis (TB)

Exclude until medical certificate is produced from an appropriate health authority.
Exclusion of Contacts - Not excluded.

Typhoid, Paratyphoid

Exclude until medical certificate is produced from appropriate health authority
Contacts - Not excluded unless considered necessary by public health authorities.

Varicella See 'Chickenpox'**Viral gastroenteritis (viral diarrhoea)**

Children are to be excluded until there has not been a loose bowel motion or vomiting for 24 hours.
Exclusion of Contacts - Not excluded.

Warts

Exclusion is NOT necessary.
Exclusion of Contacts - Not excluded.

Whooping cough (pertussis)

Exclude until five days after starting appropriate antibiotic treatment or for 21 days from the onset of coughing. Contacts that live in the same house as the case and have received less than three doses of pertussis vaccine are to be excluded from the service until they have had 5 days of an appropriate course of antibiotics. If antibiotics have not been taken, these contacts must be excluded for 21 days after their last exposure to the case while the person was infectious.

Worms

Exclude if loose bowel motions present. Exclusion of Contacts - Not excluded.

Sources

Education and Care Services National Regulations 2011

National Quality Standard

Department of Health and Aging, National Immunisation Program Schedule

NHMRC. Staying Healthy in Child Care Preventing infectious diseases in child care 4th edition

Occupational Health and Safety Act 2000 (NSW)

Occupational Health and Safety Regulations 2001

Public Health Act 1991

NSW Health Policy Directive - Notification of Infectious Diseases under the Public Health Act 1991

Review

The policy will be reviewed annually. The review will be conducted by:

- Management
- Employees
- Families

Last reviewed: July 2017

Date for next review: July 2018