

# Infectious Diseases & Immunisation and Disease Prevention Policy

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## 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 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

- 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 will:

- 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
- notify the local public health authority when required of notifiable disease within 24 hours
- use the attached Recommended Minimum Periods of Exclusion to exclude children with infectious diseases and inform parents of exclusion and non-exclusion periods

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 a reasonable time frame or to make alternative arrangements for their child's care.

The Nominated Supervisor will:

- assist educators in making notification to public health authorities and following any directives
- 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

**If an infectious disease arises at a residence/on site, 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 within a reasonable time frame. 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.

## **Communicable Disease Control Branch - Advice and Notifications**

The Communicable Disease Control Branch is 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 the Branch on 1300 232 272 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 Branch 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
- if there are two or more cases (children or staff) of Shigellosis which is a severe intestinal infection. Symptoms include diarrhoea, fever, vomiting and cramps

Note only doctors and pathologists must make notifications for the 'notifiable diseases' listed in the South Australian Public Health (Notifiable and Controlled Notifiable Conditions) Regulations 2012.

## Recommended Minimum Periods of Exclusion

National Health and Medical Research Council .

Staying Healthy -Preventing Infectious Diseases in Early Childhood Education and Care Services 5th edition, Commonwealth of Australia 2012.

**Children who are unwell should not attend the service.**

The definition of 'contacts' will vary according to disease. Please refer to specific Fact Sheets in the Staying Healthy Publication for the definition of 'Contacts'.

### **Campylobacter**

Exclude until there has not been a loose bowel motion for 24 hours.<sup>b</sup>

Exclusion of Contacts - Not excluded.

### **Candidiasis ('Thrush)**

Exclusion is NOT necessary.

Exclusion of Contacts - Not excluded.

### **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.

Exclusion of contacts - 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.

### **Conjunctivitis**

Exclude until discharge from the eyes has stopped unless a doctor has diagnosed non-infectious Conjunctivitis.

Exclusion of Contacts - Not excluded.

### **Cryptosporidium**

Exclude until there has not been a loose bowel motion for 24 hours.<sup>b</sup>

Exclusion of Contacts – Not excluded.

### **Diarrhoea (No organism identified)**

Exclude until there has not been a loose bowel motion for 24 hours.<sup>b</sup>

Exclusion of Contacts - Not excluded.

### **Fungal infections of the skin or nails (eg ringworm, tinea)**

Exclude until the day after starting appropriate anti-fungal treatment.

Exclusion of Contacts - Not excluded.

### **German measles (See 'Rubella')**

### **Giardiasis**

Exclude until there has not been a loose bowel motion for 24 hours.<sup>b</sup>

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 begins before the next day at the Service.  
(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 and until at least 7 days after the onset of jaundice.

Exclusion of Contacts - Not excluded. Contact a public health unit for specialist advice about treating or vaccinating children in the same room or group.

### **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.

### **Human Parvovirus B19 (fifth disease, erythema infectiosum, slapped cheek syndrome)**

Exclusion is NOT necessary.

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.

## **Listeriosis**

Exclusion is NOT necessary.

Exclusion of Contacts - Not excluded.

## **Measles**

Exclude for 4 days after the onset of the rash.

Exclusion of Contacts - 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 first day of appearance of rash in the last case.

## **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. Contact a public health unit for specialist advice about antibiotics and /or vaccination for people who were in the same room.

## **Molluscum contagiosum**

Exclusion is NOT necessary.

Exclusion of Contacts - Not excluded.

## **Mumps**

Exclude for 9 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.

## **Pertussis (See 'Whooping Cough')**

## **Pneumococcal Disease**

Exclude until person is well.

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.<sup>b</sup>  
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.

**Salmonellosis (Salmonella infection )**

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

**Scabies**

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

**Shigellosis**

Exclude until there has not been a loose bowel motion for 24 hours.<sup>b</sup>  
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.

**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. Contact a public health unit for specialist advice about screening, antibiotics or TB clinics.



### **Covid-19 (Coronavirus)**

Exclude until medical certificate is provided from an appropriate health authority stating that it is not Covid-19 or until and unless confirmed by a negative Covid-19 test.

### **Varicella See 'Chickenpox'**

### **Viral gastroenteritis (viral diarrhoea)**

Excluded until there has not been a loose bowel motion for 24 hours.<sup>b</sup>

Exclusion of Contacts - Not excluded.

### **Whooping cough (pertussis)**

Exclude until 5 days after starting appropriate antibiotic treatment or for 21 days from the onset of coughing.

Exclusion of Contacts - Contact a public health unit for specialist advice about excluding non-vaccinated contacts, or antibiotics

### **Worms**

Exclude if loose bowel motions are occurring. Exclusion is not necessary if treatment has occurred.

Exclusion of Contacts - Not excluded.

<sup>b</sup> If the cause is unknown, possible exclusion for 48 hours until the 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.

## **Sources**

**Education and Care Services National Law and Regulations**

**National Quality Standard**

**Department of Health and Aging, National Immunisation Program Schedule**

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

**SA Public Health Act 2011**

**South Australian Public Health (Notifiable and Controlled Notifiable Conditions) Regulations 2012**

**SA Health Communicable Disease Control Branch**

## **Review**

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

**Last reviewed: 20/10/2023**

Principal  
  
10/9/24

**Date for next review: 19/10/2024**

Steve Halls  
10/9/24