

DEALING WITH INFECTIOUS DISEASE

Early Years Services

1. Purpose

The purpose of this policy is to have effective procedures in place that can provide guidance when a child becomes unwell as well as process to manage outbreaks of infectious diseases. Promotion of safe hygiene practices are essential in preventing the spread of infection within the Early Years Services.

2. Policy Statement

The City of Stonnington has a duty of care to ensure a healthy environment for all children, Educators and visitors who attend the services. The health and wellbeing of children are prioritised by reducing risk of illness, implementing hygiene measures to prevent, and responding to incidences of infectious diseases efficiently.

Children who are unwell or appear to be unwell must remain away from the service until they are fully recovered.

Definitions:

Exclusion period: Families keeping their children at home in the event of illness or disease within the service. The aim is to reduce the spread of infectious diseases in the service, as the less contact there is between people who have an infectious disease and people who are at risk of catching the disease, the less chance the disease has of spreading.

Fever: “a high temperature is common in children. Fever is a normal response to many illnesses, the most common being an infection in the body. Fever itself is usually not harmful – in fact, it helps the body's immune system fighting off infection” The Royal Children’s Hospital Melbourne

Infectious Disease: a disease that is designated under a law of relevant jurisdiction or health authority as a disease that requires a person to be excluded from an education and care service

Unwell: showing one or more of the following symptoms: coughing, high temperature, rash, thick discharge from nose, discharge from eyes, lethargic, blisters or open sores, vomiting, diarrhoea, excessively irritable or “not themselves”

3. Scope

This policy applies to:

- Early Years Coordinator
- Team Leaders

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- Educators
- Parents/Guardians
- Administration Officer
- Cook
- Students on placement
- Volunteers
- Agency Educators engaged at the service

4. Responsibilities

The following roles are responsible for monitoring compliance with this policy:

- Early Years Coordinator
- Team Leaders
- Educators
- Health and Safety Representative (HSR)

5. Procedure

Prevention and Awareness - Hygiene Measures

- City of Stonnington engage a professional company to undertake daily cleaning at each service, particular attention given to high-risk areas such as bathrooms, toilets etc to ensure hygiene standards are maintained
- Educators follow guidelines outlined in the OH&S Safe Work Procedures and the current Covid-19 safe plan for the service along with general hygiene practices
- Educators must follow hygiene and food safety procedures as outlined to reduce the risks of infectious diseases occurring within the service
- Toys and equipment should be cleaned and sanitised frequently when in use. Washable soft toys are washed in the washing machine using the warmest appropriate water setting for these items and then dried completely before returning to the children's rooms and/or storerooms
- Supplies and personal protective equipment such as gloves, hand sanitiser, disinfectant wipes, paper towel and face masks etc. should be readily available
- Team Leader and Educators will ensure hand sanitiser is available at the entrance, office, kitchen, and in each room of the service
- All staff, Educators, children, parents/guardians, and/or visitors should not attend the service if they are feeling unwell or displaying signs of illness such as:
 - Fever of 38° or above
 - Chills or sweats
 - Cough
 - Sore throat
 - Shortness of breath
 - Runny nose
 - Other symptoms of illness
- Educators use a range of hygiene measures that aim to stop infectious diseases spreading and break the chain of infection through:

- Effective hand washing procedures
- Exclusion of ill children, Educators, and other staff
- Immunisation
- Cough and sneeze etiquette
- Appropriate use of gloves
- Effective environmental cleaning

Prevention and Awareness - Hand washing

- Appropriate handwashing is one of the most simple and effective ways to break the chain of infection and reduces the risk of cross contamination
- Hand washing should be performed in the following situations for all staff, Educators, and children:
 - on arrival at the service
 - before and after handling or eating food
 - before and after food preparation (including bottles)
 - before and after applying sunscreen
 - before and after administering medication
 - before and after using gloves
 - after changing nappies and/or toileting
 - after cleaning the nappy change area
 - after coming inside from outdoors
 - after wiping a nose (either a child's nose or your own)
 - after handling garbage
 - after cleaning up faeces, vomit, or blood,
 - after administering first aid
 - after touching animals
 - after handling chemicals
 - when leaving the service
- *National Health and Medical Research Council* recommend the following steps for effective hand washing which should take around 30 seconds:
 - wet hands with running water (preferably warm water)
 - use liquid soap and spread over hands
 - lather the soap and rub hands thoroughly including the wrists, palms, between fingers, around the thumbs, and under the nails for at least 15 seconds
 - rinse hands thoroughly under running water
 - dry hands thoroughly using an individual paper towel or hand towel
- Younger children need their hands washed just as thoroughly as older children, if children can stand at the hand basin they should wash hands using the same steps. For babies who cannot stand at the hand basin hands should be thoroughly cleaned with moistened disposable wipes or individual hand cloths then dried thoroughly
- Paper towel or individual cloth hand towels for drying hands are provided but should never be shared between Educators or children. If individual cloth hand towels are used they should be washed regularly

- Where full hand washing facilities are not available e.g., when outdoors with children, Educators will use hand sanitiser if needed after wiping a child's noses and will wash their hands as soon as practical. Children will be encouraged to wipe their own noses and wash their hands afterwards

Prevention and Awareness - Gloves

- Educators should wear disposable gloves if there is a chance of contact with bodily fluids, including faeces, urine, saliva, vomit, or blood
- Gloves should be used when changing children's wet/soiled clothing or soiled nappy, however, washing hands between each wet nappy change may be sufficient
- Gloves should be removed by peeling the gloves off one at a time so they end up inside out, these should be disposed of appropriately and Educators should follow up by washing their hands

Prevention and Awareness – Immunisation

- Immunisations can provide protection against some infectious diseases relevant information is provided to parents via email and/or newsletter
- Up to date Immunisation History Statements are required on enrolment at the service and at regular 6 monthly intervals thereafter in line with *Victorian Government Department of Health No Jab No Play* legislation
- Educators may be eligible for immunisation and/or boosters through the *City of Stonnington Public Health & Immunisation Department*

Illness

- It is important that parents/guardians openly communicate with Educators and advise of any health-related information about their child on arrival at the service
- If a child becomes unwell whilst at the service, parents/guardians will be contacted to collect the child. If parents/guardians cannot be contacted, emergency authorised nominees named on the *Enrolment Record* may be contacted to collect the child
- When a child is showing signs or symptoms of an illness or isn't well enough to participate every effort will be made to keep them comfortable until they are collected from the service by a parent or authorised nominee
- Educator with the child must complete an *Incident, Injury, Trauma, and Illness Record* which details the circumstances surrounding the child becoming unwell and any apparent symptoms. *Incident, Injury, Trauma, and Illness Record* should state the details of the actions taken by the Educator in relation to the illness
- Team Leaders/Educators have discretionary authority to send a child home if they believe that a child is unwell. **This can only be disputed with a medical certificate from a medical practitioner deeming the child is not infectious and is fit to attend the service**
- Parents/guardians **must** keep their children home if they show any signs of illness or if diagnosed with an infectious disease should notify the Team Leader as soon as possible

Infectious disease

- If there is an occurrence of an infectious disease at the service, Team Leaders must ensure that all parents/guardians are notified of the infectious disease as soon as practicable via a notice displayed prominently at the door to the service and/or each room as well as an electronic notification to families
- If there is an occurrence of an infectious disease at the service, Team Leaders and Educators must ensure that reasonable steps are taken to prevent the spread of infectious disease at the service
- If a child is diagnosed with an infectious disease listed on the *Minimum Period of Exclusion from Primary Schools and Children's Services for Infectious Diseases and Cases* they will need to be excluded for the period defined by *Victoria Government Department of Health*
- Educators who are unwell will need to remain away from the service in line with requirements listed on the *Minimum Period of Exclusion from Primary Schools and Children's Services for Infectious Diseases and Cases, City of Stonnington Leave Procedure and Staffing and Continuity of Staffing Policy*
- If vomiting and diarrhoea occurs twice in a short space of time parent/guardians should be contacted to collect their child as soon as possible. The child will need to remain home from the service for 24hrs since last vomit or loose bowel motion. This also applies if child vomits a large amount which is uncommon to the child's normal wellbeing
- Children with diagnosed or recorded medical conditions may be excluded from these circumstances if consistent with the medical condition
- If additional cases of the same infectious disease occur, Educators should ensure information is communicated to the Team Leader who will monitor case numbers and report to the *City of Stonnington Public Health & Immunisation Department*
- In accordance with the *Education and Care Services Regulations (2011 SI 653)*, parents/guardians must, on enrolment, authorise Early Years Services to seek emergency medical, hospital and ambulance services in case of an emergency parents/guardians are responsible for any associated costs involved
- In the case of a serious/urgent illness or injury, an Educator will accompany a child by ambulance to hospital until the parent arrives
- If there is a confirmed case of an infectious disease that children are immunised against through the *National Immunisation Program* some children may not be fully immunised yet. In these instances, parents/guardians will be advised to keep children home until the risk is reduced

Outbreaks of Infectious diseases (confirmed outbreaks only)

- If two or more cases of the same infectious disease are present the Team Leader will report to the *City of Stonnington Public Health & Immunisation Department*
- The *City of Stonnington Public Health & Immunisation Department* will allocate an Environmental Health Officer who will provide advice and impose additional measures to reduce the spread and manage the outbreak
- During an outbreak Educators will undertake additional cleaning measures throughout the day using the cleaning checklist for outbreaks and cleaners will be advised to implement additional procedures when cleaning the services after hours

- If vomiting and diarrhoea occurs and is consistent with a gastroenteritis outbreak, parent/guardians should be contacted straight away to collect the child as soon as possible
- **If there is an outbreak of children are required to remain home for 48 hours after the last vomit or loose bowel motion based on *Department of Health guidelines***

Contact with bodily fluids – faeces, vomit, or blood

- Disposable gloves should be worn when cleaning up spills of bodily fluid including faeces, urine, vomit, or blood
- Educators who encounter bodily fluids including faeces, urine, vomit, or blood should wash hands or other parts of the skin thoroughly with warm soapy water as soon as practicable
- Educators should clean up any spills of faeces, urine, or vomit promptly by cleaning and disinfecting the area to reduce potential risk to other children and Educators
- If blood spill occurs Educators should firstly look after the child providing appropriate first aid or request assistance from another Educator or Team Leader
- Avoid contact with blood by using gloves then removing large portions using paper towel placing into a plastic bag (or alternative), sealing, and disposing in the rubbish bin along with gloves
- Surfaces or area should be washed with warm water and detergent using a disposable cloth that is then placed in the rubbish bin
- Disinfect the contaminated area/surface using the hospital grade disinfectant kept at the service
- Wash hands thoroughly

6. Relevant Legislation, Policies & Sources

Administration of First Aid Policy

Department of Health Australian Health Protection Principal Committee

Dealing with Medical Conditions Policy

Education and Care Services National Law Act 2010

Education and Care Services National Regulations (2011 SI 653) – Version 17th April 2023

Food Safety Policy

Incident, Injury, Trauma, and Illness Policy

Immunisation Policy

National Health and Medical Research Council [Staying Healthy Preventing infectious diseases in early childhood education and care services Fifth Edition 2012 \(Updated June 2023\)](#)

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National Quality Standards

Public Health and Wellbeing Regulations 2019

Staffing and Continuity of Staff Policy

The Royal Children's Hospital Melbourne [Kids Health Information: About Kids Health Information \(rch.org.au\)](http://kids.health.rch.org.au)

Victorian State Government Department of Health [Minimum Period of Exclusion from Primary Schools and Children's Services for Infectious Diseases Cases and Contacts](#)

Victorian Government Department of Health [No Jab No Play factsheet](#)

7. Related Service Forms

Chemical Safety Data Sheets

Enrolment Record

Minimum Period of Exclusion from Primary Schools and Children's Services for infectious diseases cases and contacts

Incident, Injury, Trauma, and Illness Form

Parent Handbook

Minimum period of exclusion from primary schools and children's services¹ for infectious diseases cases and contacts

Public Health and Wellbeing Regulations 2019

Schedule 7

Column 1 Number	Column 2 Conditions	Column 3 Exclusion of cases	Column 4 Exclusion of Contacts
1	Chickenpox	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 (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded
2	Conjunctivitis	Exclude until discharge from eyes has ceased	Not excluded
3	Cytomegalovirus (CMV) infection	Exclusion is not necessary	Not excluded
4	Diarrhoeal illness*	Exclude until there has not been vomiting or a loose bowel motion for 24 hours	Not excluded
5	Diphtheria	Exclude until medical certificate of recovery is received following at least two negative throat swabs, the first not less than 24 hours after finishing a course of antibiotics and the other 48 hours later	Exclude family/household contacts until cleared to return by the Chief Health Officer
6	Glandular fever (Epstein-Barr Virus infection)	Exclusion is not necessary	Not excluded
7	Hand, Foot and Mouth disease	Exclude until all blisters have dried	Not excluded
8	Haemophilus influenzae type b (Hib)	Exclude until 48 hours after initiation of effective therapy	Not excluded
9	Hepatitis A	Exclude until a medical certificate of recovery is received, but not before 7 days after the onset of jaundice or illness	Not excluded
10	Hepatitis B	Exclusion is not necessary	Not excluded
11	Hepatitis C	Exclusion is not necessary	Not excluded
12	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
13	Human immuno-deficiency virus infection (HIV)	Exclusion is not necessary	Not excluded
14	Impetigo	Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing	Not excluded
15	Influenza and influenza like illnesses	Exclude until well	Not excluded unless considered necessary by the Chief Health Officer
16	Leprosy	Exclude until approval to return has been given by the Chief Health Officer	Not excluded
17	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 exposure with any infectious case, or received Normal Human Immunoglobulin (NHIG) within 144 hours of exposure of any infectious case, they may return to the facility
18	Meningitis (bacterial — other than meningococcal meningitis)	Exclude until well	Not excluded
19	Meningococcal infection	Exclude until adequate carrier eradication therapy has been completed	Not excluded if receiving carrier eradication therapy

¹ Children's services cover the terms 'education and care service premises' or 'children's services centre' used in the regulations. It includes centres such as childcare centres and kindergartens.

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20	Mumps	Exclude for 5 days or until swelling goes down (whichever is sooner)	Not excluded
21	Molluscum contagiosum	Exclusion is not necessary	Not excluded
22	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
23	Poliovirus infection	Exclude for at least 14 days from onset. Re-admit after receiving medical certificate of recovery	Not excluded
24	Ringworm, scabies, pediculosis (head lice)	Exclude until the day after appropriate treatment has commenced	Not excluded
25	Rubella (German measles)	Exclude until fully recovered or for at least four days after the onset of rash	Not excluded
26	Severe Acute Respiratory Syndrome (SARS)	Exclude until medical certificate of recovery is produced	Not excluded unless considered necessary by the Chief Health Officer
27	Shiga toxin or Verotoxin producing Escherichia coli (STEC or VTEC)	Exclude if required by the Chief Health Officer and only for the period specified by the Chief Health Officer	Not excluded
28	Streptococcal infection (including scarlet fever)	Exclude until the child has received antibiotic treatment for at least 24 hours and the child feels well	Not excluded
29	Tuberculosis (excluding latent tuberculosis)	Exclude until receipt of a medical certificate from the treating physician stating that the child is not considered to be infectious	Not excluded
30	Typhoid fever (including paratyphoid fever)	Exclude until approval to return has been given by the Chief Health Officer	Not excluded unless considered necessary by the Chief Health Officer

Regulation 111

A person in charge of a primary school, education and care service premises or children's services centre must not allow a child to attend the primary school, education and care service premises or children's services centre for the period or in the circumstances:

* specified in column 3 of the Table in Schedule 7 if the person in charge has been informed that the child is infected with an infectious disease listed in column 2 of that Table; or

* specified in column 4 of the Table in Schedule 7 if the person in charge has been informed that the child has been in contact with a person who is infected with an infectious disease listed in column 2 of that Table.