



## 2.17 DEALING WITH INFECTIOUS DISEASES

### Purpose Statement

The safety and well-being of the educators, families and children will be the priority of the education and care service. Effective practices will be implemented by the education and care service to minimise the risk of spreading infections.

### Scope

This policy applies to all salaried full time and part time staff (including casual), educators, contractors, volunteers and students.

### Definitions

*Infectious Disease:* an illness or disease caused by 'bugs' (such as bacteria or virus) that can be spread to others in a variety of ways, including:

- Airborne – coughs or sneezes inhaled by others
- Contaminated objects or food – bugs being spread to food or other objects by dirty hands
- Skin-to-skin contact – the transfer of bugs through touch, or by sharing personal items or toys
- Contact with body fluids – bugs in saliva, urine, faeces or blood being passed to another person's body via cuts or abrasions etc.

*Immunisation Schedule:* a routine schedule of vaccines provided for children, adolescents and adults at risk of vaccine preventable disease.

### Policy Statement

EDUCATORS WILL SUPPORT CHILDREN AND FAMILIES TO DEVELOP POSITIVE HEALTH PRACTICES BY ROLE-MODELLING, ASSISTING AND ENCOURAGING POSITIVE RESPONSES TO ILLNESS.

EDUCATION AND CARE ENVIRONMENTS WILL BE HYGENICALLY MAINTAINED TO REDUCE THE POSSIBLE SPREAD OF INFECTION AND ILLNESS.

### Procedures

#### General Guidelines

1. Educators and families will follow the procedures outlined in the *Hygiene and Infection Control Procedure* as a first line of defence in preventing the spread of infectious diseases.
2. Educators will display and adhere to the exclusion period table, published by the Department of Health (*see attached*).
3. Educators will have a copy of *Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th Edition)* and refer to this as required.

<https://www.nhmrc.gov.au/guidelines-publications/ch55>



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#### *Exclusion of Ill Children, Educators and Windermere Staff*

1. A temperature over 38°C indicates a fever in a child. A fever is usually caused by an infection either viral or bacterial. (See information sheet for families attached). Children with a temperature above 38°C will:
  - a. be sent home from family day care as soon as possible
  - b. be quarantined from the other children. Where able, provide the child with a quiet space to rest under supervision until they are collected. Encourage all other children to maintain distance and provide space for the sick child.
  - c. be given ONE single dose of Panadol with verbal permission from the parent/guardian whilst awaiting collection. A medication form will need to be signed before the child departs.
2. An illness report will need to be completed by the educator upon the child being collected from the service and submitted to Windermere according to the instructions detailed in the *Incident Reporting Procedure*.
3. Windermere is required to meet the requirements under the 'No Jab, No Play' legislation. This legislation states that, before enrolling a child, Windermere must first obtain evidence that the child:
  - a. is fully immunised for their age OR
  - b. is listed on a recognised vaccination catch-up program OR
  - c. is unable to be fully immunised for medical reasons.

*Note: Conscientious objection is not an exception under the 'No Jab No Play' legislation.*

Further information on the collection of immunisation evidence can be found in the *Enrolments Procedure*.

If a child is exempt from immunisation:

- a. the medical conditions procedure will be followed
  - b. the risk minimisation plan will state that the child will be excluded when there is an outbreak or suspected outbreak of a vaccine preventable illness and that the child will be required to remain absent from the service until it has been deemed all clear by Coordination Unit and the minimum exclusion period has passed.
4. Families will be supported in meeting their immunisation requirements by being kept up to date with the current Victorian Immunisation Schedule. This schedule will be on display within the education and care service and reminders about local immunisation sessions will be provided in regular communications.



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### ***Roles and Responsibilities:***

Windermere will:

1. Notify National bodies including the Regulatory Authority and the Health Department when illness related incidents occur (as required).
2. Ensure appropriate and current information and resources are provided to educators and families regarding the identification and management of infectious diseases.
3. Keep informed about current legislation, information, research and best practice related to infectious diseases.
4. Ensure that any changes to the exclusion table or immunisation schedule are communicated to educators and families.
5. Provide families with this procedure upon enrolment.

Educators will:

1. Ensure that any children that are presenting as ill are cared for and their health and emotional needs supported.
2. Follow all procedures outlined in the *Hygiene and Infection Control Procedure*.
3. Contact the parent/guardian of a child suspected of suffering from an infectious disease and request the child be collected as soon as possible.
4. Contact the parent/guardian of all unimmunised children and request collection as soon as possible, whenever there is a vaccine-preventable disease suspected.
5. Notify a child's parent/guardian if symptoms of infectious illness are evident.
6. Ensure that children remain absent from care until the end of the exclusion period.
7. Ensure that the 'Incident, Injury, Trauma and Illness' record is completed when children are ill and forward to the Coordination Unit immediately upon completion.
8. Ensure that where there is an occurrence of an infectious disease reasonable steps are undertaken to prevent an outbreak.
9. Ensure that where there is an occurrence of on infectious disease the Coordination Unit is notified immediately.
10. Ensure that where there is an occurrence of on infectious disease, families are notified as soon as practicable and notification displayed within the service (see poster attached).



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11. Ensure that information from the Department of Health about recommended exclusion periods is available to all families and is adhered to in the event of an outbreak of an infectious disease.
12. Ensure that a child who is not immunised does not attend the service when a vaccine-preventable disease is suspected or diagnosed.
13. Ensure that a child who is not immunised against a vaccine-preventable disease does not return to the service until there are no more occurrences of that disease at the service and the recommended minimum exclusion period has ceased.
14. Keep informed about current legislation, information, research and best practice as communicated by the Coordination Unit.
15. Maintain their own immunisation status.

Families will:

1. Advise the service if their child has, or is suspected of having an infectious illness.
2. Provide Windermere with immunisation documentation upon enrolment.
3. Keep their child at home if there are presenting as unwell.
4. Keep their child home if their child is not fully immunised and they have been informed of a vaccine-preventable disease suspected at the service.

### Relevant Legislation/Standards

- National Quality Framework for Early Childhood Education and Care Services including:
  - Education and Care Services National Law 2011
  - Education and Care Services National Regulations 2011
- Public Health and Wellbeing Amendment (No Jab No Play) Act 2015

### Related Policies & Links

- Child Immunisation Schedule
- Managing Medical Conditions Procedure
- Hygiene and Infection Control Procedure
- Enrolments Procedure
- Incident Reporting Procedure
- Exclusion period table, published by the Department of Health.  
<https://www.nhmrc.gov.au/files/nhmrc/publications/attachments/ch43poster4.pdf>
- *Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th Edition)* <https://www.nhmrc.gov.au/guidelines-publications/ch55>



# Recommended minimum exclusion periods for infectious conditions for schools, pre-schools and child care centres



Australian Government  
National Health and  
Medical Research Council

National Health and Medical Research Council – December 2005

Condition	Exclusion of Case	Exclusion of Contacts
Amoebiasis (Entamoeba histolytica)	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Campylobacter	Exclude until there has not been a loose bowel motion for 24 hours	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	Not excluded
Conjunctivitis	Exclude until the discharge from the eyes has stopped unless doctor has diagnosed a non-infectious conjunctivitis	Not excluded
Cryptosporidium infection	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Diarrhoea (No organism identified)	Exclude until there has not been a loose bowel motion for 24 hours	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	Not excluded
Glandular fever (Mononucleosis, EBV infection)	Exclusion is NOT necessary	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
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).	Not excluded
Hepatitis A	Exclude until a medical certificate of recovery is received, but not before seven days after the onset of jaundice.	Not excluded
Hepatitis B	Exclusion is NOT necessary	Not excluded
Hepatitis C	Exclusion is NOT necessary	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.	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.	Not excluded
Hydatid disease	Exclusion is NOT necessary	Not excluded
Impetigo (school sores)	Exclude until appropriate antibiotic treatment has commenced. Any sores on exposed skin should be covered with a watertight dressing.	Not excluded
Influenza and influenza-like illnesses	Exclude until well	Not excluded
Legionnaires' disease	Exclusion is NOT necessary	Not excluded
Leprosy	Exclude until approval to return has been given by an appropriate health authority	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	Not excluded
Meningitis (viral)	Exclude until well	Not excluded
Meningococcal infection	Exclude until appropriate antibiotic treatment has been completed	Not excluded

Condition	Exclusion of Case	Exclusion of Contacts
Molluscum contagiosum	Exclusion is NOT necessary	Not excluded
Mumps	Exclude for nine days after onset of swelling	Not excluded
Norovirus	Exclude until there has not been a loose bowel motion or vomiting for 48 hours	Not excluded
Parvovirus infection (fifth disease, erythema infectiosum, slapped cheek syndrome)	Exclusion is NOT necessary	Not excluded
Pertussis	See 'Whooping Cough'	
Respiratory Syncytial virus	Exclusion is NOT necessary	Not excluded
Ringworm/tinea	Exclude until the day after appropriate antifungal treatment has commenced	Not excluded
Roseola	Exclusion is NOT necessary	Not excluded
Ross River virus	Exclusion is NOT necessary	Not excluded
Rotavirus infection	Children are to be excluded from the centre until there has not been a loose bowel motion or vomiting for 24 hours	Not excluded
Rubella (German measles)	Exclude until fully recovered or for at least four days after the onset of the rash	Not excluded
Salmonella infection	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Scabies	Exclude until the day after appropriate treatment has commenced	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	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
Thrush (candidiasis)	Exclusion is NOT necessary	Not excluded
Toxoplasmosis	Exclusion is NOT necessary	Not excluded
Tuberculosis (TB)	Exclude until medical certificate is produced from an appropriate health authority	Not excluded
Typhoid, Paratyphoid	Exclude until medical certificate is produced from appropriate health authority	Not excluded unless considered necessary by public health authorities
Varicella	See 'Chickenpox'	
Viral gastroenteritis (viral diarrhoea)	Children are to be excluded from the centre until there has not been a loose bowel motion or vomiting for 24 hours	Not excluded
Warts	Exclusion is NOT necessary	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 centre 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	Exclusion not necessary if treatment has occurred	Not excluded

