



# CHILDREN'S SERVICES

## Illness and Infectious Disease Policy

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### 1. Introduction

Exclusion of infectious children significantly reduces the risk of the spread of diseases to other children, staff and Educators. Exclusion periods are recommended by the NHMRC, based on the time a child is infectious to others. Contacts of certain infectious diseases may, at the discretion of the local Public Health Unit, be excluded for their own safety. There are circumstances where a child is too ill to attend child care and needs to stay home for treatment and recovery. There are a number of diseases that are notifiable under the Public Health Act 2010 to the local Public Health Unit.

### 2. Scope

This Policy applies to all Children's Services operated by Coast Services Group Limited (a wholly owned subsidiary of Coast Community Connections LTD) and our Employees. This applies to Early Childhood Programs, Occasional Care, Out Of School Hours Care and Vacation Care programs and services.

### 3. Policy

Educators will minimise the spread of infectious diseases between children, other children, staff and Educators, by:

- 3.1 Using standard infection control precautions against transmission of infection
- 3.2 Following the National Health and Medical Research Council (NHMRC) requirements for exclusion of children with infectious diseases and other legislative requirements.

### 4. Procedures and Implementation

Children's Services and Educators, students and volunteers will:

- 4.1 Nominated Supervisors will follow the procedure for notifying the Public Health Unit under the Public Health Act and Regulation (NSW) 2010, exclude from care and notify the Manager Children Services and provide details of any known or suspected person with any notifiable disease following the exclusion table set out in Attachment 1.
- 4.2 Staff, Educators, student and volunteers will contact the service as soon as possible to inform the Nominated Supervisor that they are unable to work.
- 4.3 If a service has a child with a notifiable disease, the Manager Children Services will adhere to the mandatory reporting of any occurrences of notifiable disease as outlined in Staying Healthy in Child Care (current edition) to the NSW Ministry of Health, which includes notifying parent/authorised emergency contact of each individual child.
- 4.4 Information about occurrences of a significant infectious disease within a children's service will be provided to parents/guardians of children using that service in a way that does not prejudice or discriminate against individuals.

- 4.5 Nominated Supervisor will refer difficult or unresolved situations to the local Public Health Unit, or discuss with the child's doctor (with the parent's or legal guardian's consent), before accepting the child into care, difficult situations in relation to infectious diseases should be referred to the Public Health Unit.
- 4.6 Exclude children, staff, volunteers and visitors who have been exposed to an infectious diseases in accordance with the NHMRC Recommended Minimum Periods of Exclusion. Also seek advice from your local Public Health Unit as necessary (refer *Staying Healthy in Childcare*).
- 4.7 Under the Food Act (NSW) 2003, exclude staff from food handling duties who have hepatitis A or pustular infections (such as boils) of the skin that cannot be covered.
- 4.8 Exclude children who:
  - 4.8.1 are acutely ill and may need to see a doctor,
  - 4.8.2 are too ill to participate in normal children's activities,
  - 4.8.3 may require extra supervision to the detriment of the care and safety of the child or other children, and
  - 4.8.4 who are ill from gastroenteritis for 24 hours after last vomit or loose stool.
  - 4.8.5 Who are on antibiotics and do not provide a doctors certificate clearing them to come back to care.
- 4.9 Request from the Public Health Unit a clearance for children and staff who have had diphtheria, hepatitis A, polio, tuberculosis, typhoid or paratyphoid infection to resume attendance.
- 4.10 Keep an illness record as per Regulation 87.

## **5. Family's Role**

- 5.1 Parent/guardian of a child attending an Coast Community Connections LTD Children's service must inform the Responsible Person in charge of the service as soon as practicable, if their child is infected with or has been exposed to an infectious diseases.
- 5.2 Parents/guardians must keep their child away from the children's service for the time specified in the exclusion table.
- 5.3 If a child has a suspected infectious disease the parent or guardian will be contacted and asked to remove the child from care.
- 5.4 Parents/Guardians will be contacted immediately if a child becomes ill.
- 5.5 Parents/guardians should if possible, get a medical diagnosis confirmed by a medical practitioner. Nominated Supervisors may request a clearance Letter from the Doctor before your child/ren can return to care.

## **6. Children**

- 6.1 If it is considered that a child on arrival at a children's service is displaying signs or symptoms of an infectious disease, the staff of that service is not permitted to accept the child. Whilst it is recognised that this can cause difficulties to parents/guardians it is important that other children in care are not knowingly exposed to an illness or infectious disease.
- 6.2 If a child becomes ill during time in care, the parent/guardian must be contacted and requested to collect the child, or make arrangements to have the child

collected, as soon as possible. If the parent/guardian or the emergency contact person cannot be found, medical attention may be sought.

## **7. INFECTION CONTROL**

Using standard infection control precautions will reduce the occurrence and risks of infectious disease, especially in the child care setting where risks of transmission of infectious disease is higher than in other work or community settings. These practices for specific activities and aspects of the child care environment and some of the key infection control precautions for the child care setting.

- 7.1 Staff are aware that transmission of infectious disease, especially respiratory & intestinal diarrheal infections, occurs more frequently in the child care environment because of the close contact between groups of children.
- 7.2 Staff are aware that Aboriginal & Torres Strait Islander children are more at risk of some infectious diseases, especially respiratory, diarrhea & ear infections.
- 7.3 Ensure children, staff, Educators & visitors wash hands correctly.
- 7.4 Ensure staff & Educators use additional barriers such as disposable gloves where appropriate.
- 7.5 Regularly clean the indoor environment using neutral detergent & water.
- 7.6 Regularly wash & clean toys & play equipment
- 7.7 Launder all soiled linen, towels, facecloths & clothing as needed & ensure a fresh supply of towels & facecloths daily.
- 7.8 Ensure children do not share brushes, combs, toothbrushes, bottles, dummies, towels, facecloths & handkerchiefs. The Service will provide paper towel and tissues.
- 7.9 Ensure safe storage, disposal or laundering of soiled nappies.
- 7.10 If possible separate acutely ill children from well children until they can be picked up by their family or emergency contact.
- 7.11 In an outbreak of a vaccine preventable disease, exclude children who are not immunised or are too young to have been immunised on advice from local health authority.
- 7.12 Exclude and advise the family to seek medical advice for any child of which there are health concerns, e.g. Potential serious or infectious disease, unwell & unable to participate in normal activities of the service.
- 7.13 Exclude children who have a respiratory infection, diarrhoea, any vaccine preventable disease, a transmissible skin infection not yet being treated, or any other infectious disease.
- 7.14 Any contact with spills of blood or body fluids is cleaned as per policy.
- 7.15 Staff are aware of the HIV/Aids Guidelines.

## **Other related policies and procedures**

Child Safe Environment Policy

## **Forms and Records**

Enrolment form

## Attachment 1

### PROCEDURE FOR NOTIFYING PUBLIC HEALTH UNIT OF NOTIFIABLE DISEASES

*Under the Public Health Act 2010, exclude from care and notify the Children's Services Director* and provide details of any known or suspected person with any of the following vaccine preventable diseases:

1. Diphtheria,
2. Measles,
3. Mumps,
4. Pertussis (Whooping cough),
5. Poliomyelitis,
6. Rubella (German measles), and
7. Tetanus.

According to NSW Health, directors of child care facilities must notify the local Public Health Unit by telephone of the above listed illnesses. Staff will keep a record of cases of infectious diseases.

In addition to the above illnesses, the Public Health Unit will be notified if two or more cases of the following illnesses occur in the centre:

- Cryptosporidiosis
- Gastroenteritis
- Giardiasis
- Norovirus
- Rotavirus
- Salmonellosis
- Shigellosis

Also, any case of Meningococcal Infection will be reported to the Public Health Unit. These illnesses will be documented in the Record of Illness at POC, and advice from the Public Health Unit will be followed and advice from the Public Health Unit will be followed.

### **Recommended minimum periods of exclusion from School, Pre-School and Child Care Centres for cases of and contact with infectious diseases.**

Summary document information:

Source: NRMHC website as per Staying healthy in childcare guidelines.

Condition	Exclusion of cases	Exclusion of contacts
<b>Amoebiasis (Entamoeba histolytica)</b>	Exclude until diarrhoea ceases.	Not excluded.
<b>Campylobacter</b>	Exclude until diarrhoea has ceased.	Not excluded.
<b>Chicken pox</b>	Exclude for at least 5 days AND until all blisters have dried	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded.
<b>Conjunctivitis</b>	Exclude until discharge from eyes has ceased.	Not excluded.
<b>Cytomegalovirus Infection</b>	Exclusion not necessary.	Not excluded.
<b>Diarrhoea</b>	Exclude until diarrhoea has ceased.	Not excluded.

Condition	Exclusion of cases	Exclusion of contacts
<b>Diphtheria</b>	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 an appropriate health authority.
<b>Glandular fever (mononucleosis)</b>	Exclusion is not necessary.	Not excluded.
<b>Hand, Foot and Mouth disease</b>	Until all blisters have dried.	Not excluded.
<b>Haemophilus type b (Hib)</b>	Exclude until medical certificate of recovery is received.	Not excluded.
<b>Hepatitis A</b>	Exclude until a medical certificate of recovery is received, but not before seven days after the onset of jaundice or illness.	Not excluded.
<b>Hepatitis B</b>	Exclusion is not necessary.	Not excluded.
<b>Hepatitis C</b>	Exclusion is not necessary.	Not excluded.
<b>Herpes ("cold sores")</b>	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.
<b>Hookworm</b>	Exclusion not necessary.	Not excluded.
<b>Human immunodeficiency virus infection (HIV AIDS virus)</b>	Exclusion is not necessary unless the child has a secondary infection.	Not excluded.
<b>Impetigo</b>	Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing.	Not excluded.
<b>Influenza and influenza like illnesses</b>	Exclusion is not necessary.	Not excluded.
<b>Leprosy</b>	Exclude until approval to return has been given by an appropriate health authority.	Not excluded.
<b>Measles</b>	Exclude for at least four 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 their first contact with the first case they may return to school.

Condition	Exclusion of cases	Exclusion of contacts
<b>Meningitis (bacterial)</b>	Exclude until well.	Not excluded.
<b>Meningococcal infection</b>	Exclude until adequate carrier eradication therapy has been completed.	Not excluded if receiving rifampicin.
<b>Molluscum contagiosum</b>	Exclusion not necessary.	Not excluded.
<b>Mumps</b>	Exclude for nine days or until swelling goes down (whichever is sooner).	Not excluded.
<b>Parvovirus (erythema infectiosum fifth disease)</b>	Exclusion not necessary.	Not excluded.
<b>Poliomyelitis</b>	Exclude for at least 14 days from onset. Re-admit after receiving medical certificate of recovery.	Not excluded.
<b>Ringworm, scabies, pediculosis (lice), trachoma</b>	Re-admit the day after appropriate treatment has commenced.	Not excluded.
<b>Rubella (german measles)</b>	Exclude until fully recovered or for at least four days after the onset of rash.	Not excluded.
<b>Salmonella, Shigella</b>	Exclude until diarrhoea ceases.	Not excluded.
<b>Streptococcal infection (including scarlet fever)</b>	Exclude until the child has received antibiotic treatment for at least 24 hours and the person feels well.	Not excluded.
<b>Tuberculosis</b>	Exclude until a medical certificate from an appropriate health authority is received.	Not excluded.
<b>Typhoid fever (including paratyphoid fever)</b>	Exclude until approval to return has been given by an appropriate health authority.	Not excluded unless considered necessary by public health authorities.
<b>Whooping cough</b>	Exclude the child for five days after starting antibiotic treatment.	Exclude unimmunized household contacts aged less than 7 years for 14 days after the last exposure to infection or until they have taken five days of a 10-day course of antibiotics. (Exclude close child care contacts until they have commenced antibiotics).
<b>Worms (intestinal)</b>	Exclude if diarrhea present.	Not excluded.

**Note** The NHMRC recommends that children who are physically unwell should be excluded from attending School, Pre-School and Child Care Centres.

## **Appendix 2**

### **HIV/AIDS GUIDELINES**

8. If a staff member, Educator or Educator's family is told that a child, child's parent/guardian or staff member is infected with HIV this information **MUST** remain confidential,
9. If it is considered that other members of Children's Services should be informed, this can only occur with the consent of the HIV infected person or the parents/guardians of the child concerned.
10. If parents/guardians, staff or Educators request that information remains confidential and this request is breached, legal action could ensue.
11. In all States and Territories of Australia, only medical practitioners have to notify AIDS cases to the relevant State Health Department. In New South Wales this information is coded to protect the individual's rights to confidentiality though courts can order disclosure of identity.

### **Anti-Discrimination**

Employees, prospective employees, Educators, members of Educator's families, parents/guardians and children shall not be discriminated against on the grounds of having or being assumed to have HIV infection or AIDS.

This policy reflects the law in NSW and Victoria, which makes such discrimination unlawful.

### **Hygiene**

The service will follow proper hygiene procedures to eliminate the risk of transmission of HIV. Refer "*Staying Healthy in Childcare*" Part 1.

## **Appendix 3**

### **HANDWASHING GUIDELINES**

To effectively use hand-washing to prevent the spread of infectious disease, Educators should:

- Ensure facilities are available for washing hands, ideally with soap and running water, close to areas where children, Educators or staff use toilets, nappies are changed, food is stored, prepared or served, pets handled or kept, or play outdoors.
- Ensure effective drying of hands using individual towels for each person/child, disposable paper towel or automatic hand-dryer.
- Washing hands with soap and running water should be done if possible. However, in situations where running water is not available or practical, use soap and warm water in a container which is changed regularly or antiseptics (such as alcohol based hand rub, gel or foam are adequate), and ensure children do not mouth or inhale fumes.
- Encourage children, visitors, staff to use liquid soap as microbial contamination is less likely to occur.
- Ensure that cuts, abrasions, dermatitis or open wounds on hands are covered with a water-resistant occlusive dressing, which should be changed each time it is soiled or wet.

#### **Ensure children and visitors wash hands in the following way:**

- rub hands vigorously, counting to 10;
- wash hands all over, including the backs of hands, wrists, between the fingers, and under the fingernails
- rinse hands well counting to 10
- dry hands with a paper towel or an individual cloth towel

#### **Ensure children and visitors wash hands:**

- before and after eating or handling food
- before preparing or cooking food
- after changing a wet or soiled nappy
- after going to the toilet or assisting a child to use the toilet
- after cleaning up or any contact with urine, faeces, vomit, blood or other body fluids
- after giving first aid or cardiopulmonary resuscitation (CPR)
- after wiping nose or contact with nasal or salivary secretions
- after playing outside or in a sandpit or wading pool
- after patting or touching animals or pets (including fish, birds, reptiles)

## **Appendix 4**

### **NAPPY CHANGING, TOILETING AND BATHING GUIDELINES**

#### **Hygienic nappy changing**

- Have an area specifically set aside for changing nappies, that is not near food or craft preparation areas.
- Check to make sure that the supplies you need are ready.
- Get a walking child to walk to the change area.
- Use only your hands to carry a crawling child.
- Use the following method to stop disease spreading through contact with faeces:
  - Wash your hands
  - Place paper on the change table.
  - Put disposal gloves on both hands
  - Remove the child's nappy and any soiled clothes. Put them in a plastic bag and put in the bin.
  - Clean the child's bottom.
  - Remove the paper and put it in the bin.
  - Remove the gloves now; before you touch the child's clean clothes. Remove gloves by peeling them back from your wrists. Do not let your skin touch the outer contaminated surface of the glove. Put the gloves in the bin.
  - Place a clean nappy on the child
  - Dress the child.
  - Take the child away from the change area.
  - Wash your hands.
  - Clean the change mat at the completion of each nappy change.
  - Wash your hands.

#### **Paper on the change table**

Every time a child has their nappy changed, germs are put on the change mat. By placing a piece of paper on the change table many of the germs from the child are kept on the paper and do not reach the table at all. The paper is removed in the middle of the nappy change, before the child's clean nappy and clothes are put on, the paper and the germs are then put in the bin. Any paper can be used for this, paper towel is easy to use, and greaseproof paper is another alternative.

#### **Gloves**

Gloves should be worn when changing soiled nappies because there are always millions of germs in faeces. Wearing gloves for wet nappies is not essential, although all Educators are required to, because germs are not always found in urine. However, you should wear gloves for all nappy changes if your hands have any cuts or cracked skin. It is also wise to wear gloves for all nappy changes if you are pregnant.

#### **Cleaning the child**

Damp paper towels or pre-moistened towelettes may be used to clean the child. However, each towel must be removed immediately after use and put in the bin. Wet the towels with water from the tap or poured from bottles. Never dip the towel into a bowl of water as this water can hold germs from your hands.

#### **Cleaning the nappy change area**

**The nappy change surface needs to be impervious and washable. Alternatively use a separate, waterproof mat for each child.**

Use the following method to keep the nappy change surface clean.

- After each change, wash the surface well with warm, soapy water or wet wipes. Use paper towel or a piece of cloth to rub the surface. Put the paper towel in the bin or the cloth aside for washing after each change. There will be many germs on this cloth, it cannot be used again until it has been washed. Allow surface to dry.
- Disinfect the surface after every nappy change and at the end of each day. Wipe the area with disinfectant and leave for as long as possible. Wash your hands.

### **Toilet-training**

- Educators will consult with parents/guardians on the most appropriate time to begin toileting a child.
- Educators and parents/guardians will work co-operatively in planning toileting strategies with only positive guidance techniques being used while the child is in care.
- Ask parents/guardians to supply extra changes of clothing.
- Place soiled clothes in a plastic bag for parents/guardians to take home at the end of the day. Soiled clothes will not be rinsed or washed by the Educator. Soiled clothing to be kept in isolated area away from the children. Help the child use the toilet.
- Help the child wash their hands. Ask older children if they washed their hands counting to ten and ten again. Explain to the child that washing their hands will stop germs that might make them sick.
- Using a potty-chair increases the risk of spreading disease. If the child can use a toilet this is preferable. If the child must use a potty, empty the contents into the toilet and wash the chair. Do not wash it in a sink used for washing hands.
- Wash your own hands.

### **Bathing**

There may be times when children may need to be bathed whilst in care. Educators need to be sensitive to the child's culture, age, and background to decide on appropriateness.

- Have available facilities to bathe a child if necessary.
- Educators are to directly supervise the child needing bathing.
- NEVER LEAVE A CHILD UNATTENDED NEAR WATER
- Some children will need to be held whilst bathing.
- Protective strategies need to be adhered to (only Carer to bathe child).
- In consultation with families, children can be bathed
- Educators to be aware of manual handling techniques