INFECTIONIOUS DISEASES POLICY
To be read in conjunction with Immunisation and Disease Prevention Policy

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1 NQS

| QA2 | NQS | Effective illness and injury management and hygiene practices are promoted and implemented. |

2 National Regulations

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3 Aim

To reduce the spread of infectious diseases through appropriate hygiene and education practices. To ensure that we are meeting all reporting and regulatory requirements to support the health and wellbeing of children, families and staff in our services.

4 Related Policies

The Kids’ Uni Policies and Procedures apply to Kids’ Uni North, Kids’ Uni South, Kids Uni CBD, Kids Uni iC – Preschool, Kids Uni iC – OOSH.

Enrolment and Booking Policy (CHI-ADM-POL-022)
Nutrition, Food Safety & Allergen Management Policy (CHI-ADM-POL-027)
Health, Hygiene and Cleaning Policy (CHI-ADM-POL-030)
Incident, Injury, Trauma and Illness Policy (CHI-ADM-POL-034)
Medical Conditions Policy (CHI-ADM-POL-038)
Physical Environment Policy (CHI-ADM-POL-046)

5 Who is affected by this Policy?

Child
Parents
Family
Educators
Management
Visitors
Volunteers
6 Implementation

6.1 The service will use the Recommended Minimum Periods of Exclusion outlined in Table 1 in the National Health and Medical Research Council publication, *Staying Healthy – Preventing Infectious Diseases in Early Childhood Education and Care Services 5th edition*, 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.

6.2 If the child is present at the centre, the educators will notify the child’s parents or nominated contacts immediately to inform them that their child has symptoms of an infectious disease. The child will need to be collected from the centre and will be required to provide a medical clearance from a doctor before they can return to the centre.

6.3 All families must be notified if there is an infectious disease present in the service. We will use copies of the facts sheets from *Staying Healthy – Preventing Infectious Diseases in Early Childhood Education and Care Services 5th edition* to display in the centre or send out via Kinderloop to inform families of the details of the infectious disease that is present.

6.4 All appropriate notifications to the local Public Health Unit are available under the ‘Infectious Diseases requiring Notification to the local Public Health Unit’ (see below) and must occur within 24 hours. The Nominated Supervisor is responsible for notifying the local Public Health Unit.

6.5 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. If we suspect a child may have an infectious disease, we will exclude the child until we receive a medical certificate stating the child is not contagious and is okay to attend the service.

6.6 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. Children who are unable to participate in the daily routine or elements of the program should not attend the service.

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

i. Isolate the child from other children.

ii. Ensure the child is comfortable and appropriately supervised by educators.

iii. 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.
iv. Ensure all bedding, towels and clothing which has been used by the child is cleaned. These items will be washed separately and if possible air dried in the sun.

v. Ensure all toys used by the child are cleaned.

vi. Provide information in the child’s home languages to the best of our ability.

vii. Inform all service families and educators of the presence of an infectious disease once confirmed.

viii. Ensure confidentiality of any personal health related information obtained by the service and educators in relation to any child or their family.

x. 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 okay to return to the service.

7 Parents informing the Service of an Infectious Disease

Parents/Guardians are to be informed that it is their responsibility to inform the service immediately of an infectious disease that has been discovered in their family. This is important to minimise the risk of spread of the illness.

8 Children returning to the Service after Contracting an Infectious Disease

Children, who have contracted an infectious disease, may only return to the service on presentation of a medical certificate, which confirms that they are no longer infectious. The Nominated Supervisor is not permitted to allow these children to return without this appropriate medical clearance.

9 Children returning to the Service after Illness

9.1 Children may return to the service once they are well. If a child has a vomiting or diarrhoea, they may return to the centre 24 hours after their last loose bowel motion or episode of vomiting.

9.2 If they have had an infectious illness the Nominated Supervisor may ask the family to provide a medical certificate to confirm that the child is well enough to return to the service.

9.3 However, while it is a Medical Practitioner’s role to provide a medical certificate it is the Nominated Supervisor who has the ultimate responsibility for deciding if a child is well enough to return to the service.

9.4 If there is a difference of opinion between Parents/Medical Practitioner and the educators about whether a child is well enough to return to the service, the Nominated Supervisor should seek advice from the services local Public Health Unit in attempt to resolve this issue.

10 Infectious Diseases requiring Notification to the local Public Health Unit

10.1 Our Nominated Supervisor will notify the local Public Health Unit by telephone as soon as possible (and within 24 hours) after they are made aware that a child enrolled at the service is suffering from a vaccine preventable disease. Refer to Staying Healthy – Preventing Infectious Diseases in Early Childhood Education and Care Services 5th edition Table 1.3 for a list of vaccine preventable diseases.

10.2 NSW local Public Health unit directory and contact details are available on the following NSW Health website –
10.3 As outlined in the Public Health Act 2010 (NSW), Division 4 vaccine preventable diseases, section 88, the Nominated Supervisor of a service is required to notify the local Public Health Unit of any vaccine preventable infectious disease occurrences at the service.

Our Nominated Supervisor will comply with any directions given by the Public Health Unit in relation to the notification. The Public Health Act 2010 (NSW) can be accessed by using the following link http://www.health.nsw.gov.au/phact/pages/default.aspx

11 **Recommended Immunisations for Educators**

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

i.  Hepatitis A

ii. 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.

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

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

11.2 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.

11.3 Our service will:

- Regularly provide educators and staff with information about diseases that can be prevented by immunisation through in-service training sessions, fact sheets and the Staying Healthy in Childcare publication.
- Regularly advise educators and staff that some infectious diseases may injure an unborn child if the mother is infected while pregnant through in-service training sessions, fact sheets and the Staying Healthy in Childcare publication. These infections include chickenpox, cytomegalovirus and rubella (German measles).
- Encourage all non-immune staff to be vaccinated and advise female educators / staff who are not fully immunised to consider doing so before getting pregnant.
- Advise pregnant educators and staff to review the Staying Healthy in Childcare publication and consult their medical practitioner to consider the risks of continuing to work at the service.

12 **Recommended Minimum Periods of Exclusion**

12.1 Exclusion periods are maintained in accordance with advice provided in the National Health and Medical Research Council publication - *Staying Healthy – Preventing Infectious Diseases in Early Childhood Education and Care Services 5th edition*, Commonwealth of Australia 2012.
12.2 Children who have a specific health need eg HIV, Cancer, Asthma, Diabetes, Epilepsy, Hepatitis C or Cystic Fibrosis can alternate from good to bad health and vice versa. Due to the nature and severity of the medical condition and possible side effects of the medication the immune system of the child may be weakened. The child may even need to be kept away from the service depending on their health.

The Nominated Supervisor should discuss management of these situations with the family at the time of enrolment or at the time the condition is diagnosed.

12.3 Viruses, bacteria, fungi or parasites commonly cause infectious diseases. They are spread through:
   i. Intestinal tract, via faeces
   ii. Respiratory tract, via secretions or fluid from the nose or the mouth
   iii. Direct contact via touching, kissing and sharing contaminated objects
   iv. Blood contact

12.4 Educators, other staff and children may be carriers of a variety of infections without any clinical evidence of disease. It is important that educators, other staff and children maintain healthy and hygienic practices in order to minimise cross infection.

12.5 Infection controlled measures are aimed at eliminating the source of infection, preventing transmission of infection and protecting susceptible people.

13 Confidentiality

11.1 If the Nominated Supervisor is told that a child or child’s Parent/Guardian or member of the family is infected with HIV, Hepatitis C, the information must remain confidential, unless that person has given their consent to inform educators and other staff.

11.2 The Nominated Supervisor may explain the benefits to the child if all carers are informed, and that under no circumstances will other Parents/Guardians or their children be told, unless specifically requested by the child’s parents.

11.3 If educators, other staff or parents/guardians request that information remain confidential, and this request is breached, legal action could ensue.
14 Sources

Education and Care Services National Regulations 2011
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,
Commonwealth of Australia 2012
Work Health and Safety Act 2011 (NSW)
Work Health and Safety Regulations 2011
Public Health Act 2010
Public Health Regulation 2012
NSW Ministry of Health

15 Review

The policy will be reviewed every 2 years. The review will include:- Management, Employees, Families, Interested Parties.

16 Version Control

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<tr>
<th>Version Control</th>
<th>Date Released</th>
<th>Next Review</th>
<th>Approved By</th>
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<td>1</td>
<td>February 2012</td>
<td>February 2013</td>
<td>Michele Fowler Manager – Kids Uni</td>
<td>Paragraph inserted re application of policies across all centres. Migrated into new QA format. This policy replaces the Infectious Disease Issue for Staff Policy and the Reporting Notifiable Diseases Policy.</td>
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<td>2</td>
<td>February 2013</td>
<td>February 2014</td>
<td>Michele Fowler Manager – Kids Uni</td>
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<tr>
<td>3</td>
<td>August 2013</td>
<td>August 2014</td>
<td>Michele Fowler Manager – Kids Uni</td>
<td>Updates added as per ‘centre support’ improvements along with table of exclusions updated to reflect ‘staying healthy in child care 5th edition’ updates.</td>
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<td>4</td>
<td>Aug 2014</td>
<td>Aug 2015</td>
<td>Michele Fowler Manager – Kids Uni</td>
<td>Reviewed with no changes required</td>
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<td>Sep 2015</td>
<td>Sep 2016</td>
<td>M. Gillmore – General Manager</td>
<td>Reviewed and no changes required</td>
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<td>6</td>
<td>Jul 2018</td>
<td>Jul 2020</td>
<td>K. Grose – Children’s Services Manager</td>
<td>Updated NQS and Regs references. Removed tables duplicated from Staying Healthy in Child Care and replaced with links to ensure the information remains current. Added requirement for all families to be notified of presence of an infectious disease in service. The review period changed to 2 years.</td>
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