

Infectious Disease Policy

Under the Education and Care Services National Regulations, an approved provider must ensure that policies and procedures are in place in relation to dealing with infectious diseases (regulation 168) and take reasonable steps to ensure those policies and procedures are followed (regulation 170).

The spread of infections in the early childhood environment is facilitated by microbial contamination of the environment, as well as the greater exposure to young children who are still developing hygienic behaviours and habits. REED Services will minimise children's exposure to infectious diseases by adhering to all recommended guidelines from relevant government authorities regarding the prevention of infectious diseases, promoting practices that reduce the transmission of infection, ensuring the exclusion of sick children and educators, supporting child immunisation and implement effective hygiene practices.

REED will provide up-to-date information and advice to parents, families and educators sourced from the Australian Government Department of Health, Australian Health Protection Principal Committee (AHPPC) and state Ministry of Health about infectious diseases as required. Recommendations from the Health Department will be strictly adhered to at all times.

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected

Education and Care Services National Regulations

Education and Care Services National Law (WA) Act 2012	
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

93	Administration of medication
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
172	Notification of change to policies or procedures
172(2)(g)	a notice stating that there has been an occurrence of an infectious disease at the premises
174(2)(a)	Notification to the Regulatory Authority- (a) any serious incident at the approved education and care service
173	Prescribed information to be displayed
175	Prescribed information to be notified to Regulatory Authority

Related Policies

Administration of Medication Policy Bottle Safety and Preparation Policy Dental Health Policy Family Communication Policy Hand Washing Policy Health and Safety Policy Immunisation Policy Incident, Injury, Trauma and Illness Policy	Medical Conditions Policy Nappy Change and Toileting Policy Physical Environment Policy Pregnancy Policy Sleep & Rest Policy Work Health and Safety Policy
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PURPOSE

Children encounter many other children and adults within the early childhood education and care environment, which can result in the contraction of infectious illnesses. REED has a duty of care to ensure that children families, educators and visitors of our Services are provided with a high level of protection during the hours of Service operation. We aim to manage illnesses and prevent the spread of infectious diseases throughout REED Services.

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 within the community, by reducing the spread of disease and illnesses.

SCOPE

This policy applies to children, families, staff, management and visitors of REED Services.

IMPLEMENTATION

REED is committed to minimise the spread of infectious diseases and viruses by implementing recommendations as stated in the Staying healthy: Preventing infectious diseases in early childhood education and care services (Fifth Edition) developed by the Australian Government National Health and Medical Research Council and advice provided from the Australian Health Protection Principal Committee (AHPPC).

We are guided by decisions regarding exclusion periods and notification of infectious diseases by the Australian Government- Department of Health and local Public Health Units in our jurisdiction as per the Public Health Act.

The need for exclusion and the length of time a person is excluded from a Service depends on:

- how easily the infection can spread
- how long the person is likely to be infectious and
- the severity of the infectious disease or illness.

This policy must be read in conjunction with our other Quality Area 2 policies:

- o Immunisation Policy
- o Sick Children Policy
- o Incident, Injury, Trauma and Illness Policy
- o Medical Conditions Policy
- o
- o Handwashing Policy

PREVENTING INFECTIOUS DISEASES

Children enter education and care services when their immune systems are still developing. They have not been exposed to many common germs and therefore are susceptible to bacteria that may cause infections. Given the close physical contact children have with other children in early

childhood and care, it is very easy for infectious diseases and illnesses to spread through normal daily activities.

REED Services implement rigorous hygienic practices to limit the spread of illness and infectious diseases including:

- effective hand washing hygiene
- cough and sneeze etiquette
- appropriate use of gloves
- exclusion of children, educators or staff when they are unwell or displaying symptoms of an infectious disease or virus
- effective environmental cleaning including toys and resources (including bedding)
- requesting parents and visitors to wash their hands with soap and water or hand sanitizer upon arrival and departure at the Service

Immunisation Requirements

Immunisation is a reliable way to prevent many childhood infectious diseases. As of July 2019, unvaccinated children due to their parent's conscientious objection are no longer able to be enrolled in childcare in Western Australia. Children who cannot be fully vaccinated due to a medical condition or who are on a recognised catch-up schedule may still be enrolled upon presentation of the appropriate form signed by a medical practitioner who meets the criteria stated by the Australian Government. (Refer to *Western Australian Immunisation Requirements Guidelines for persons in charge of child care services, community kindergartens and schools*)

<https://www.health.wa.gov.au/immunisationenrolment>

Only parents of children (less than 20 years of age) who are fully immunised or are on a recognised catch-up schedule can receive Child Care Subsidy (CCS) and the Family Tax Benefit Part A end of year supplement. The relevant vaccinations are those under the *National Immunisation Program* (NIP), which covers the vaccines usually administered before age five. These vaccinations must be recorded on the Australian Immunisation Register (AIR).

Educators and other staff at REED Services are highly recommended to keep up to date with all immunisations including yearly influenza vaccinations. These include vaccinations recommended by the National Health and Medical Research Council (NHMRC).

Refer to REED Immunisation Policy for more information

Reporting Outbreaks to the Public Health Unit and Regulatory Authority

Outbreaks of communicable diseases and contagious viruses represent a threat to public health. To help prevent outbreaks, the Department of Health monitors the number of people who contract certain infectious diseases and their characteristics, the recent travel or attendance of infected people in a public place or on public transport, and works with health specialists and doctors to help prevent the transmission of diseases to other people.

The Public Health Act 2010 lawfully requires and authorises doctors, hospitals, laboratories, school principals and childcare centre directors to confidentially notify the Department of Health of patients with certain conditions, and to provide the required information on the notification forms. Specialist trained public health staff review this information and if necessary, contact the patient's doctor, and sometimes the patient, to provide advice about disease control and to complete the collection of information.

All information is held confidentially in order to protect the patient's privacy. Both the WA and Commonwealth Privacy Acts only release/disclose patient information where it is lawfully required or authorised.

Management is required to notify the local Public Health Unit by phone as soon as possible after they are made aware that a child enrolled at a REED Service has contracted one of the following vaccine preventable diseases or any confirmed case of COVID-19

- Diphtheria
- Mumps
- Poliomyelitis
- Haemophilus influenzae Type b (Hib)
- Meningococcal disease
- Rubella ('German measles')

- Measles
- Pertussis ('whooping cough')
- Tetanus
- An outbreak of 2 or more people with gastrointestinal or respiratory illness

WA Public Health Units - https://www.healthywa.wa.gov.au/Articles/A_E/Contact-details-for-population-public-health-units

Management will closely monitor health alerts and guidelines from Public Health Units and the Australian Government- Department of Health for any advice and emergency health management in the event of a contagious illness outbreak- eg (COVID-19).

The Approved Provider must also notify the Regulatory Authority of any incidence of a notifiable infectious disease or illness.

MANAGEMENT / NOMINATED SUPERVISOR'S WILL ENSURE:

- that all information regarding the prevention and transmission of infectious diseases is sourced from a recognised Government Health authority [Australian Government Department of Health](#)
- exclusion periods for people with infectious diseases recommended by Government Authorities are implemented for all staff, children, parents, families and visitors
- the Service implements recommendations from [Staying healthy: Preventing infectious diseases in early childhood education and care services](#) to maintain a healthy environment
- advice and recommendations from the Australian Health Protection Principal Committee (AHPPC) and Safe Work Australia will be implemented where reasonably possible
- children are protected from harm by ensuring relevant policies and procedures are followed regarding health and safety within the Service
- required enrolment information, including health and immunisation records of enrolled children is collected, maintained and appropriately and securely stored
- the Public Health Unit is notified in the event of an outbreak of viral gastroenteritis.

Management must document the number of cases, dates of onset, duration of symptoms. An outbreak is when two or more linked cases. Department of Health WA (a notice is clearly displayed stating that there has been an occurrence of an infectious disease at the service

- required enrolment information, including health and immunisation records of enrolled children is collected, maintained and appropriately and securely stored

A RESPONSIBLE PERSON WILL ENSURE:

- a hygienic environment is promoted and maintained
- children are supported in their understanding of health and hygiene practices throughout the daily program and routine (hand washing, hand drying, cough and sneeze etiquette)
- educators and staff are aware of relevant immunisation guidelines for children and themselves
- families are provided with relevant sourced materials and information on infectious diseases, health, and hygiene including:
 - exclusion guidelines in the event of a vaccine preventable illness at the Service for children that are not immunised or have not yet received all their immunisations
 - advice and information regarding any infectious diseases in general and information regarding any specific infectious illnesses that are suspected/present in the Service.
- information or factsheets related to the disease/infection and the necessary precautions/exclusions required will be provided to families
- families are advised that they must alert the Service if their child is diagnosed with an infectious illness
- all educators are mindful and maintain confidentiality of individual children's medical circumstances
- that opportunities for educators to source pertinent up to date information from trusted sources on the prevention of infectious diseases and maintaining health and hygiene are provided
- that opportunities for staff, children, and families to have access to health professionals by organising visits/guest speakers to attend the service to confirm best practice are provided
- families are advised to keep children at home if they are unwell. If a child has been sick, they must be well for 24hrs before returning to the Service.
- to complete the register of *Incident, Injury, Trauma or Illness* and/or document incidents of infectious diseases no later than 24 hours of an illness or infectious disease occurring in the Service
- educators or staff who have diarrhoea or an infectious disease are not to return to work until they have been symptom free for 24 hours

- any risk to a child or adult with complex medical needs is minimised in the event of an outbreak of an infectious disease or virus. This may require a risk assessment and decision-making regarding the suitability of attendance of the child or staff member during this time.

EDUCATORS WILL ENSURE:

- that any child suspected of having an infectious illness is responded to and their health and emotional needs supported at all times
- any child suspected of having an infectious illness is isolated from other children and supervised whilst waiting for collection by parents or guardian
- that appropriate health and safety procedures are implemented when treating ill children- wear disposable gloves, face mask or other PPE if needed
- all resources or items touched by a child with a suspected illness are thoroughly cleaned and disinfected- (cushions, pillows, toys)
- opportunities are provided for children to participate in hygiene practices, including routine opportunities, and intentional practice such as hand washing, sneezing and cough etiquette
- consideration is given to the combination of children to decrease the risk of attaining an infectious illness when planning the routines/program of the day
- they adhere to the Service's health and hygiene policy including:
 - hand washing
 - daily cleaning of the Service
 - wearing gloves (particularly when in direct contact with bodily fluids- nappy changing and toileting)
 - appropriate and hygienic handling and preparation of food
 - wearing face masks if mandated by PHU
- they maintain up-to-date knowledge with respect to Health and Safety through on-going professional development opportunities
- children do not to share beds at the same time
- beds is cleaned using detergent and water after each use and if the surface is known to be contaminated with a potential infectious disease, disinfectant is also used to clean beds
- that all play dough is freshly made every week. If there is an outbreak of vomiting and/or diarrhoea, or any other contagious communicable disease, play dough is to be discarded at the end of each day and a new batch made each day for the duration of the outbreak

Prevention strategies for minimising the spread of disease within our Service include all staff ensuring:

- full adherence to the NHMRC childcare cleaning guidelines
- to clean surfaces first with detergent and water before using disinfectants. (Disinfectants cannot kill germs unless areas are clean)
- mops used for toilet accidents are to be soaked in disinfectant in a bucket in the laundry sink and then air-dried
- that a daily clean is carried out on other surfaces that may transmit germs such as high touch objects including doorknobs, tables, light switches, handles, remotes, play gyms, low shelving, etc. This will be increased to several times a day if an outbreak of an infectious disease/virus has been recorded in the Service.
- that if a child has a toileting accident, the items are placed in a plastic bag with the child's name on it. The plastic bag will be stored in a sealed bag labelled 'soiled/wet clothing' for parents to take home
- cloths are colour coded so that a separate cloth is used to clean floors, bathroom, art and craft, and meal surfaces
- that any toy that is mouthed by a child is placed immediately in the 'toys to be washed' basket and washed with warm soapy water at the end of the day. All washable toys out on display for the children are to be washed on a weekly basis to decrease the risk of cross contamination and recorded with the date and a signature as evidence.
- toys and equipment (that are difficult to wash) will be washed with detergent (or soap and water) and air-dried in sunlight
- washable toys and equipment will be washed in detergent and hot water and aired to dry. All toys and equipment that have been cleaned will be recorded on the toy cleaning register.
- furnishings, fabric tablecloths and pillowcases will be laundered at the end of each week and hung out to dry.
- floor surfaces will be cleaned on a daily basis after each meal and at the end of each day
- toilets/bathrooms will be cleaned in the middle of the day, the end of the day and whenever needed throughout the day.
- when cleaning up spills of faeces, vomit or urine off beds, floors, bathrooms etc. educators will use disinfectant on the surface after cleaning it with detergent and warm water

FAMILIES WILL:

- adhere to the Service's policies regarding *Control of Infectious Diseases, Immunisation, Sick Children* and exclusion requirements
- adhere to the Service's restrictions of entry into the Service in the event of an outbreak of an infectious disease or virus
- adhere to the Service's policy regarding *Hand Washing*
- exclude their child from care if they display symptoms of an infectious illness or disease or in the event of a vaccine preventable disease occurs in the Service and their child is not immunised fully
- advise the Service of their child's immunisation status, by providing a current Immunisation History Statement recorded on the Australian Immunisation Register (AIR) for the Service to copy and place in the child's file
- advise the Service when their child's medical action plan is updated
- provide sufficient spare clothing, particularly if the child is toilet training
- adhere to the Service's risk minimisation strategies if their child has complex medical needs in the event of an outbreak of an infectious disease or virus

Resources

[Gastro Pack NSW Health](#)

[Recommended exclusion periods- Poster](#) [Staying Healthy: Preventing Infectious diseases in early childhood education and care services](#)

[Minimum periods for exclusion from childcare services \(Victoria\)](#)

[Time Out Keeping your child and other kids healthy!](#) (Queensland Government)

Time Out Brochure [Why do I need to keep my child at home?](#)

SOURCE

Australian Children's Education & Care Quality Authority. (2014).

ACECQA. (2021). Policy and procedure guidelines. *Dealing with Infectious Diseases*.

Australian Government Department of Health *Health Topics* <https://www.health.gov.au/health-topics>

Australian Government. Department of Health (2019). *National Immunisation Strategy for Australia 2019-2024* https://www.health.gov.au/sites/default/files/national-immunisation-strategy-for-australia-2019-2024_0.pdf

Australian Government Department of Health Australian Health Protection Principal Committee (AHPPC)

Department of Human Resources: National Immunisation Program Schedule:

<https://beta.health.gov.au/initiatives-and-programs/national-immunisation-program>

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 Education and Care Services National Law Act 2010. (Amended 2018).
[Education and Care Services National Regulations](#). (2011).
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 (2017).
 Guide to the National Quality Framework. (2017). (Amended 2020).
 Guide to the National Quality Standard. (2020).
 Medicare Australia (Department of Human Services):
<https://www.humanservices.gov.au/individuals/medicare>
 National Health and Medical Research Council (NHMRC): <https://www.nhmrc.gov.au/>
 National Health and Medical Research Council. (2012). *Staying healthy: Preventing infectious diseases in early childhood education and care services*.
 WA Government Department of Health. Vaccination requirements for child care.
[chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.health.wa.gov.au/~media/Files/Corporate/general-documents/Immunisation/PDF/WA-Immunisation-Schedule.pdf](#)
 WA Public Health Unit: <https://www.health.wa.gov.au/Health-for/Health-professionals/Communicable-Diseases>
Public Health Act 2016
Public Health Amendment Act 2017
 Public Health Regulation 2012
 Public Health and Wellbeing Regulations 2019 Victoria
 Revised National Quality Standard. (2018).
 WA Health - <https://www.health.wa.gov.au/~media/Files/Corporate/general-documents/Immunisation/PDF/No-Jab-No-Play/Immunisation-requirements-for-child-care-services-kindergarten-and-schools.pdf>

Safe Work Australia

Review

Policy Reviewed	Modifications	Next Review Date
September 2023	Removal of COVID-19 specific management within a service Addition of immunisation information from WA Health	September 2024
June 2022	Added managing a positive case of COVID-19 in an ECEC Service, minor edits	September 2023
July 2021	Minor updates, Exclusion periods poster added	June 2022

August 2020	Updated to include current recommendations for COVID-19, Sources updated	February 2021
February 2020	Minor reformatting	February 2021
January 2019	Policy developed by REED management	January 2020

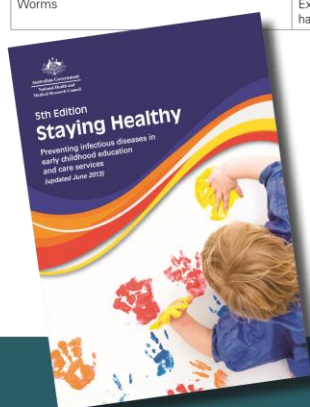
Recommended minimum exclusion periods

ADAPTED FROM STAYING HEALTHY | 5TH EDITION | 2013

Condition	Exclusion of case	Exclusion of contacts ^a
Campylobacter infection	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Candidiasis (thrush)	Not excluded	Not excluded
Cytomegalovirus (CMV) infection	Not excluded	Not excluded
Conjunctivitis	Exclude until discharge from the eyes has stopped, unless a doctor has diagnosed non-infectious conjunctivitis	Not excluded
Cryptosporidium	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Diarrhoea (No organism identified)	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Fungal infections of the skin or nails (e.g. ringworm, tinea)	Exclude until the day after starting appropriate antifungal treatment	Not excluded
Giardiasis	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Glandular fever (mononucleosis, Epstein Barr virus (EBV) infection)	Not excluded	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. Contact a public health unit for specialist advice
Head lice (pediculosis)	Not excluded if effective treatment begins before the next day at the education and care service. The child does not need to be sent home immediately if head lice are detected	Not excluded
Hepatitis A	Exclude until a medical certificate of recovery is received and until at least 7 days after the onset of jaundice	Not excluded. Contact a public health unit for specialist advice about vaccinating or treating children in the same room or group
Hepatitis B	Not excluded	Not excluded
Hepatitis C	Not excluded	Not excluded
Herpes simplex (cold sores, fever blisters)	Not excluded if the person can maintain hygiene practices to minimise the risk of transmission. If the person cannot comply with these practices (e.g. because they are too young), they should be excluded until the sores are dry. Sores should be covered with a dressing, where possible	Not excluded
Human immunodeficiency virus (HIV)	Not excluded. If the person is severely immune compromised, they will be vulnerable to other people's illnesses	Not excluded
Human parvovirus B19 (fifth disease, erythema infectiosum, slapped cheek syndrome)	Not excluded	Not excluded
Hydatid disease	Not excluded	Not excluded
Impetigo	Exclude until appropriate antibiotic treatment has started. Any sores on exposed skin should be covered with a watertight dressing	Not excluded
Influenza and influenza-like illnesses	Exclude until person is well	Not excluded
Listeriosis	Not excluded	Not excluded
Measles	Exclude for 4 days after the onset of the rash	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 appearance of the rash in the last case
Meningitis (viral)	Exclude until person is well	Not excluded
Meningococcal infection	Exclude until appropriate antibiotic treatment has been completed	Not excluded. Contact a public health unit for specialist advice about antibiotics and/or vaccination for people who were in the same room as the case
Molluscum contagiosum	Not excluded	Not excluded
Mumps	Exclude for 9 days or until swelling goes down (whichever is sooner)	Not excluded
Norovirus	Exclude until there has not been a loose bowel motion or vomiting for 48 hours	Not excluded
Pertussis (whooping cough)	Exclude until 5 days after starting appropriate antibiotic treatment, or for 21 days from the onset of coughing	Contact a public health unit for specialist advice about excluding non-vaccinated and incompletely vaccinated contacts, or antibiotics
Pneumococcal disease	Exclude until person is well	Not excluded
Roseola	Not excluded	Not excluded
Ross River virus	Not excluded	Not excluded
Rotavirus infection	Exclude until there has not been a loose bowel motion or vomiting for 24 hours ^b	Not excluded
Rubella (German measles)	Exclude until fully recovered or for at least 4 days after the onset of the rash	Not excluded
Salmonellosis	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Scabies	Exclude until the day after starting appropriate treatment	Not excluded
Shigellosis	Exclude until there has not been a loose bowel motion for 24 hours ^b	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
Toxoplasmosis	Not excluded	Not excluded
Tuberculosis (TB)	Exclude until medical certificate is produced from the appropriate health authority	Not excluded. Contact a public health unit for specialist advice about screening, antibiotics or specialist TB clinics
Varicella (chickenpox)	Exclude until all blisters have dried—this is usually at least 5 days after the rash first appeared in non-immunised 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
Viral gastroenteritis (viral diarrhoea)	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Worms	Exclude if loose bowel motions are occurring. Exclusion is not necessary if treatment has occurred	Not excluded

^a The definition of 'contacts' will vary according to the disease—refer to the specific fact sheet for more information.^b If the cause is unknown, possible exclusion for 48 hours until 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.Adapted from SA Health Communicable Disease Control Branch: <http://www.dh.sa.gov.au/pehs/branches/branch-communicable.htm>. Note that exclusion advice is consistent with Series of National Guidelines (SoNGs) where available.

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