



Infection Control

Minimise Spread of Infectious Diseases and Exclusion

Children's Services Policy No 2.7

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Aim:

- To minimise the spread of infectious diseases between children, visitors and staff, by conforming to National Health and Medical Research Council (NHMRC) requirements for the exclusion of children with infectious diseases and other legislative requirements.

Background Information:

Infections can spread through contact with bodily fluids that are airborne or on the skin. Furthermore, most viruses, bacteria or parasites can survive on surfaces and can be transmitted to another person via a surface.

Excluding sick children and staff is one of the most effective ways of limiting the spread of infection within the Children's Services.

By following the exclusion periods set down by the NHMRC of infectious children, educators and other staff will significantly reduce the risk of the spread of diseases to other healthy children and staff.

The exclusion periods recommended by the NHMRC are based on the time a child or staff member is infectious to others. Children/staff and parents/guardians who have been in contact with certain infectious diseases may, at the discretion of the local Public Health Unit, be excluded for their own safety.

In addition to exclusion, regular and effective washing of hands adults (children, staff, parents/guardians and visitors) significantly reduces the risk of transmission of infectious diseases; as well as immunisation and additional strategies such as appropriate use of gloves, effective cleaning and cough and sneeze etiquette.

Relevant Legislation:

- Education and Care Services National Regulations (modified 1 July 2018)
- Public Health Amendment (Review) Act 2017
- NSW Public Health Regulation 2012
- Work Health and Safety Act 2011
- Work Health and Safety Regulations 2011
- Children (Education and Care Services National Law Application) Act 2010
- NSW Public Health Act 2010

Resources:

- Staying Healthy – Preventing infectious diseases in early childhood education and care services, 5th Edition, National Health and Medical Research Council, June 2013
- National Quality Standards, Quality Area 2 – Children's Health and Safety, Standard 2.1 Element 2.1.2.

Note: In this policy “staff” refers to staff employed by Willoughby City Council and Educators registered with Council’s Family Day Care Scheme. Staff are required to read this policy in conjunction with Willoughby City Council’s Human Resources Policy 8.12 - Staff Immunisation.

The common ways infections spread include:

1. **Coughing or sneezing** (droplet transmission) – *Tiny droplets are spread into the air and onto surrounding surfaces.*
2. **Breathing contaminated air** (airborne transmission) – *Airborne transmission is different from droplet transmission because the germs are in even smaller particles than droplets, and they can be infectious over time and distance.*
3. **Direct contact** (contact transmission) – *Germs can spread through contact with infectious bodily fluids, such as mucus, saliva, vomit, blood, urine and faeces.*
4. **Animals** – *Germs can be present on the skin, hair, feathers and scales of animals, and in their faeces, urine and saliva.*
5. **Food** – *If the food is not stored, chilled or heated properly.*

Suspected Infectious Disease

Look for signs and symptoms that a child may be unwell including:

- unusual behaviour (child is irritable or less active than usual, more upset than usual, seems uncomfortable or just seems unwell)
- temperature
- drowsiness
- poor circulation
- poor urine output
- diarrhoea and/or vomiting
- loss of appetite
- conjunctivitis (tears, eyelid lining is red, irritated eyes, swelling and discharge from eyes)
- unusual spots or rashes
- patch of infected skin (crusty skin or discharging yellow area of skin)
- very pale faeces
- sore throat or difficulty in swallowing
- headache, stiff neck, sensitivity to light
- severe, persistent or prolonged coughing
- frequent scratching of the scalp or skin
- breathing trouble (particularly in babies under 6 months old)
- pain

**** If a child looks unwell on arrival at the service, the staff can ask the parent/guardian to take the child to the doctor to get a clearance certificate or choose to send them home.**

If an infectious disease is suspected staff will:

- Notify the family as soon as possible and may request they or a responsible person nominated by the parent/guardian, pick up and take the child to the doctor/hospital.
- Isolate the child from other children (providing the sick child and all other children can be adequately supervised) until the child has been picked up. This does not have to be in another room as long as interactions and sharing of objects does not occur.
- Assess the child for any need for first aid or emergency treatment, make them comfortable and reassure them.
- Ask the parent/guardian to contact the staff to inform the service of the diagnosis so that appropriate action can be taken.
- Inform the family of when they can bring the child back to care and if they will require a doctor’s clearance certificate.
- Inform all families as soon as possible of the presence of the suspected infectious disease at the service. Staff must ensure confidentiality of any personal identifying or health information of any person or child with an infectious disease.

- When a confirmed outbreak of an infectious disease has occurred, discuss the situation with the local Public Health Unit, and request the Public Health Unit provide written advice and information about identification, prevention and management of possible infection or serious illness. The WorkCover Authority may also need to be notified. The Family Day Care Nominated Supervisor is also required to contact the Department of Education if there is a serious event where a child requires medical attention or hospitalisation and/or an incident that draws attention of the police .
- Ensure appropriate cleaning of the area and equipment is carried out.

Exclusion of Sick Children and Staff

Excluding sick children and staff is one of the most effective ways of limiting the spread of infection within the service. The spread of certain infectious diseases can be reduced by excluding a person who is known to be infectious from contact with others who may be at risk of catching the infection.

Exclude children/staff who:

- Are unwell and may need to see a doctor.
- Are too unwell to participate in the normal daily activities.
- May require isolation/extra supervision, which may impact on the care, safety and supervision of other children in care.
- Have signs/symptoms of a possible infectious disease.
- Exclude staff from food handling duties that have pustular infections (such as boils) of the skin that cannot be covered or who are unwell from gastroenteritis or hepatitis A.

Children and staff will be excluded for the minimum time required for infectious conditions. The recommended minimum periods of exclusion are based on risk of infection; however, a child or staff member may need to stay at home longer than the exclusion period to recover from an illness. A doctor's certificate will be required to return to the service stating the diagnosis and stating that they are no longer infectious.

The need for exclusion depends upon:

- The National Health and Medical Research Council's recommended minimum exclusions periods for infectious conditions.
- The ease with which the infection can be spread.
- The ability of the infected person to follow hygiene precautions.
- The severity of the disease.
- The child/staff member's level of wellness and ability to participate.
- The child/staff member's doctor's recommendation.

The exclusion procedure:

- Identify when symptoms or a medical diagnosis fit a condition with an exclusion period.
- Refer to the recommended minimum periods of exclusion table.
- Advise the parents/guardians or staff member to refer to NHMRC to determine when they may return to the centre.
- If required contact the Public Health Unit.

Standard Precautions:

Using standard infection control precautions will reduce the occurrence and risks of infectious disease.

Standard precautions include:

- Good hygiene practices, including hand washing.
- Use of personal protective equipment, e.g. disposable gloves.
- Appropriate handling and disposal of infectious waste.
- Appropriate cleaning of areas and contaminated items.
- Appropriate exclusion of children and staff who are unwell.

- Use of alcohol-based hand sanitisers for situations where hand washing facilities are not readily available, such as when taking children on excursions.
- Covering cuts with water-resistant dressings.
- Separate the ill child/ren and keep them under supervision until they can be collected by their family or responsible person nominated by the parent/guardian.
- The use of single use disposable medicine cups or syringes.
- The use of digital thermometers which must be cleaned between each use according to the manufacturer's instructions, or by washing with detergent and water, wiping with a single use alcohol swab; and left to dry.
- Keeping up to date, relevant information about infectious diseases.
- Provide education and advice to parents/guardians, including information in community languages for CALD (Culturally and Linguistically Diverse) families.
- Being vigilant and observe for signs and symptoms of the same disease occurring in any other child or person that has been in contact with the child (most incubation periods for common infectious diseases are around 1 to 2 weeks).
- Children and staff who have HIV, AIDS, Hepatitis B, or Hepatitis C, are not excluded (unless the person is acutely infectious or has an infectious secondary infection). The service may not be aware that a child or a staff member has these illnesses. It is the responsibility of the parents/guardians of the child and the individual staff member to monitor their condition and where necessary exclude themselves from the service if they are acutely infectious or have a secondary infection.
- Children who have suffered diarrhoea or gastroenteritis may not attend the service until they have not had any symptoms for **48 hours**. The child must have eaten solid foods, without any signs of vomiting or diarrhoea, before they can return.
- Staff who prepare food for others or care for children may not attend the centre until they have not had any symptoms for **48 hours** after diarrhoea or vomiting ceases. (NSW Health exclusion periods).
- Children with fevers of **38°C** or higher **must not** attend the service until the fever has ceased. If a child requires Paracetamol prior to attending the service, to reduce a fever, then they are considered to be too ill to attend the service and will be advised to remain at home or will subsequently be sent home. Parents/guardians are not to give the child Paracetamol and bring them to the service and not inform staff.
- Teaching and following appropriate 'cough and sneeze' etiquette: The correct way to prevent the spread of germs that are carried in droplets is by coughing or sneezing into your inner elbow, or by using a tissue to cover your mouth and nose. Put all tissues in the rubbish bin straight away, and clean your hands with either soap and water or an alcohol-based rub.

Record Keeping - Infectious Diseases

The service will keep a record of all illnesses of children and staff with any significant infectious disease. These records will include the date, symptoms, diagnosis (confirmed or suspected) and action taken, e.g. exclusion, family informed.

This assists to:

- Prevent further outbreaks/spread of disease.
- Demonstrate if the approach to infection control is working.
- Identify the cause of any outbreak.

Immunisation

Immunisation is one of the strategies to prevent children and staff becoming infected with vaccine preventable infectious diseases.

All Children's Services will:

- Encourage staff to be fully immunised.
- Encourage families to maintain the immunisation (compulsory for children in child care services under the amendment to the Public Health Act 2010) of their children.
- Maintain a record of each child's immunisation including updates.

- Inform children and staff that are not fully immunised or not immunised during outbreaks of vaccine-preventable disease.
- 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 the local Public Health Unit.
- Unimmunised staff will be encouraged to seek advice from their doctor.

Informing the Public Health Unit

The Nominated Supervisor or the Responsible Person of the service should notify their local Public Health Unit by phone once they are made aware that a child enrolled at the service is suffering from one of the following vaccine preventable diseases:

- Diphtheria
- Haemophilus influenza Type b (Hib)
- Measles
- Mumps
- Meningococcal disease
- Pertussis ("whooping cough")
- Poliomyelitis
- Rubella ("German measles")
- Tetanus

The Nominated Supervisor or the Responsible Person of a service should also notify the Public Health Unit by phone once they are made aware that two or more persons in the same group are suffering from gastrointestinal illness (e.g. Shigellosis, Salmonellosis, Rotavirus, Norovirus, Giardiasis, Gastroenteritis, Cryptosporidiosis, Campylobacter) or when they suspect an infectious disease outbreak is affecting their service e.g. outbreaks of a respiratory illness.

The Public Health Unit staff may be able to help:

- Identify the cause of the illness;
- Explain the consequences to children and staff of an infection;
- Trace the source of the infection (for example contaminated food);
- Advise on appropriate control measures (for example vaccines, antibiotics, exclusion; education, infection control practices);
- Provide valuable advice and support; and
- Provide resources that may be necessary to manage outbreaks.

A Family Day Care Educator should notify the coordination unit of any known or suspected cases of notifiable diseases (See table on next page). The Coordination Unit will pass this information on to the relevant health authorities.

Please Note

- ***This Policy is not flexible. It is intended for the protection of children and adults in the Children's Services environment. Our Children's Services are not appropriately set up to care for ill children.***

Parents/guardians need to be aware that the staff or Family Day Care Educators will need to be able to contact either the parent/guardian or the nominated emergency contacts at *all times*.

Staff and Family Day Care Educators are not responsible for decisions about the primary health care of sick children; parents/guardians must make these important decisions. If the parents/guardians or nominated contact persons cannot be contacted and a child is sufficiently unwell or distressed because of illness, an ambulance will be called to take the child to hospital.

RECOMMENDED MINIMUM EXCLUSION PERIODS FOR INFECTIOUS CONDITIONS FOR CHILDREN'S SERVICES¹

Staying Healthy – Preventing infectious diseases in early childhood education and care services, 5th Edition, National Health and Medical Research Council, 2013		
Condition	Exclusion of cases	Exclusion of contacts
<i>Campylobacter</i> infection	Exclude until there has not been a loose bowel motion for 48 hours (b)	Not excluded
Candidiasis (thrush)	Not excluded.	Not excluded
Cytomegalovirus (CMV) Infection	Not excluded.	Not excluded
Conjunctivitis	Exclude until the discharge from the eyes has stopped unless doctor has diagnosed a non-infectious conjunctivitis.	Not excluded
<i>Cryptosporidium</i>	Exclude until there has not been a loose bowel motion for 48 hours (b)	Not excluded
Diarrhoea (No organism identified)	Exclude until there has not been a loose bowel motion for 48 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 48 hours.	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
<i>Haemophilus influenzae</i> type b (Hib)	Exclude until the person has received appropriate antibiotic treatment for at least 4 days.	Not excluded
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	Not excluded

	excluded until the sores are dry. Sores should be covered with a dressing, where possible.	
Human immunodeficiency virus (HIV/AIDS)	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 (school sores)	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 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	Not excluded.

	48 hours (b).	
Rubella (German measles)	Exclude until the person has 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 48 hours (b)	Not excluded.
Scabies	Exclude until the day after appropriate treatment has commenced.	Not excluded.
Shigellosis	Exclude until there has not been a loose bowel motion for 48 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 as they are at high risk of developing severe disease, otherwise, not excluded.
Viral gastroenteritis (viral diarrhoea)	Exclude until there has not been a loose bowel motion for 48 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 the cause is identified.
- c) 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

<https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/department+of+health/public+health+and+clinical+systems/communicable+disease+control+branch>

Note that exclusion advice is consistent with The Australian Government Department of Health - Communicable Diseases Network (Australia Series of National Guidelines) where available.

Public Health Unit	Mailing Address	Phone (Work Hours)	After Hours
Northern Sydney Local Health District	Royal North Shore Hospital Campus Reserve Road St Leonards, NSW, 2065	9462 9955	NSW Public Health Unit – 1300 066 055
	Hornsby Ku-Ring- Gai Hospital Palmerston Road Hornsby, NSW, 2077	9477 9123	