

Infectious Diseases

| | |
|------------------------------|---|
| Related Documentation | Staying Healthy – Preventing Infectious Diseases in Early Childhood Education and Care Child Illness record Clearance form |
| Relevant Legislation | Refer to Legislation, Standards and Guidance Material Reference Table Public Health Amendment (Review) Act 2017 NSW Public Health Regulation 2012 Work health and Safety Act 2011 Work Health Safety Regulations 2011 NSW Public Health Act 2010 |
| Responsible Officer | Manager Education and Care Services |

Uncontrolled when printed.

Definitions

NHMRC - National Health and Medical Research Council

Objectives

To minimise the spread of infectious diseases between children, visitors and staff, by conforming to NHMRC requirements for the exclusion of children with infectious diseases and other legislative requirements.

Training and Competence

Council is committed to staff receiving training relevant to the tasks/activities undertaken in this procedure. Training requirements will be reviewed at least annually as part of the performance appraisal program and recorded in Pulse. All training will be evaluated to ensure continuous improvement.

Competence of employees, including any contractors, labour hire employees or volunteers will be assessed prior to their being expected to carry out the tasks associated with this procedure.

Records Management

All records related to this procedure are to be stored in IRIS in accordance with Council's Information Management Authorised Statement.

Review and Evaluation

To maintain relevance and currency, this procedure will be reviewed on a two-yearly basis or as required due to changes in relevant legislation and codes of practice or changes to systems and processes.

The procedure will also be evaluated in consultation with employees at appropriately identified intervals to evaluate its effectiveness.

Regular review and evaluation is an opportunity to determine whether the procedure is fit for purpose and reflective of operational practice, and provide an opportunity to implement corrective measures or amend the procedure if required.

Aim

To minimise the spread of infectious diseases between children, visitors and staff, by conforming to NHMRC requirements for the exclusion of children with infectious diseases and other legislative requirements.

DATA AND DOCUMENT CONTROL

Infections can spread through contact with bodily fluids that are airborne or on the skin. 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 early learning 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 maybe excluded for their own safety. In addition to exclusion, regular and effective hands washing (of adults, children, staff, parents/guardians and visitors) significantly reduces the risk of transmission of infectious diseases; as well as immunisation, appropriate use of gloves, effective cleaning and cough/sneeze etiquette.

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 – when food is not stored chilled or heated properly.

Children Who Appear Unwell

Children who appear too unwell to participate in the normal daily activities may display behaviour that is not typical of the child such as irritable or less active than usual, more upset than usual, seem uncomfortable or just seem unwell in general. These children 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.
- Need to see a doctor.

Children who appear unwell should be closely monitored and their family called to come and collect them from care. Children who are unwell should stay home until they are feeling better and may require a doctor's clearance to return to care. If a child looks unwell on arrival at a service, educators can ask the family to keep their child home and/or take the child to the doctor to get a clearance.

Children who attend 'before school care' who require support due to illness will be taken directly to the office by an educator for monitoring by staff at the school that the child attends.

Children who attend 'after school care' who require support due to illness and are unable to be collected from a parent/career before proceeding to 'after school care' may attend the service. The child will be monitored by educators until the parent arrives at the service to collect their child.

Suspected signs and symptoms of an unwell/infectious child:

- High Temperature/Fever

Children with a temperature 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 too ill to attend the service and will be advised to remain at home or will subsequently be sent home. Families are not to give the child paracetamol and bring them to the service and not inform staff. Families must be told that if they are delayed in collecting their child and the child's temperature becomes very high (39°C) educators will call Health Direct on 1800 022 222 for direction and guidance.

- Drowsiness
- Poor circulation
- Poor urine output
- 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
- Breathing trouble (particularly in babies under 6 months old)
- Pain

If an infectious disease is suspected staff will:

- Make the child comfortable and reassure them.
- Assess the child for first aid or emergency treatment.
- 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.
- Separate 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.
- Educators to complete the *Child Illness Record* within 24 hours.
- Ask the family to contact the staff to inform the service of the diagnosis so that appropriate action can be taken.
- The need for exclusion depends upon the NHMRC's recommended minimum exclusions periods for infectious conditions. For current and up to date information refer to;
<https://www.health.nsw.gov.au/Infectious/factsheets/Pages/childhood.aspx>
- Provide parents/guardians with a *Clearance Form*.
- A doctor's certificate will be required to return to the service stating the diagnosis and stating that they are no longer infectious. For colds and flu, children are not to return to the service until all symptoms have ceased.
- Inform all families as soon as possible of the presence of the suspected infectious disease at the service maintaining confidentiality at all times.
- 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.
- Ensure appropriate cleaning of the area and equipment is carried out.

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.

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

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.

Families will be informed to assist with;

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

Standard Precautions to minimise the spread of infection:

Educators must follow the NSW Health Department's 'Guidelines for the Control of Infectious Diseases in Child Care.'

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

- Good hygiene practices, including hand washing.
- Teaching and following appropriate 'cough and sneeze' etiquette.
- 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 ill child/ren and keep them under supervision until they can be collected by their family or responsible person nominated by the parent/guardian if able to do so.
- 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.

DATA AND DOCUMENT CONTROL

- 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).
- Following the advice of NSW Health regarding any outbreaks of infectious diseases.

This procedure is required under the Education and Care Services National Regulations and should not be edited or rescinded without permission from the Education and Care Services Senior Leadership Team.