

Karcultaby Area School/Preschool Child Illness/ Infectious Disease Policy

Purpose

We aim to maintain the health of all children, staff and their families, ensuring a healthy environment and minimising cross contamination and the spread of infectious illness. Children encounter many other children and adults in the early childhood and school environment causing them to contract infectious diseases/ illnesses. National Quality Standards require Early Childhood services to implement specific strategies to minimise the spread of infectious illness.

National Quality Standards (NQS)

Quality Area 2: Children's Health and Safety		
2.1.1	Each child's health needs are supported	
2.1.4	Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines.	
2.2.1	Healthy eating is promoted and food and drinks provided by the service are nutritious and appropriate for each child.	
2.3.1	Children are adequately supervised at all times	
2.3.2	Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury	
2.3.3	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practices and implemented	

Education and Care Services National Regulations

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Children (Education and Care Services) National Law Vic		
77	Health, Hygiene and safe food practices	
88	Infectious Diseases	
90	Medical Conditions policy	
92	Medication Record	
93	Administration of medication	
96	Self – administration of medication	



Implementation

- Our site has adopted the Staying Healthy in Child Care Preventing Infectious disease in childcare (sixth Edition) publication, developed by the National Health and Medical Research Council.
- We aim to provide families with up-to-date information regarding specific illnesses and
 ways to minimise the spread of infection within the site. Families will be notified with a
 fact sheet containing relevant information, such as how it is spread, incubation, infectious
 and exclusion period and treatment when there are known cases of infectious illnesses
 within the site. (This will usually be done via text message/email).
- We understand that it can be difficult for families to know when their child is ill. Families
 may experience problems taking time off work or study to care for their child at home.
 Obtaining leave from work or study can enhance negative attitudes in the workplace
 which can cause stress on families. However, it is imperative that families preserve a
 focus not only on the well-being of their own child but also upon the well-being of other
 children and the early childhood educators at the site.
- The need for exclusion and the length of the time a person is excluded depend on how
 easily the infection can spread, how long the person is likely to be infectious and how
 severe the disease can be. To protect the health of children and staff within the site, it is
 important that children and staff who are ill are kept away from the site for the
 recommended period. (Please see attached fact sheet detailing some of the exclusion
 periods).
- Our site aims to support the families need for education; however families should understand that a child who is unwell will need one-on-one attention which places additional pressure on staff ratios and the needs of other children.

Notifying families and Emergency Contact

- It is a requirement of the site that all emergency contacts can pick up an ill child as quickly as possible.
- Confirmed cases of infectious disease must be reported on the incident and response management system (IRMS)

Management and Educators will ensure

- Effective hygiene policies and procedures are always adhered to
- Effective environmental cleaning policies and procedures are adhered to all times
- All families will have access to relevant policies upon enrolment

Family Responsibility

To prevent the spread of disease, families are required to monitor their child's health, in particular:

- Discoloured nasal secretion
- High temperature
- Diarrhoea
- Red, swollen and discharging eyes
- Vomiting
- Rashes



- Irritability, unusually tired or lethargic
- Children who have undergone any type of surgery

Source

- Education and Care Services National Regulation 2015
- National Quality Standards
- Early Years Learning Framework
- Staying Healthy in Child Care (6th Edition)

Fact Sheet

Exclusion from childcare, preschool, school and work



Last updated 28 January 2021

The spread of certain infectious diseases can be reduced by excluding a person, known to be infectious, from contact with others who are at risk of catching the infection.

The following are recommended minimum periods of exclusion from school, preschool and childcare centres for cases of, and contact with, infectious diseases, based on guidelines issued by the National Health and Medical Research Council in 2005 and the online Australian Immunisation Handbook

These guidelines can also be applied to the general community and most workplaces. A childcare worker with gastroenteritis (also known as 'gastro': inflammation of the intestinal (bowels), should not return to work for at least 24 hours after vomiting or diarrhoea have stopped. If the childcare worker handles food in the child care setting, this exclusion period should be 48 hours.

Exclusion Periods

The need for exclusion depends on:

- > the ease with which the infection can be spread
- > the ability of the infected person to follow hygiene precautions
- > whether or not the person has some immunity to the infection (either vaccination or past infection)
- > to a lesser extent, the severity of the disease.

Definitions

Exclusion periods are based on the time that a person with a specific disease or condition might be infectious to others.

Non-exclusion means there is not a significant risk of transmitting infection to others. A person who is not excluded may still need to remain at home because he or she does not feel well. A **contact** is any person who has been close enough to an infected person to be at risk of having acquired the infection from that person.

Disease or condition	Exclusion of case	Exclusion of contact
Amoebiasis (Entamoeba histolytica)	Exclude until no diarrhoea for 24 hours.	Not excluded
<u>Campylobacter</u> <u>infection</u>	Exclude until no diarrhoea for at least 24 hours.	Not excluded
Candidiasis	See <u>thrush</u>	



Disease or condition	Exclusion of case	Exclusion of contact
Chickenpox	Exclude until all blisters have dried (usually 5 days)	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded.
Cytomegalovirus (CMV)	Exclusion is not necessary	Not excluded
Cold sores (herpes simplex type 1, fever blisters)	Young children and others unable to comply with good hygiene practices should be excluded while lesion is weeping. Lesions should be covered by a dressing where possible.	Not excluded
Conjunctivitis	Exclude until discharge from eyes has stopped (unless a doctor has diagnosed non-infectious conjunctivitis).	Not excluded
<u>Cryptosporidium</u> <u>infection</u>	Exclude until no diarrhoea for 24 hours.	Not excluded
Diarrhoea (no organism identified)	Exclude until no diarrhoea for 24 hours.	Not excluded
<u>Diphtheria</u>	Exclude until medical certificate of recovery from SA Health's Communicable Disease Control Branch is received following at least two negative throat swabs, the first not less than 24 hours after finishing a course of antibiotics and the second, at least the next 48 hours.	Exclude contacts living in the same house until cleared by SA Health's Communicable Disease Control Branch
Food poisoning	Exclude until well – no vomiting or diarrhoea for 24 hours.	Not excluded
Giardia infection	Exclude until no diarrhoea for at least 24 hours.	Not excluded
Glandular fever (infectious mononucleosis, EBV or Epstein-Barr virus infection)	Exclusion is not necessary.	Not excluded

Hand, foot and mouth disease	Exclude until all blisters dry.	Not excluded
Haemophilus influenzae type b (Hib infection	Exclude until person has received appropriate antibiotic treatment for at least 4 days.	Not excluded
Head lice (pediculosis)	Exclude until appropriate treatment has commenced.	Not excluded
Hepatitis A	Exclude until medical certificate of recovery is received, and until at least 7 days after the onset of jaundice or illness.	Not excluded
<u>Hepatitis B</u>	Exclusion is not necessary.	Not excluded

Disease or condition	Exclusion of case	Exclusion of contact
<u>Hepatitis C</u>	Exclusion is not necessary.	Not excluded
<u>Hepatitis D</u>	Exclusion is not necessary.	Not excluded
Hepatitis E	Exclude for 2 weeks after illness onset, or if jaundice (yellow eyes or skin) occurs, for 7 days after the onset of jaundice.	Not excluded
Herpes simplex infection type 1	See <u>cold sores</u>	
Human immunodeficiency virus (HIV) infection	Exclusion is not necessary. If the person is severely immune suppressed he or she will be vulnerable to other people's infections.	Not excluded
<u>Hydatid disease</u>	Exclusion is not necessary.	Not excluded
Impetigo	See <u>school sores</u>	
Influenza and influenza-like illnesses	Exclude until well (at least 5 days for adults and 7-10 days for children).	Not excluded
Legionnaires' disease	Exclusion is not necessary	Not excluded
Leprosy	Exclude until clearance has been given by an infectious diseases physician, dermatologist or SA Health Communication Disease Control Branch doctor.	Not excluded

Measles	Exclude until 4 days after the onset of the rash.	Immunised and immune contacts are not excluded. Non- immunised contacts are excluded from childcare until 14 days after rash onset in the last case in the in the facility, unless given vaccine (within 72 hours of first exposure) or Normal Human Immunoglobulin (within 144 hours of first exposure). All immune suppressed children should be excluded until 14 days after rash onset in the last case in the facility.
Meningitis (bacterial)	Exclude until well and has received appropriate antibiotics.	Not excluded
Meningitis (viral)	Exclude until well.	Not excluded
Meningococcal infection	Exclude until appropriate antibiotic treatment completed and until well.	Not excluded
Molluscum contagiosum	Exclusion is not necessary.	Not excluded
Methicillin resistant Staphylococcus aureus (MRSA) skin infection	Exclusion is not necessary unless infected skin lesions on exposed surfaces cannot be completely covered with a dressing.	Not excluded
<u>Mumps</u>	Exclude for 5 days after onset of swelling.	Not excluded

Disease or condition	Exclusion of case	Exclusion of contact
<u>Norovirus</u>	Exclude until no vomiting or diarrhoea for 48 hours.	Not excluded
Parvovirus infection (fifth disease, erythema infectiosum, slapped cheek syndrome)	Exclusion is not necessary.	Not excluded, but people who are anaemic, immune suppressed, or pregnant should be informed of possible risk of getting infection.
Pertussis	See whooping cough	Not excluded
Respiratory syncytial virus (RSV) infection	Exclusion is not necessary.	Not excluded

Ringworm/tinea	Exclude until the day after appropriate treatment has commenced.	Not excluded
Ross River virus	Exclusion is not necessary.	Not excluded
Rotavirus infection	Exclude until no diarrhoea for at least 24 hours.	Not excluded
Rubella (German measles)	Exclude until fully recovered or for at least 4 days after the onset of the rash.	Not excluded
Salmonella infection	Exclude until no diarrhoea for at least 24 hours.	Not excluded
Scabies	Exclude until the day after appropriate treatment has commenced.	Not excluded
Scarlet fever	See <u>streptococcal sore throat</u>	
School sores (impetigo)	Exclude until appropriate treatment has commenced. Any sores on exposed surfaces should be completely covered with a dressing.	Not excluded
Shigella infection	Exclude until no diarrhoea for 24 hours	Not excluded
<u>Shingles</u>	Exclude until blisters have dried up unless rash can be covered with a dry dressing or clothing so others are not exposed.	Not excluded
Streptococcal sore throat (including scarlet fever)	Exclude until the person has received appropriate antibiotic treatment for at least 24 hours and feels well.	Not excluded
Thrush (candidiasis)	Exclusion is not necessary.	Not excluded
<u>Toxoplasmosis</u>	Exclusion is not necessary.	Not excluded
<u>Tuberculosis</u>	Exclude until medical certificate is produced from SA Tuberculosis Service of SA Health.	Not excluded
Typhoid, paratyphoid	Exclude until clearance has been given by a doctor or SA Health's Communicable Disease Control Branch	Not excluded unless considered by SA Health's <u>Communicable Disease</u> <u>Control Branch</u>
Varicella-zoster	See <u>chickenpox</u> or <u>shingles</u>	

Viral gastroenteritis (viral diarrhoea) Warts	Exclude until no diarrhoea for at least 24 hours. If the gastroenteritis is known or suspected to be caused by norovirus, then exclusion period is 48 hours Exclusion is not necessary.	
(common, flat and plantar)		
Whooping cough	Exclude from childcare, school or workplace and similar settings until 5 days after starting antibiotic treatment, or for 21 days from the start of any cough.	For exclusions of contacts in a childcare setting, seek advice from SA Health's Communicable Disease Control Branch. Usually, childcare contacts (in the same childcare group or room) and household contacts of the case who are under 6 months of aged and have received less than 3 doses of pertussis containing vaccine should be excluded from childcare for 14 days from the first exposure to the infectious case, unless he or she has completed 5 days of recommended antibiotic treatment, after which he or she may return to childcare.
<u>Worms</u>	If diarrhoea present, exclude until no diarrhoea for 24 hours.	Not excluded

For more information

Communicable Disease Control Branch Department for Health and Wellbeing

Email: <u>HealthCommunicableDiseases@sa.gov.au</u>
Telephone: 1300 232 272

www.sahealth.sa.gov.au/youvegotwhat

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Version 2.0 (Last updated 28 January 2021)

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