

# Early Years Services – QA2.9 <u>Dealing with</u> Infectious Diseases

TRIM Reference:	D14/105435	Due for Review:	3 January 2025	
Responsible Officer:	Coordinator Early Years			

## Purpose

Infectious diseases in children may occur at any time. Staff/educators will be aware of the response, management and reporting requirements of infectious disease <u>in order toto</u> safeguard the health and wellbeing of all children and staff attending the Surf Coast Shire Council Early Years Services.

## **Policy Principles**

Evidence of link to Education & Care Services National Regulations: 88; 168 (c), <u>172-175</u> Evidence of link to National Quality Standards 2.1 Victorian Children's Services Regulations 2020 Surf Coast Shire Council Workplace Health and Safety Procedure – WHS 32 Infectious Diseases Public Health and Wellbeing Amendment (No Jab, No Play) Act 2015

## Scope

This policy applies to all Surf Coast Shire Council Early Years Services staff, students, volunteers, children and their families accessing the services.

## Policy

General

- The Surf Coast Shire Council Early Years Services aim to ensure a safe and healthy environment for everyone who accesses the service.
- Any child or staff member suffering an Infectious Disease will not be permitted to attend the Surf Coast Shire Council Early Years Services.
  Refer to Attachment 1 - *Minimum Period of Exclusion from primary schools and children's* services centres for Infectious Diseases cases and contacts Schedule (Department of Health).
- All illness occurring at the service is recorded in an Incident, Injury, Trauma and Illness Form, as outlined in the Early Years Services Incident, Injury, Trauma and Illness Policy and Procedure.

#### **Infection Control Practices**

Main Ways to Prevent Infection:

The most important ways to break the chain of infection and stop the spread of diseases are:

- Effective hand hygiene (outlined in section below)
- Exclusion of ill children, educators and other staff (as outlined in this document and attachments)
- Immunisation (refer sections below)

#### Other strategies to prevent infection include:

- Cough and sneeze etiquette (refer to Staying Healthy Preventing infectious diseases in early childhood education and care services, 5th edition 2012 (updated June 2013), NHMRC, Australian Government.
- Educators and staff model health and personal hygiene practices with children and reinforce these messages with families.



- Appropriate use of gloves (refer to: *Early Years Nappy Changing and Toileting Policy and Procedure and Early Years Food Safety Policy and Procedure).*
- Effective environmental cleaning (refer to Early Years Child Safe Environment Policy).

#### **Effective Hand Hygiene**

Hand hygiene is a general term that refers to washing hands with soap and water, or using an alcohol based hand rub.

#### Soap and Water

The most effective method of hand hygiene is using soap and water. Washing hands with soap and water loosens, dilutes and flushes off dirt and germs. Soap alone cannot remove dirt or kill germs – it is the combination of running water, rubbing of the hands and the detergent in the soap that helps loosen the dirt, remove the germs and rinsing them off the skin. Note: Soap and water is the preferred method wherever possible when hands are visibly dirty.

#### Alcohol-based Hand Rubs

Alcohol-based rubs are not adequate when hands are visibly dirty. Alcohol based hand rubs (inclusive of antiseptic hand rubs, waterless hand cleaners, gels or hand sanitisers) are an effective way to remove germs that may have been picked up by touching contaminated surfaces. Alcohol based hand rubs reduce the number of germs on the hands; they do not remove dirt from the hands. Alcohol based hand rubs are useful when preforming multiple tasks in which hands can potentially become contaminated; for example, when assisting children with eating, when on excursions, in the playground or other situations where soap and water is not available.

Alcohol-based rubs can be placed in the service to remind families, and children (as well as staff / educators) to have clean hands whilst in the service.

#### • Hand Drying

Effective hand drying is just as important as thorough hand washing. Damp hands pick up and transfer up to 1000 times more bacteria than dry hands. Drying thoroughly also helps remove any germs that may not have been rinsed off. Using disposable paper towel is the preferred option in education and care services.

Refer to Attachment 2 - How to Wash Hands, Staying Healthy – Preventing infectious diseases in early childhood education and care services, 5th edition 2012 (updated June 2013), NHMRC, Australian Government.

#### **Material Safety Data Sheets**

Each Early Years Service is to ensure they have the appropriate Material Safety Data Sheets, which provide instructions for chemical emergencies and are to be kept at each Early Years Services venue.

#### Information for Families

• Children in the education and care setting are at greater risk because of increased exposure to infections in the care setting. The service will therefore provide information to families about infection control requirements of the service and the reasons for the infectious diseases exclusion criteria.

Note: The *Minimum Period of Exclusion from primary schools and children's services centres for Infectious Diseases cases and contacts Schedule* (Attachment 1); will be available at all Surf Coast Shire Council Early Years Services.

- Staff/educators are not to give families medical advice regarding diagnosis or treatment of children and will advise parents/guardians to contact a medical practitioner for diagnosis and ongoing care.
- All Early Years programs monitor the immunisation status of the child, promotes adherence to the recommended immunisation schedule and provides education to families in relation to infectious diseases.

#### **Unwell Children**

Unwell children, as defined below, cannot be admitted to the education and care service in order toto safeguard the health of other children, staff and educators.



#### **Exclusion Criteria**

A child who has any of the following symptoms cannot attend to the service:

- any obvious signs of ill health (e.g. children with asthma obvious difficulty breathing, barking cough, rib retraction, etc).
- ear, eye or discoloured nasal discharge;
- an undiagnosed rash;
- high temperature;
- infectious sores or diseases; (children need a Doctor's clearance before re-admittance)
- vomiting and/or abnormally loose bowel actions for that child (exclude for 24 hours after last bout).

#### **Infectious Disease**

In the event of an outbreak of an Infectious Disease at the service; to help minimise the number of children and/or staff that become unwell, the service will:

i) Display a notice stating that there has been an occurrence of an infectious disease at the service premises,

i)ii) Notify immediately:

- Families, staff, /educators, volunteers and visitors to the aeffected service
- put a notification up at the service,
- visitors,
- •\_\_\_\_the Surf Coast Shire Council Environmental Health Unit (Health Department Victoria)- in the event of an outbreak only.

iii) <u>E</u>ensure that notification requirements to the regulatory authority are met in relation to an outbreak of an infectious disease that poses a risk to the health, safety or wellbeing of children attending the service through the NQAITS system

In accordance with the Department of Health and Human Service's *Minimum Period of Exclusion from primary schools and children's services centres for Infectious Diseases cases and contacts Schedule* (Department of Health and Human Service Vic), (Attachment 1); which also provides information on <u>when to contact</u> the Department of Health and Human Service.

iv) Take reasonable steps to prevent the spread of the infectious disease at the service (refer to 5.2 Infection Control Practices).

#### COVID-19

- Parent to notify Early Childhood setting when a child tests positive to COVID-19
- Post a notice stating that there has been an occurrence of COVID-19 at the premises.
- Staff to refer to the ECEC COVIDsafe settings guide when managing a positive COVID-19 case or household contact https://www.coronavirus.vic.gov.au/covidsafe-settings-guidance-ecec
- An ECEC provider or nominated supervisor should notify the department through the National Quality Agenda IT System (NQAITS) only if there is an outbreak of COVID-19 in the service (5 or more cases within a 7-day period) or if the service is to be closed.

#### **Staff/Educators Illness**

Staff with symptoms listed under the aforementioned *Exclusion Criteria* will not attend work or will be replaced and sent home if they start to display these symptoms while at work.

#### Immunisation of Children

Children's health, safety and wellbeing is a priority. We implement all regulatory requirements in this regard, including any jurisdictional conditions relating to enrolling children who are not up-to-date with their vaccinations.



The 'No Jab, No Play' law came into effect in Victoria from 1 January 2016. In order to finalise enrolment for a child in, kindergarten or occasional care, parents/carers must provide the service with an immunisation history statement that shows their child:

- is up to date with vaccinations for their age OR
- is on a vaccine catch-up schedule OR
- has a medical condition preventing them from being fully vaccinated.

When a child is enrolled at a Surf Coast Shire Council Early Years education and care service, parents/guardians are required to indicate if their child has been immunised on the *Enrolment Form* and upload a copy of the Immunisation status certificate/history statement of the child.

Children experiencing vulnerability and disadvantage are eligible to enrol in a service under a grace period, without having provided proof of up-to-date immunisation.

Families eligible for the grace period must meet the grace period eligibility requirements. The grace period eligibility form must be completed, refer to attachment 3. The family and staff will complete the grace period eligibility assessment form and this information will be placed with the child's enrolment information. Once completed the family has 16 weeks of the date the child first attends the service to provide an immunisation status certificate.

If an immunised disease outbreak is reported and medically confirmed the child who is not fully immunised and has been granted the grace period will be excluded from the service in accordance with the Department of Health's Minimum Period of Exclusion from primary schools and children's services centres for Infectious Diseases cases and contacts Schedule (Department of Health Vic), (Attachment 1); or as directed by the Department of Health.

Surf Coast Shire Council is required by the Victoria government to audit the immunisation status of children accessing early year's programs. Families may be requested throughout the year to provide an updated Immunisation History Statements which will be requested by their educator.

#### Staff/Educators Immunisation

Surf Coast Shire Council staff -who are required to undertake tasks which have been identified as having a risk of exposure to blood borne and other diseases are encouraged to have vaccinations for Hepatitis A, Hepatitis B and Tetanus.

#### Early Years Services Staff/Educators

Early Years Services staff/educators are encouraged to consider the following recommendations from the National Health and Medical Research Centre (NHMRC) (*Preventing infectious diseases in early childhood education and care services*).

It is vital that educators and staff are up to date with their vaccinations. Immunisation of educators / staff is an effective way to manage the risk in education and care services, because many diseases are infectious before the onset of symptoms. NHMRC recommends that all educators and staff are immunised against the following:

- Pertussis (Whooping Cough) this is especially important for educators-/-staff\_-caring for-/-having contact with the youngest children who are not fully vaccinated. Even if the adult were vaccinated in childhood, booster vaccination may be necessary because immunity to pertussis decreases over time.
- Measles Mumps Rubella (MMR) for educators / staff born during or since 1966 who do not have vaccination records of two doses of MMR, or do not have antibodies against rubella.
- Varicella (Chicken pox) for educators-/-staff who have not previously had varicella (a blood test is required to prove previous infection).
- Hepatitis A because young children can be infectious even if they are not showing any symptoms.
- Influenza All staff-/-educators should also consider having yearly influenza vaccinations. Influenza is very infectious and can spread through the air by coughing and sneezing, as well as by hands, cups and other objects that have been in contact with an infected persons mouth or nose.
- COVID-19 vaccination



## Definitions

#### **Infectious Disease**

Infectious diseases are disorders caused by organisms such as bacteria, viruses, fungi or parasites. Many organisms live in and on our bodies. They are normally harmless or even helpful, but some organisms under certain conditions may cause disease. Some infectious diseases can be passed from person to person. Some, however, are transmitted via bites from insects or animals. Others are acquired by ingesting contaminated food or water or other exposures in the environment. Signs and symptoms vary, but often include fever and chills. Mild complaints may respond to home remedies, while some lifethreatening infections may require hospitalisation. Many infectious diseases, such as measles and chickenpox, can be prevented by vaccines. Frequent and thorough hand-washing also helps protect you from infectious diseases.

#### Vaccine Preventable Disease

A vaccine-preventable disease is an infectious disease for which an effective preventive vaccine exists

### Attachments

- 1. *Minimum Period of Exclusion from primary schools and children's services centres for Infectious Diseases cases and contacts Schedule* (Department of Health and Human Service Vic)
- How to Wash Hands, Staying Healthy Preventing infectious diseases in early childhood education and care services, 5th edition 2012 (updated June 2013), NHMRC, Australian Government.
- 3. Grace period eligibility form

### **Related Procedure**

Nil.

### References

#### **Related Surf Coast Shire Council and Early Years Services Policies**

MPP 18SCS-014 (D13/4	1174) Workplace Occupational Health and Safety Policy
WHS 32.0 (D15/2311)	Surf Coast Shire Council Workplace Health and Safety Procedure - Infectious
	Diseases
WHS 8.0 (D14/15939)	Surf Coast Shire Council Workplace Health and Safety Procedure – First Aid
D15/32925	Early Years Medical Conditions and Medications Policy
D15/32929	Early Years Nappy Changing and Toileting Policy
D14/104807	Early Years Health, hygiene and Food Ssafety food practices Policy
D15/35312	Early Years Providing a Child Safe Environment Policy
D14/94986	Early Years Administration of First Aid Policy
D15/33004	Early Years Supervision of Children Policy
D15/16286	Early Years Access and Inclusion Policy
D22/217989D15/16297	Early Years Services Enrolment & Orientation Policy
D14/94973	Early Years Delivery of children to, and Collection from, education and care service
premises of Children Po	Policy

#### Related Surf Coast Shire Council and Early Years Services Work Instructions and Forms

D14/28444Early Years Breast Milk, Milk and Milk Formula Work InstructionsD15/63330Early Years Incident, Injury, Trauma and Illness Record FormD18/92421Early Years Immunisation No jab, No play Work InstructionsDET- COVIDSafe settings guidance for early childhood education and carehttps://www.coronavirus.vic.gov.au/covidsafe-settings-guidance-early-childhood-education-and-care

School exclusion table for primary schools and children's services https://www.health.vic.gov.au/infectious-diseases/school-exclusion-table



### **Document History**

Version	Document History	Approved by – Date
1	Approved	General Manager Culture and Community 1 April 214
2	Amendment/review	Manager Aged and Family – 1 April 2015
3	Amendment/review	Manager Aged and Family – 1 June 2016
4	Amendment/review	Manager Community Strengthening – 2 November 2018
5	Amendment/review	Manager Community Strengthening – 15 May 2020
6	Amendment/review	Manager Community Strengthening – 16 August 2021
7	Amendment/review	Manager Community Strengthening – 1 February 2022
8	Amendment/review	Manager Community Strengthening – 3 July 2023

**Attachment 1:** Minimum Period of Exclusion from primary schools and children's services centres for Infectious Diseases cases and contacts Schedule (Department of Health and Human Service Vic)

# Public Health and Wellbeing Regulations 2019 (regulation 111)

Primary schools and children's services such as child care centres and kindergartens are settings where there can be an increased risk for transmission of certain infectious diseases.

If you are in charge of a primary school or children's service, you must not allow a child to attend your primary school or children's service either:

- as specified in column 3 ('Exclusion of cases') of the table in Schedule 7 if you have been informed that the child is infected with an infectious disease listed in column 2 ('Condition') of the table, or
- as specified in column 4 ('Exclusion of contacts') of the table in Schedule 7 if you have been informed that the child has been in contact with a person who is infected with an infectious disease listed in column 2 ('Condition') of the table.

Occasionally, the Chief Health Officer may identify that a child is at material risk of contracting a vaccinepreventable disease. As a result, Chief Health Officer may direct a person in charge of a primary school or children's service to exclude that child. The Chief Health Officer will then direct when attendance can be resumed.

Table: Minimum period of exclusion from primary schools and children's services for infectious diseases cases and contacts (Public Health and Wellbeing Regulations 2019, Schedule 7)

Numbe	r Conditions	Exclusion of cases	Exclusion of contacts
1	Chickenpox	5 days after the rash appears	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded
2	Conjunctivitis	Exclude until discharge from eyes has ceased	Not excluded
3	Cytomegalovirus (CMV) infection	Exclusion is not necessary	Not excluded
4	Diarrhoeal illness		Not excluded



Numbe	r Conditions	Exclusion of cases Exclude until there has not been vomiting or a loose bowel motion for 24 hours	Exclusion of contacts
5	Diphtheria	Exclude until medical certificate of recovery is received following at least two negative throat swabs, the first not less than 24 hours after finishing a course of antibiotics and the other 48 hours later	Exclude family/household contacts until cleared to return by the Chief Health Officer
6	Glandular fever (Epstein-Barr Virus infection)	Exclusion is not necessary	Not excluded
7	Hand, Foot and Mouth disease	Exclude until all blisters have dried	Not excluded
8	Haemophilus influenza type b (Hib)	Exclude until 48 hours after initiation of effective therapy	Not excluded
9	Hepatitis A	Exclude until a medical certificate of recovery is received, but not before 7 days after the onset of jaundice or illness	Not excluded
10	Hepatitis B	Exclusion is not necessary	Not excluded
11	Hepatitis C	Exclusion is not necessary	Not excluded
12	Herpes (cold sores)	Young children unable to comply with good hygiene practices should be excluded while the lesion is weeping. Lesions to be covered by dressing, where possible	Not excluded
13	Human immuno- deficiency virus infection (HIV)	Exclusion is not necessary	Not excluded
14	Impetigo	Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing	Not excluded
15		Exclude until well	Not excluded unless considered necessary by the Chief Health Officer



Number	Conditions Influenza and influenza like illnesses	Exclusion of cases	Exclusion of contacts
16	Leprosy	Exclude until approval to return has been given by the Chief Health Officer	Not excluded
17	Measles	Exclude for at least 4 days after onset of rash	Immunised contacts not excluded. Unimmunised contacts should be excluded until 14 days after the first day of appearance of rash in the last case. If unimmunised contacts are vaccinated within 72 hours of exposure with any infectious case, or received Normal Human Immunoglobulin (NHIG) within 144 hours of exposure of any infectious case, they may return to the facility
18	Meningitis (bacterial other than meningococcal meningitis)	Exclude until well	Not excluded
19	Meningococcal infection	Exclude until adequate carrier eradication therapy has been completed	Not excluded if receiving carrier eradication therapy
20	Mumps	Exclude for 5 days or until swelling goes down (whichever is sooner)	Not excluded
21	Molluscum contagiosum	Exclusion is not necessary	Not excluded
22	Pertussis (Whooping cough)	Exclude the child for 21 days after the onset of cough or until they have completed 5 days of a course of antibiotic treatment	Contacts aged less than 7 years in the same room as the case who have not received three effective doses of pertussis vaccine should be excluded for 14 days after the last exposure to the infectious case, or until they have taken 5 days of a course of effective antibiotic treatment
23	Poliovirus infection	Exclude for at least 14 days from onset. Re admit after receiving medical certificate of recovery	Not excluded
24	Ringworm, scabies, pediculosis (head lice)	Exclude until the day after appropriate treatment has commenced	Not excluded



Number	Conditions	Exclusion of cases	Exclusion of contacts
25	Rubella (German measles)	Exclude until fully recovered or for at least four days after the onset of rash	Not excluded
26	Severe Acute Respiratory Syndrome (SARS)	Exclude until medical certificate of recovery is produced	Not excluded unless considered necessary by the Chief Health Officer
27	Shiga toxin or Verotoxin producing Escherichia coli (STEC or VTEC)	Exclude if required by the Chief Health Officer and only for the period specified by the Chief Health Officer	Not excluded
28	Streptococcal infection (including scarlet fever)	Exclude until the child has received antibiotic treatment for at least 24 hours and the child feels well	Not excluded
29	Tuberculosis (excluding latent tuberculosis)	Exclude until receipt of a medical certificate from the treating physician stating that the child is not considered to be infectious	Not excluded
30	Typhoid fever (including paratyphoid fever)	Exclude until approval to return has been given by the Chief Health Officer	Not excluded unless considered necessary by the Chief Health Officer

Explanatory notes:

- Diarrhoeal illness includes instances where certain pathogens are identified including Amebiasis (Entamoeba histolytica), Campylobacter spp., Salmonella spp., Shigella spp. and intestinal worms, but is not limited to infection with these pathogens.
- 'Medical certificate' means a certificate of a registered medical practitioner.
- Exclusion of cases and contacts is not necessary for latent tuberculosis.



Attachment 2: How to Wash Hands, Staying Healthy – Preventing infectious diseases in early childhood education and care services, 5th edition 2012 (updated June 2013), NHMRC, Australian Government.



THIS POSTER REFERENCES THE WORLD HEALTH ORGANIZATION'S 'HOW TO HANDWASH?' POSTER NHMRC Ref. CH55g Printed June 2013



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Attachment 3: Grace period eligibility form

# Grace period eligibility assessment form

If used, this form should be completed by the children's service while interviewing the parent/carer if acceptable documentation has not been provided for enrolment.

Staff should be aware that some of the questions on this form

- may have already been asked on other enrolment documentation which may indicate that they are eligible for the grace period. If this is the case, the assessment form may not be necessary; and
- may raise sensitive issues about a family's circumstances, so should be handled with appropriate care.

If the parent/carer answers 'yes' to one or more of the questions on the form overleaf, the child is eligible for the grace period. If any question is answered 'yes' it is not necessary to ask any of the other questions.

It is recommended that staff start the conversation by explaining to the parent/carer the reason they are asking the questions: to determine whether the child can be enrolled under the grace period provision, which allows 16 weeks for the family to undertake vaccination and/or obtain an acceptable immunisation status certificate. This can also be a chance for the family to get some extra help if they need it.

If used, a copy of this completed form should be kept with the child's enrolment record.

## Sensitive questions – guidance

'Is child protection involved with your family or have they been in the past?'

A family is considered to have been involved with child protection if any of the following apply:

- A report has been made about the child under the Children Youth and Families Act 2005
- The child has been or is on a protection order (including where the child has been or is in foster care or out-of-home care)
- The child or family have received support from child protection.

'Has your family received support through Family Services?'

'Family Services' includes support through services such as Child FIRST; services connect; a community-based child and family service; or an integrated family service.

'Are you living in crisis or emergency accommodation, or are you being supported by a housing agency?'

This question refers to children living in emergency or crisis accommodation or being supported by a housing agency or a family violence service, due to family violence or risk of family violence or homelessness.



# Grace period eligibility assessment form

Name of child:		
Name of parent:		
Date:		
Question	Yes	No
Is your child Aboriginal or Torres Strait Islander? (verbal response) [Note: if the answer to this question is yes, a Koori Education Support Officer can be engaged to support the family. See the Useful Contacts section of this Toolkit.] [Note: Aboriginal or Torres Strait Islander families may be engaged with, or wish to engage with, their local Aboriginal Community Controlled Health Organisation (ACCHO), for the purposes of accessing immunisation. For contact details for ACCHOs see the Useful Contacts section of this Toolkit.]		
Do you or your child hold a health care card? (sight a copy of card)		
Do you hold a pensioner concession card? (sight a copy of card)		
Do you hold a veterans affairs Gold or White card? (sight a copy of card)		
Is your child from a multiple birth of triplets or more? (sight a copy of the child's birth certificate)		
Are you and your child currently evacuated from your home due to an emergency such as a flood or bushfire? (verbal response)		
Is your child in the care of an adult who is not the child's parent due to an emergency or exceptional circumstance such as parental illness or incapacity? <i>(verbal response)</i>		
Did your child arrive in Australia as a refugee or asylum seeker? (verbal response)		
Is child protection involved with your family or have they been in the past? <i>(see note on previous page) (verbal response)</i>		
Has your family received support through Family Services? (see note on previous page) (verbal response)		
Are you living in crisis or emergency accommodation or are you being supported by a housing agency or family violence service? (see note on previous page)(verbal response)		
Assessment and records		
Is child eligible for the grace period	🗆 Yes	🗆 No
If Yes		
Date child will first attend the service		
Date the grace period ends (16 weeks after date child first attends)		
Has acceptable immunisation documentation been provided at the end of the 16 weeks?	🗆 Yes	🗆 No



Note: the legislation requires a service to take reasonable steps to obtain an immunisation status certificate, within 16 weeks of the date the child first attends the service. Services may wish to use this form to record the steps taken in that regard.

If acceptable immunisation documentation has not been provided by the end of the 16 week grace period, services should continue to use the resources included in the Immunisation Enrolment Toolkit to provide the family with ongoing support and information to bring their child's immunisations up to date.