
ARANDA AFTERS ASSOCIATION INCORPORATED



INFECTIOUS DISEASES POLICY

Implemented	Updated/Reviewed	Next Review Due By
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1 REFERENCES

NATIONAL QUALITY STANDARDS

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.

NATIONAL REGULATIONS

77	Health, hygiene and safe food practices.
88	Infectious diseases.
90	Medical conditions policy.
162	Health information to be kept in enrolment record.

2 AIM

Our service aims to minimise the spread of potentially infectious diseases between children, their families and staff by excluding children who may have an infectious disease or who are too ill to attend the service.

3 IMPLEMENTATION

3.1 Application

- The service will follow the ACT's exclusion requirements under law and the regulations, use the attached Recommended Minimum Periods of Exclusion to exclude children and educators and inform parents of exclusion and non-exclusion periods for infectious diseases.
- We will minimise the spread of potential infectious diseases between children, other children and educators by excluding children who may have an infectious disease or are too ill to attend the service and facilitating the prevention and effective management of acute illness in children.
- Notification of the child's parents or nominated contacts will occur immediately.
- All appropriate notifications to ACT Health must occur as soon as possible. The nominated supervisor is responsible for notifying ACT Health.
- Children might be brought to care with symptoms or signs of illness or while in care suddenly develop an illness that has not been diagnosed by a doctor, and that might be potentially infectious or potentially life-threatening for the child.
- Symptoms may not clearly fit those listed in exclusion diseases making it difficult for the service to decide whether to accept or exclude the child from the service. If we suspect a child may have an infectious disease, we will exclude the child until we receive a medical certificate stating the child is not contagious and is okay to attend the Service.

- Many illnesses, while not fitting exclusion criteria, can transmit disease to other children in care, and can make a child too ill to participate in normal activities. All children who are unwell should not attend the Service and we will ask parents of children who are unwell to collect the child from our Service or to make alternative arrangements for their child's care.

3.2 If an infectious disease arises at the service we will respond to any symptoms in the following manner:

- Isolate the child from other children.
- Ensure the child is comfortable and appropriately supervised by educators.
- Contact the child's parents or nominated emergency contact. If the child's parents are unavailable we will contact the next nominated person.

We will inform the contact of the child's condition and ask for a parent or other authorised person to pick the child up as quickly as possible.

Any person picking the child up from the service must be approved by the child's parents and be able to show identification.

- Ensure all toys used by the child are disinfected.
- Ensure all eating utensils used by the child are separated and sterilised.
- Provide information in the child's home languages (if required) to the best of our ability.
- Inform all service families and educators at the family day care residence or venue of the presence of an infectious disease.
- Ensure confidentiality of any personal or health related information obtained by the service and educators in related to any child or their family.
- The Director or another Responsible Person may require a child or staff member to provide a doctor's certificate on the first day back from an infectious illness stating they are okay to return to the Service.

3.3 Infectious Diseases requiring Notification to ACT Health Infectious Diseases notification should be directed to ACT Health using the form included in this Policy.

Appropriate ACT Health contact details are available on the form included in this Policy.

As outlined under Division 6.2, Section 105 (2) of Public Health Act 1997 (ACT), "a person who is responsible for the care, support or education of someone else must notify the chief health officer of the person if the first person believes, on reasonable grounds, that the other person has, or may have, a notifiable condition".

3.4 The Public Health Regulation 2000 (ACT) sets out the following requirements regarding infectious diseases:

- A person responsible for the child must, during the period of exclusion from school or home-based care, take reasonable precautions (appropriate to that condition) to prevent the child transmitting the condition.
- A person who knows or suspects that the person has a transmissible notifiable condition, or knows or suspects that the person is a contact of such a person, must take reasonable precautions (appropriate to that condition) against transmitting the condition.
- If a person responsible (the *responsible person*) for another person (the *other person*) knows or suspects that the other person has a transmissible notifiable condition, or knows or suspects

that the other person is a contact of such a person, the responsible person must take reasonable precautions (appropriate to the condition) to prevent the other person from transmitting the condition.

4 EXCLUSION FROM CHILD CARE AS REQUIRED BY ACT LAW/REGULATIONS

A parent of a child enrolled at the service must, as soon as possible, inform the person in charge of care if they have reasonable grounds for believing that the child has a condition mentioned in Schedule 1 of the Public Health Regulation 2000 (ACT) and any contacts the child has been in contact with.

The Schedule also lists exclusion periods which must be followed and the link is: <http://www.legislation.act.gov.au/sl/2000-1/current/pdf/2000-1.pdf>

If we become aware that a child or member of staff has contracted a “notifiable disease” we are required to complete and submit a “Report of Notifiable Disease or Related Death” Form to ACT Health (see Appendix 1).

5 RECOMMENDED MINIMUM PERIODS OF EXCLUSION

Sources:

- National Health and Medical Research Council.
- Staying Healthy -Preventing Infectious Diseases in Early Childhood Education and Care Services 5th edition, Commonwealth of Australia 2012.

NB: Children who are unwell should not attend the service.

The definition of “Contacts” will vary according to disease. Please refer to specific Fact Sheets in the Staying Healthy Publication for the definition of “Contacts”.

Recommended exclusion periods or other courses of action are recommended for the conditions listed below.

Condition	Exclusion Period	Exclusion of Contacts
<i>Amoebiasis</i> <i>(Entamoeba Histolytica)</i>	Exclude until diarrhoea ceases.	Not excluded.
<i>Campylobacter</i>	Exclude until there has not been a loose bowel motion for 24 hours. <small>(NB)</small>	Not excluded.
<i>Campylobacteriosis</i>	Exclude until diarrhoea ceases.	Not excluded.
<i>Candidiasis (“Thrush”)</i>	Exclusion is NOT necessary.	Not excluded.

Condition	Exclusion Period	Exclusion of Contacts
Chicken Pox (Varicella)	Exclude until all blisters have dried. This is usually at least five (5) days after the rash first appeared in unimmunised 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.
Chicken Pox (Varicella and Herpes Zoster)	Exclude until the last blister has scabbed over. The child should not continue to be excluded only because of some remaining scabs.	Not excluded. Any child with an immune deficiency (eg: with Leukaemia, or because of receiving chemotherapy) should be excluded for their own protection. Urgent medical advice should be sought, and varicellazoster immunoglobulin (ZIG) administered if necessary.
CMV (Cytomegalovirus Infection)	Exclusion is NOT necessary.	Not excluded.
Conjunctivitis (Acute Infectious)	Exclude until discharge from eyes ceases.	Not excluded.
Conjunctivitis	Exclude until discharge from the eyes has stopped unless a doctor has diagnosed non-infectious Conjunctivitis.	Not excluded.
Cryptosporidiosis	Exclude until diarrhoea ceases.	Not excluded.
Cryptosporidium	Exclude until there has not been a loose bowel motion for 24 hours. (NB)	Not excluded.
Diarrhoea	Exclude until diarrhoea ceases.	Not excluded.
Diarrhoea (No organism identified)	Exclude until there has not been a loose bowel motion for 24 hours. (NB)	Not excluded.
Fungal infections of the skin or nails (eg: Ringworm, Tinea)	Exclude until the day after starting appropriate anti-fungal treatment.	Not excluded.
German measles (See 'Rubella')		
Giardiasis	Exclude until there has not been a loose bowel motion for 24 hours. (NB)	Not excluded.

Condition	Exclusion Period	Exclusion of Contacts
<i>Glandular fever (Mononucleosis, EBV infection)</i>	Exclusion is NOT necessary.	Not excluded.
<i>Hand, Foot and Mouth Disease</i>	Exclude until all blisters have dried.	Not excluded.
<i>Haemophilus Influenzae – Type b (Hib)</i>	Exclude until the person has received appropriate antibiotic treatment for at least for four (4) days.	Not excluded.
<i>Head Lice (Pediculosis)</i>	Exclusion is NOT necessary if effective treatment begins before the next day at the Service. (The child doesn't need to be sent home immediately if head lice are detected).	Not excluded.
<i>Hepatitis A</i>	Exclude until a medical certificate of recovery is received and until at least seven (7) days after the onset of jaundice.	Not excluded. Contact a public health unit for specialist advice about treating or vaccinating children in the same room or group.
<i>Hepatitis B</i>	Exclusion is NOT necessary.	Not excluded.
<i>Hepatitis C</i>	Exclusion is NOT necessary.	Exclusion of Contacts - Not excluded.
<i>Herpes Simplex (Cold Sores, Fever Blisters)</i>	Exclusion is not necessary if the person is developmentally capable of maintaining hygiene practices to minimise the risk of transmission. If the person is unable to comply with these practices they should be excluded until the sores are dry. Sores should be covered by a dressing where possible.	Not excluded.
<i>Human Immunodeficiency Virus (HIV/AIDS)</i>	Exclusion is NOT necessary. If the person is severely immunocompromised, they will be vulnerable to other people's illnesses.	Not excluded.

Condition	Exclusion Period	Exclusion of Contacts
Human Parvovirus B19 <i>(Fifth Disease, Erythema Infectiosum, "Slapped Cheek Syndrome")</i>	Exclusion is NOT necessary.	Not excluded.
Hydatid Disease	Exclusion is NOT necessary.	Not excluded.
Impetigo ("School Sores")	Exclude until appropriate antibiotic treatment has commenced. Any sores on exposed skin should be covered with a watertight dressing.	Not excluded.
Influenza and influenza-like illnesses	Exclude until well.	Not excluded.
Listeriosis	Exclusion is NOT necessary.	Not excluded.
Measles	Exclude for four (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 fourteen (14) days after the first day of appearance of rash in the last case.
Meningitis (viral)	Exclude until 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.
Molluscum Contagiosum	Exclusion is NOT necessary.	Not excluded.
Mumps	Exclude for nine (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.	Exclusion of Contacts - Not excluded.
Pertussis (See "Whooping Cough")		

Condition	Exclusion Period	Exclusion of Contacts
<i>Pneumococcal Disease</i>	Exclusion until person is well.	Not excluded.
<i>Roseola</i>	Exclusion is NOT necessary.	Not excluded.
<i>Ross River Virus</i>	Exclusion is NOT necessary.	Not excluded.
<i>Rotavirus Infection</i>	Children are to be excluded from the service until there has not been a loose bowel motion or vomiting for 24 hours. ^(NB)	Not excluded.
<i>Rubella (German Measles)</i>	Exclude until fully recovered or for at least four days after the onset of the rash.	Not excluded.
<i>Salmonellosis (Salmonella Infection)</i>	Exclude until there has not been a loose bowel motion for 24 hours. ^(NB)	Not excluded.
<i>Scabies</i>	Exclude until the day after appropriate treatment has commenced.	Not excluded.
<i>Shigellosis</i>	Exclude until there has not been a loose bowel motion for 24 hours. ^(NB)	Not excluded.
<i>Streptococcal sore throat (including Scarlet Fever)</i>	Exclude until the person has received antibiotic treatment for at least 24 hours and feels well.	Not excluded.
<i>Toxoplasmosis</i>	Exclusion is NOT necessary.	Not excluded.
<i>Tuberculosis (TB)</i>	Exclude until medical certificate is produced from an appropriate health authority.	Not excluded. Contact a public health unit for specialist advice about screening, antibiotics or TB clinics.
<i>Varicella – See “Chickenpox</i>		
<i>Viral Gastroenteritis (Viral Diarrhoea)</i>	Excluded until there has not been a loose bowel motion for 24 hours. ^(NB)	Not excluded.
<i>Whooping Cough (Pertussis)</i>	Exclude until five (5) days after starting appropriate antibiotic treatment or for 21 days from the onset of coughing.	Exclusion of Contacts - Contact a public health unit for specialist advice about excluding non-vaccinated contacts, or antibiotics

Condition	Exclusion Period	Exclusion of Contacts
Worms	Exclude if loose bowel motions are occurring. Exclusion is not necessary if treatment has occurred.	Not excluded.
<i>(NB) If the cause is unknown, consider possible exclusion for 48 hours until the 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.</i>		

6 IMMUNISATION AND EDUCATORS

6.1 The National Health and Medical Research Council (NHMRC) recommend that educators should be immunised against:

- Hepatitis A.
- Measles-Mumps-Rubella (MMR).

6.2 Educators born during or since 1966 who do not have vaccination records of two doses of MMR, or do not have antibodies for rubella, require vaccination.

- Varicella if they have not previously been infected with chickenpox.
- Pertussis. An adult booster dose is especially important for those educators caring for the youngest children who are not fully vaccinated.
- Hepatitis B if caring for unimmunised children with intellectual disabilities (although the risk is low).

6.3 Our service will:

- Regularly provide educators and staff with information about diseases that can be prevented by immunisation through professional development information, fact sheets and the Staying Healthy in Childcare publication.
- Regularly advise educators and staff that some infectious diseases may injure an unborn child if the mother is infected while pregnant through professional development information, fact sheets and the Staying Healthy in Childcare publication. These infections include chickenpox, cytomegalovirus and rubella (German measles).
- Ask new employees to confirm in writing that we have provided this information during their induction.
- Encourage all non-immune staff to be vaccinated.
- Advise female educators / staff who are not fully immunised to consider doing so before getting pregnant.
- Advise pregnant educators and staff to review the Staying Healthy in Childcare publication and consult their medical practitioner to consider the risks of continuing to work at the service.
- Ensure pregnant educators and staff follow good infection control and hygiene procedures.

7 SOURCES

- Education and Care Services National Regulations 2011
- National Quality Standard
- Department of Health and Aging, National Immunisation Program Schedule
- NHMRC. Staying Healthy -Preventing Infectious Diseases in Early Childhood Education and Care Services 5th edition
- Public Health Act 1997
- Public Health Regulation 2000

8 APPENDIX 1 – REPORT OF NOTIFIABLE DISEASE OR RELATED DEATH

(for office use only) Notification Id: _____

ACT Government Health Report of Notifiable Disease or Related Death

DISEASE TO NOTIFY (☑ Tick box below)

- | | | |
|---|--|---|
| <input type="checkbox"/> Acquired Immunodeficiency Syndrome (AIDS) | <input type="checkbox"/> (Hib) (invasive only) ☑ | <input type="checkbox"/> Q fever |
| <input type="checkbox"/> Anthrax ☑ | <input type="checkbox"/> Hepatitis: <input type="checkbox"/> A ☑ <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E | <input type="checkbox"/> Rubella & congenital rubella syndrome |
| <input type="checkbox"/> Arbovirus infection (specify type): _____ | <input type="checkbox"/> Hepatitis – Infectious, not otherwise specified | <input type="checkbox"/> SARS (quarantinable) ☑ |
| <input type="checkbox"/> Avian Influenza (quarantinable) ☑ | <input type="checkbox"/> Human Immunodeficiency Virus (HIV) infection | <input type="checkbox"/> Salmonellosis |
| <input type="checkbox"/> Botulism ☑ | <input type="checkbox"/> Influenza laboratory-confirmed | <input type="checkbox"/> Shigellosis |
| <input type="checkbox"/> Brucellosis | <input type="checkbox"/> Legionellosis ☑ | <input type="checkbox"/> STEC/VTEC ☑ |
| <input type="checkbox"/> Campylobacteriosis | <input type="checkbox"/> Leprosy (Hansen's disease) | <input type="checkbox"/> Smallpox (quarantinable) ☑ |
| <input type="checkbox"/> Chlamydia trachomatis | <input type="checkbox"/> Leptospirosis | <input type="checkbox"/> Syphilis |
| <input type="checkbox"/> Cholera (quarantinable) ☑ | <input type="checkbox"/> Listeriosis | <input type="checkbox"/> Tetanus |
| <input type="checkbox"/> Creutzfeldt-Jakob Disease ☑ | <input type="checkbox"/> Lyssavirus ☑ (specify type): _____ | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Cryptosporidiosis | <input type="checkbox"/> Malaria | <input type="checkbox"/> Tularemia ☑ |
| <input type="checkbox"/> Diphtheria ☑ | <input type="checkbox"/> Measles ☑ | <input type="checkbox"/> Typhoid ☑ |
| <input type="checkbox"/> Donovanosis | <input type="checkbox"/> Meningococcal disease (invasive) ☑ | <input type="checkbox"/> Varicella |
| <input type="checkbox"/> Equine morbillivirus | <input type="checkbox"/> Mumps | <input type="checkbox"/> Viral haemorrhagic fever (quarantinable) ☑ (specify type): _____ |
| <input type="checkbox"/> Food poisoning (not elsewhere specified) ☑ | <input type="checkbox"/> Paratyphoid ☑ | <input type="checkbox"/> Yellow fever (quarantinable) ☑ |
| <input type="checkbox"/> Gastrointestinal illness cluster ☑ | <input type="checkbox"/> Pertussis | <input type="checkbox"/> Yersiniosis |
| <input type="checkbox"/> Giardiasis | <input type="checkbox"/> Plague (quarantinable) ☑ | |
| <input type="checkbox"/> Gonococcal infection | <input type="checkbox"/> Pneumococcal disease (invasive) | ☑ Notify by calling 6205 2155, preferably on the same day probable or confirmed diagnosis is made. Conditions that are not marked with a ☑ can be notified by fax or post within five days. |
| <input type="checkbox"/> Haemolytic Uraemic Syndrome (HUS) ☑ | <input type="checkbox"/> Poliomyelitis ☑ | |
| <input type="checkbox"/> Haemophilus influenzae serotype B | <input type="checkbox"/> Psittacosis (Ornithosis) | |

PATIENT DETAILS (Please print clearly ☑ Tick box below)

Family Name: _____		(first two letter for HBV, HCV, HIV, AIDS, STI)	
Given Name: _____		(first two letter for HBV, HCV, HIV, AIDS, STI)	
Residential Address: _____			
(postcode only for HBV, HCV, HIV, AIDS, STI)			
Phone Numbers: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: _____	
Aboriginal or Torres Strait Islander:			
<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal & Torres Strait Islander <input type="checkbox"/> Not stated <input type="checkbox"/> Not asked			
Occupation:			
<input type="checkbox"/> Commercial food handler <input type="checkbox"/> Health care worker <input type="checkbox"/> Child care worker <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Not asked			
Recent travel outside ACT: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not asked		When: _____	Where: _____

CLINICAL DETAILS

Date of Onset: _____	Hospitalised: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Died: <input type="checkbox"/> Yes <input type="checkbox"/> No		

PATHOLOGY DETAILS

Pathology Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date collected: _____	
<input type="checkbox"/> ACT Pathology	<input type="checkbox"/> Capital Pathology	<input type="checkbox"/> Mayne Pathology	<input type="checkbox"/> Other (specify) _____

CLINICAL COMMENTS

I have informed the patient that ACT Health has been notified and may contact them

NOTIFIER DETAILS

Name: _____	<input type="checkbox"/> GP <input type="checkbox"/> LAB <input type="checkbox"/> HOSPITAL <input type="checkbox"/> OTHER		
Address: _____			
Telephone: _____	Signature: _____	Date: _____	

Please fax this form to: 02 6205 1739

06/0560

Or send to:
 Surveillance Officer
 Health Protection Service
 Communicable Disease Control Section
 Reply Paid 83006
 Weston Creek ACT 2611

If you require additional copies of this form please go to www.health.act.gov.au

If you have any enquiries please contact Health Protection Service, Communicable Disease Control on Ph: 02 6205 2155