

## Education and Care Services National Regulations

Regulation	Description
4.2.2; 85	Incident, injury, trauma and illness policies and procedures
4.2.2; 86	Notification to parents of incident, injury, trauma and illness
4.2.2; 87	Incident, injury, trauma and illness record
4.2.2; 88	Infectious Diseases

## National Quality Standards for Children’s Education and Care Services

Quality Area	Description
<b>QA 2</b>	<b>Children’s Health and Safety</b>
2.1	Each child’s health is promoted
2.1.1	Each Child’s health needs are supported
2.1.3	Effective hygiene practices are promoted and implemented
2.1.4	Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines.

## ACT Public Health Regulation, 2000

Regulation	Description
2.2.8 (2)	Provision of immunisation history on enrolment at school
2.3	Vaccine preventable diseases in school

## Related Policies and Procedures

CE Management of Infectious Diseases in Schools  
 Medical Welfare of Students  
 Work Health and Safety ACT/NSW  
 ELC First Aid, Incident, Injury, Trauma and Critical Illness Policy  
 Animal Use in Schools ACT/NSW

## Purpose

This policy endeavours to outline the expected practices for Catholic Education Archdiocese of Canberra Goulburn (CE) Early Learning Centres (ELCs) regarding the prevention and management of infectious diseases. CE ELCs support the Immunise Australia Program and National Immunisation Program (NIP) by encouraging all staff and students to be fully immunised. CE ELCs are also dedicated to preventing the spread of infectious diseases by educating staff and students of the importance of simple and effective health and hygienic practices, such as hand-washing, and incorporating effective workplace health and safety practices into daily processes. For information regarding the treatment of students when they become ill while at the centre, please consult the ELC First Aid, Incident, Injury, Trauma and Critical Illness Policy.

## Definitions

### Infectious Disease

A disease caused by a microorganism or other agent, such as bacterium, fungus, or virus that enters the body of an organism. These diseases can be spread either directly or indirectly between people.

**Bacteria:**

A relatively complex single cell organism which is capable of reproducing on its own. Bacteria can live and reproduce in a variety of environments (eg. wet, dry, hot, cold, etc.). Most bacteria are harmless, or even helpful assisting the body to process food and vitamins and to destroy disease causing cells. Less than 1% of bacteria cause diseases in people. Common bacterial infections include pneumonia, ear infections, diarrhea, urinary tract infections, and skin disorders. Antibiotics are effective in treating most forms of bacterial infections.

**Viral:**

Viruses are smaller than bacteria, however are unable to survive without a host. Viruses reproduce and spread by attaching themselves to other healthy cells, and reprogramming them to become new viruses. Antibiotics are ineffective in treating viral infections or diseases. Vaccination is the most effective form of prevention for the contraction of serious illnesses such as polio, measles and chickenpox.

**Fungal:**

A primitive organism that reproduce through tiny spores in the air. Occasionally people inhale the spores or they can land on you. As a result, fungal infections often start in the lungs or on the skin. People with weakened immune systems or who are currently taking antibiotics are most susceptible to fungal infections or illnesses. Usually these illnesses manifest as yeast infections or skin irritations, but can also manifest in flu-like symptoms. Fungal infections usually progress slowly and are rarely considered life threatening.

**Infection:**

The invasion of the organism's body tissues by bacterium, viral or fungal infections. These multiply in the body and can produce toxins which cause illness

**Immune System:**

A system of internal biological structures and processes of an organism which fight infection and protects against disease.

**Immunisation:**

Through exposure to different pathogens, the immune system develops the ability to recognise pathogens (eg. fungi, bacteria or viruses) from the body's own tissue. The body is then able to kill off these pathogens along with any infected cells or tissue.

**Herd Immunity:**

By decreasing the number of individuals who harbour these infections in an individual's immediate vicinity, these individuals are less likely to be exposed to, and therefore contract the infection. Babies who are too young to be immunised and have not yet had the opportunity to build their immunity, or children who are unable to be immunised can be highly susceptible to infections, and as such minimised exposure is the only form of protection offered to these individuals.

**Immunocompromised Staff or Students**

Refers to any student that has an impaired immune system. Immunocompromisation is often a result of irradiation, chemotherapy, malnutrition, or certain diseases (eg. leukaemia).

**Vaccination:**

People are administered an injection which generally contains a dead or modified version of a germ. The body

detects the presence of this germ and fights it off. Once an immune system has been exposed to this germ, it is generally able to recognise it and kill pathogens or infected cells faster if the individual is exposed to an active strain of the infection in future.

### Prevention of Infectious Diseases

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The National Health and Medical Research Council suggests that the three most effective methods to reduce the occurrence of infectious disease, and to reduce the risk of contagion when they occur are:

- Immunisation
- Exclusion of sick students, staff and visitors
- Effective hygiene practices (eg. handwashing)

### Immunisation

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CE ELCs support the Immunise Australia Program and the National Immunisation Program (NIP), and requires all parents to provide a full immunisation record for their child prior to the child's enrolment at the ELC. ELCs are required to store all immunisation records until the student is 25 years old. ELCs are recommended to provide information to parents regarding immunisation and the suggested [immunisation schedule](#), through newsletters or signage located at the centre which may assist to remind parents of looming immunisation or booster dates.

Parents who make the decision not to vaccinate or only partially vaccinate their child are still required to provide an immunisation record. As there is insufficient evidence to support the efficacy of naturopathic or homeopathic vaccinations, students and staff members who have been immunised in this manner are to be considered unimmunised. Immunisation records must remain confidential. Staff must not provide information to unauthorised enquiring parties regarding the immunisation status of a child/ren at the service.

#### Immunisation of Staff

Employees should be encouraged to be vaccinated, as records show that staff in childcare and early learning centres often have not received the suggested immunisations. It is recommended that centres encourage staff to have immunisations and booster shots for pertussis, diphtheria, tetanus, measles and Hepatitis A and C for their own protection, as well as annual influenza vaccinations. Schools should also consider staff immunisation incentives (eg. free or subsidised immunisations, paid leave to receive their vaccinations, nurses attending the centre to provide vaccinations). For information regarding funding assistance for such programs, ELCs should consult the CE Work Health and Safety Officer. Staff who choose not to immunise do so at their own risk.

### Exclusion

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To protect the safety and wellbeing of students and staff at CE ELCs, students or staff who are diagnosed with an infectious disease will be excluded from the centre according to the periods outlined by ACT Health. During a period of exclusion, students and staff may not attend the centre in any capacity. Once the individual has sufficiently recovered and the exclusion period has passed, the individual may return to the centre. Employees directly involved with food preparation may face longer exclusion periods depending upon the nature of their role, and illness.

When there is an outbreak of certain serious infectious diseases, certain groups should also consider excluding themselves. These groups include:

- Immunocompromised staff or students
- unvaccinated staff or students

- partially vaccinated staff or students

These groups should consider exclusion as:

- These infectious diseases are recognised by health authorities to cause serious illness. If a student or staff member is not vaccinated they are at a significantly increased risk of contracting the infection
- Other students or staff members may have contracted the illness when exposed but may not be exhibiting symptoms yet. Exclusion prevents these individuals from being exposed further which may increase their risk of developing the illness.
- If the student or staff member develops symptoms, they may spread the infection to others who have been immunised, but whose immune system did not respond fully to the vaccine

Parents of unimmunised or immunocompromised students should be contacted in the event of an outbreak of an immunisable illness and strongly advised to consider exclusion of their child/ren. If necessary, further action may be required.

## Exclusion Periods

CE ELCs follow the National Health and Medical Research Council of Australia guidelines for minimum exclusion periods following the diagnosis of an infectious disease. The exclusion periods outlined below are minimum requirements supported by the Australian Government. If a student or staff member is not well enough to undertake normal activities, they will be required to remain excluded until they have recovered. If the centre believes that a student is not well enough to undertake normal activities, parents will be required to collect their child. If parents disagree with the centre's decision, they are required to obtain a medical certificate stating that the child is not contagious, and is fit for attendance. The exclusion dates provided are the recommended exclusion periods as of May 2015, and should only be used as a guide. For more information regarding the current recommended exclusion periods to be followed, please visit: <http://www.health.act.gov.au/>. Information regarding each condition and the associated symptoms is available by following the hyperlinks available for each condition.

PERIODS OF EXCLUSION		
Condition	Exclusion of case	Exclusion of contacts
<a href="#">Camphylobacter</a> infection	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
<a href="#">Candidiasis</a> (thrush)	Not excluded	Not excluded
<a href="#">Cytomegalovirus</a> (CMV) Infection	Not excluded	Not excluded
<a href="#">Conjunctivitis</a>	Exclude until discharge from the eyes has stopped, unless a doctor has diagnosed non-infectious conjunctivitis	Not excluded
<a href="#">Cryptosporidium</a>	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
<a href="#">Diarrhoea</a> (no organism defined)	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
* <a href="#">Diphtheria</a>	Exclude until at least two negative throar swabs have been taken (the first not less than 24 hours after cessation of antibiotic treatment and the second not less than 48 hours later) and a medical certificate has been received recommending cessation of the exclusion.	Exclude any siblings or inhabitants of the same home  *Contact a public health unit for specialist advice regarding exclusion
<a href="#">Fungal infections</a> of the skin or nails (eg. ringworm, tinea, etc.)	Exclude until the day after starting appropriate antifungal treatment	Not excluded

<a href="#">Giardiasis</a>	Exclude until there has not been a loose bowel movement for 24 hours	Not excluded
<a href="#">Glandular fever</a> (Epstein-Barr virus, mononucleosis)	Not excluded	Not excluded
<a href="#">Hand, Foot and Mouth Disease</a>	Exclude until all blisters have dried	Not excluded
* <a href="#">Haemophilus influenza</a> type B (Hib)	Exclude until the person has received appropriate antibiotic treatment for at least 4 days	Not excluded *Contact a public health unit for specialist advice regarding exclusion
<a href="#">Head lice</a>	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
* <a href="#">Hepatitis A</a>	Exclude until a medical certificate of recovery is received <u>and</u> until at least 7 days after the onset of jaundice	Not excluded *Contact a public health unit for specialist advice regarding vaccinating or treating children in the same room.
<a href="#">Hepatitis B</a>	Not excluded	Not excluded
<a href="#">Hepatitis C</a>	Not excluded	Not excluded
<a href="#">Herpes simplex</a> (cold sores, fever blisters)	ELC students should be excluded until the sores are dry. Sores should be covered with a dressing where possible.	Not excluded
<a href="#">Human Immunodeficiency Virus</a> (HIV)	Not excluded, however people with severely compromised immune systems may be vulnerable to other people's illnesses	Not excluded
<a href="#">Human Parvovirus</a>	Not excluded	Not excluded
<a href="#">Hydatid disease</a>	Not excluded	Not excluded
<a href="#">Impetigo</a>	Exclude until appropriate antibiotic treatment has started. Any sores on exposed skin should be covered with a watertight dressing.	Not excluded
<a href="#">Influenza</a> and influenza like illnesses	Exclude until person is well	Not excluded
<a href="#">Listeriosis</a>	Not excluded	Not excluded
<a href="#">Measles</a>	Exclude for 4 days after the onset of the rash	Immunocompromised or unimmunised staff and students should be excluded until 14 days after the first day of appearance of rash in the last case.  If unimmunised individual are vaccinated within 72 hours of their first contact with the first case, they may return to School.
<a href="#">Meningitis</a>	Exclude until person is well	Not excluded
* <a href="#">Meningococcal</a> infection	Exclude until appropriate antibiotic treatment has been completed	Not excluded *Contact a public health unit for specialist advice regarding vaccinating or treating children in the same room.
<a href="#">Mumps</a>	Exclude for 9 days, <u>or</u> until swelling goes down (whichever occurs first)	Not excluded
<a href="#">Norovirus</a>	Exclude until there has not been a loose bowel motion or vomiting for 48 hours.	Not excluded

<a href="#">Pertussis (Whooping Cough)</a>	Exclude until 5 days after starting appropriate antibiotic treatment, <u>or</u> for 21 days from the onset of coughing.	Exclude immunocompromised or unvaccinated staff or students, as well as any siblings or inhabitants of the same home who have not received 3 doses of the pertussis vaccine until they have received 5 full days of antibiotic treatment.  If the individual chooses not to take antibiotics, they must be excluded for 21 days.
<a href="#">Pneumococcal</a> disease	Exclude until person is well	Not excluded
<a href="#">Roseola</a>	Not excluded	Not excluded
<a href="#">Ross River Virus</a>	Not excluded	Not excluded
<a href="#">Rotavirus</a> infection	Exclude until there has not been a loose bowel movement or vomiting for 24 hours.	Not excluded
<a href="#">Rubella</a> (German Measles)	Exclude until the person has fully recovered, at least 4 days after the onset of the rash	Not excluded
<a href="#">Salmonellosis</a>	Exclude until there has not been a loose bowel movement for 24 hours	Not excluded
<a href="#">Scabies</a>	Exclude until the day after starting appropriate treatment	Not excluded
<a href="#">Shigellosis</a>	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
<a href="#">Streptococcal</a> sore throat (including scarlet fever)	Exclude until the person has received antibiotic treatment for at least 24 hours and feels well.	Not excluded
<a href="#">Toxoplasmosis</a>	Not excluded	Not excluded
* <a href="#">Tuberculosis (TB)</a>	Exclude until medical certificate is provided from the appropriate health authority	Not excluded *Contact a public health unit for specialist advice about screening, antibiotics or specialist TB clinics
<a href="#">Varicella</a> (Chicken Pox)	Exclude until all blisters have dried, which is usually at least 5 days after the blisters first appeared in non-immunised children, and less in immunised children.	Exclude immunocompromised staff or students
<a href="#">Worms</a>	Not excluded, unless suffering loose bowel movements or treatment is not sought	Not excluded

## Notification Procedures

ELC Staff are required to notify the Chief Health Officer if they have reason to believe that a student either has a vaccine preventable disease, or has been exposed to a vaccine preventable disease which they have not been immunised against. In order to satisfy this requirement ELCs are required to report any incident of the following vaccine preventable illnesses:

- Diphtheria
- Haemophilus influenza type B (Hib)
- Measles
- Meningococcal C
- Mumps
- Poliomyelitis
- Rubella
- Whooping Cough (Pertussis)

If an educator becomes aware of, or has reasonable suspicion that a student or staff member who has not been vaccinated has

been exposed to one of these illnesses in any capacity, this should also be reported immediately. It is then the Chief Health Officer's responsibility to decide whether to exclude these individuals.

### **Management of students and staff with infectious diseases**

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Parents should be actively encouraged to keep children who are unwell at home to prevent the spread of infection to other students or educators. Students who become unwell while in the care of the centre should be immediately separated from the other students to minimize the risk of contagion, and transferred to the care of a parent/guardian/caregiver. It is the ELC's responsibility to ensure the child is made as comfortable as possible until they are collected by a parent or carer. Additional care and precautions should be taken to ensure that any bodily fluids are cleaned quickly and thoroughly, and that areas and toys that the child was playing with are disinfected.

Following the incident of an infectious disease occurring at the centre, parents must be advised of its occurrence within 24 hours of the centre being advised. ELCs should communicate the occurrence of such an illness through placing a poster or similar form of communication in the entry way to the centre. This communication should not identify parties involved, but rather simply state the occurrence of an illness (eg. "A student at the ELC has recently contracted the Chicken pox").

### **Effective hygiene practices**

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As a person with an infection may be contagious both prior to exhibiting symptoms and in their recovery, a person with an infection may not always be easily recognised. While this makes it impossible to prevent the spread of all infections in ELCs, effective hygiene practices can impact significantly upon the spread of infections. All ELCs are required to implement procedures which encourage effective hygiene practices and infection control to minimise the contagion of infectious illnesses and infections. Examples of procedures which assist in the control of contagion include:

- Hand washing
- Food handling
- Cough etiquette
- Nappy changing
- Appropriate use of gloves and other protective equipment
- Effective cleaning practices

Staff should be provided with appropriate Personal Protective Equipment (PPE) (eg. disposable gloves), and reminded of Work Health and Safety requirements to wear gloves when handling bodily fluids (ie. Changing nappies, assisting with toileting, cleaning wounds /other bodily fluids). It is also important to teach students the importance of hygiene in stopping the spread of germs, and actively encouraging them to regularly wash their hands, use cough etiquette, and not share food.

### **Further Information**

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ACT Health Protection Service, <http://www.health.act.gov.au/>

For specific information or to report an incident of an infectious disease contact ACT Health Communicable Disease Control on 6205 2155.

### **References**

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