



ASHCROFT PUBLIC SCHOOL

Dealing with Infectious Diseases Procedure

Reviewed: 11/2022

To be reviewed: 2023

Associated National Quality Standards	Education and Care Services National Law or Regulation	Associated department policy, procedure or guideline
2.1	Regulation 88	Leading and operating department preschool guidelines Student health in NSW schools: A summary and consolidation of policy
Pre-reading and reference documents		
NSW Immunisation Enrolment Toolkit Staying Healthy (5th Ed.): Preventing infectious diseases in early childhood education and care services NSW Government Food Authority: Children's Services		
Procedure		
Hygiene Practices	<ul style="list-style-type: none"> • Preschool educators model, explicitly teach and support the implementation of health and hygiene practices during play experiences and daily routines to reduce the spread of infection. <p>Hand washing</p> <ul style="list-style-type: none"> • Educators explicitly teach and reinforce effective handwashing using the following points; <ul style="list-style-type: none"> - use soap and running water - wash hands thoroughly while singing a familiar nursery rhyme, such as <i>Twinkle Twinkle</i> or <i>Happy Birthday</i>. - wash all parts of the hands including sides and between the fingers - rinse hands well to remove soap - dry hands with a new paper towel, then dispose of it in the bin • Children are asked to wash their hands several times during the day, including: <ul style="list-style-type: none"> - on arrival - before and after eating - after using the bathroom - after coughing or sneezing - after outdoor play <p>Coughing and sneezing</p> <ul style="list-style-type: none"> • If children need to cough or sneeze, the children are encouraged to do so into the crook of their arm, rather than a hand. This way, germs aren't spread around the preschool as the child touches things and we are able to minimise the spread of infection. Children are explicitly taught this all throughout the year. <p>Nose blowing</p> <ul style="list-style-type: none"> • Independent nose blowing is taught and reinforced. 	
Maintaining a	<ul style="list-style-type: none"> • Educators maintain a clean and hygienic environment by following the 	

<p>clean, hygienic environment</p>	<p>guidelines in <i>Staying Healthy (5th Ed.): Preventing infectious diseases in early childhood education and care services</i>. This includes:</p> <ul style="list-style-type: none"> - All adults wash and dry their hands thoroughly. - Tissues and paper towels are single-use only. - Educators use disposable gloves at all times when dealing with bodily fluids, secretions or excreta and disinfectant for surface cleaning. - Dispose of gloves, paper towels and tissues immediately after use into the bin with a disposable lining - Ensure food preparation is done in the kitchen. - Ensure any soiled clothing is dealt with in the laundry. - Follow hand washing, nappy changing and cleaning guidelines, as displayed in the preschool. - The preschool, furniture, equipment and toys are regularly cleaned / washed and well maintained. Any mouthed toys, are placed in a container to be cleaned. - A contracted cleaner cleans the preschool once a day. They remove rubbish, clean the floors, bathrooms and table tops. - Table-tops, mouthed toys, dirty linen, cleaning cloths and loaned hats are washed daily. The preschool SLSO will wash appropriate items in the washing machine and disinfect toys. - Food handling, preparation and storage practices implement the recommendations of the NSW Health Food Authority. - Bodily fluids, such as blood, vomit, any contaminated items used in first aid and nappies are handled and disposed of safely. These items (if safe to do so) are placed in a plastic bag, tied and disposed of in the kitchen bin. Any sharps are disposed of in an appropriate sharps container. - Any soiled children's clothing is placed in a labelled, sealed plastic bag to be taken home by the Preschool SLSO and washed by the child's family. All bags containing soiled clothes, are kept in the laundry in a container with a lid. Children do not have access to the locked laundry.
<p>Sick children</p>	<ul style="list-style-type: none"> • If a child arrives at preschool obviously unwell, an educator will discuss the child's condition with their parent or carer to determine if they will be requested to take the child home or not. Preschool educators will ask parents about the child's recent symptoms. Educators may seek the advice from the principal before asking the parent to take the child home. • Families are asked to keep any child who is unwell at home until they are fully recovered, particularly if they are contagious, have a severe cough, diarrhoea or continually runny nose. • If a child becomes ill whilst at preschool, or is displaying symptoms of a potentially infectious disease, they will be isolated from the other children. They will be kept under close supervision from the preschool SLSO and made comfortable in a quiet area (e.g. reading area). • All items the child comes into contact with while resting will be removed and washed so no other child comes into contact with them (e.g. pillow, sheet). • In certain circumstances, the child's parent or carer will be contacted by the preschool teacher and asked to collect their child after consulting with the principal. These could include: <ul style="list-style-type: none"> - head injury - vomiting

	<ul style="list-style-type: none"> - diarrhoea - unwell and condition deteriorating <ul style="list-style-type: none"> • If a child appears very unwell and needs urgent medical attention an ambulance will be called. Preschool staff will notify the main school office who will call the ambulance. If it is a life-threatening emergency, preschool staff will call the ambulance and then notify the main school office and principal.
Immunisation	<ul style="list-style-type: none"> • Children cannot commence preschool unless their parent / carer has provided an <i>Australian Immunisation Register (AIR)</i> history form or history record that shows the child: <ul style="list-style-type: none"> - is fully immunised for their age, or; - has a medical reason not to be vaccinated, or; - is on a recognised catch-up schedule. • There is a 12 - week temporary exemption for children evacuated during a state of emergency, in emergency out of home care or Aboriginal and Torres Strait Islander children. • If a parent or carer produces a letter from a doctor or international immunisation information, they will be asked to take their documentation to a doctor to obtain the correct AIR history form or record (catch –up schedule) before the child can commence preschool. • A copy of each child's immunisation history statement or record (catch – up schedule) is stored in their enrolment folder in the main school office. • An immunisation register is maintained by the main school office and communicated to preschool staff. • Families of children turning four during the preschool year are reminded to supply the school office with their child's updated immunisation history statement or record. Families will be reminded verbally by the preschool teacher and will also receive a letter outlining the required action. Note – the child's enrolment cannot be terminated if the family do not provide the updated record.
Toileting and nappy changing	<ul style="list-style-type: none"> • Educators will support children with their toileting, giving individuals the particular support they need, whilst encouraging them to be responsible for their own toileting and hand washing. • If a child wears a nappy, they will be changed following the guidelines on the <i>Changing a nappy without spreading germs</i> poster (Staying Healthy in Childcare), as displayed in the preschool bathrooms. • Each family will be asked to pack a spare set of their child's clothes in their bag each day. If a child requires a change of clothes, this will be done so following the guidelines, as displayed in the preschool bathrooms. • If a child who wears nappies enrolls in the preschool, a nappy changing area will be organised with a sink nearby. This will be separate from craft and food preparation areas. • Spare clothing is also kept at preschool in the event of spare clothing not being available in the student's bag.
Children with an infectious disease and exclusion	<ul style="list-style-type: none"> • Children with a diagnosed infectious disease will be excluded from attending preschool for the minimum exclusion period recommended in table 1.1 of <i>Staying Healthy (5th Ed.): Preventing infectious diseases in early childhood education and care services</i>. This table is included in the parent information pack which is provided upon enrolment and displayed in the preschool foyer. • If the outbreak is for a vaccine preventable disease, any child not immunised for that disease (i.e. on a catch - up schedule), will also be

	<p>excluded from preschool. Advice regarding the length of exclusion will be sought from the public health unit (phone 1300 066 055).</p> <ul style="list-style-type: none"> • If a child is suspected of having an infectious disease, for example chicken pox, they will be isolated from the other children, made comfortable and supervised by a staff member until collected.
Notification of an infectious disease	<ul style="list-style-type: none"> • If an enrolled preschool child is diagnosed with an infectious disease, all parents and carers will be notified via a message posted at the preschool entrance and on Seesaw. Confidentiality of the child will be maintained. • Any communications with families will maintain the privacy of the infected child. • All parents and carers will be supplied with a factsheet about the disease which lists its symptoms. Factsheets used will be obtained from <i>Staying Healthy (5th Ed.): Preventing infectious diseases in early childhood education and care services</i>. • Early Learning will be notified (phone 1300 083 698) as soon as practical. • The local public health unit will be contacted (phone 1300 066 055) if the outbreak is of a vaccine preventable disease, as soon as practical. Their directions relating to the provision of information to families and / or the exclusion of children will be followed.

Record of procedure's review	
Date of review and who was involved	
03/11/2022	Karen Ali, Sarah Philp, Shayla Rash
Key changes made and reason/s why	
Sections created to make procedure clearer to follow	
Record of communication of significant changes to relevant stakeholders	
Procedure displayed in preschool foyer and communicated to staff at staff meeting.	

Copy and paste a new table to record each occasion the procedure is reviewed.

Recommended minimum exclusion periods

ADAPTED FROM STAYING HEALTHY | 5TH EDITION | 2013

Condition	Exclusion of case	Exclusion of contacts ^a
Campylobacter infection	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Candidiasis (thrush)	Not excluded	Not excluded
Cytomegalovirus (CMV) infection	Not excluded	Not excluded
Conjunctivitis	Exclude until discharge from the eyes has stopped, unless a doctor has diagnosed non-infectious conjunctivitis	Not excluded
Cryptosporidium	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Diarrhoea (No organism identified)	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Fungal infections of the skin or nails (e.g. ringworm, tinea)	Exclude until the day after starting appropriate antifungal treatment	Not excluded
Giardiasis	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Glandular fever (mononucleosis, Epstein Barr virus (EBV) infection)	Not excluded	Not excluded
Hand, foot and mouth disease	Exclude until all blisters have dried	Not excluded
Haemophilus influenzae 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
Head lice (pediculosis)	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
Hepatitis A	Exclude until a medical certificate of recovery is received and until at least 7 days after the onset of jaundice	Not excluded. Contact a public health unit for specialist advice about vaccinating or treating children in the same room or group
Hepatitis B	Not excluded	Not excluded
Hepatitis C	Not excluded	Not excluded
Herpes simplex (cold sores, fever blisters)	Not excluded if the person can maintain hygiene practices to minimise the risk of transmission. If the person cannot comply with these practices (e.g. because they are too young), they should be excluded until the sores are dry. Sores should be covered with a dressing, where possible	Not excluded
Human immunodeficiency virus (HIV)	Not excluded. If the person is severely immune compromised, they will be vulnerable to other people's illnesses	Not excluded
Human parvovirus B19 (fifth disease, erythema infectiosum, slapped cheek syndrome)	Not excluded	Not excluded
Hydatid disease	Not excluded	Not excluded
Impetigo	Exclude until appropriate antibiotic treatment has started. Any sores on exposed skin should be covered with a watertight dressing	Not excluded
Influenza and influenza-like illnesses	Exclude until person is well	Not excluded
Listeriosis	Not excluded	Not excluded
Measles	Exclude for 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 14 days after the appearance of the rash in the last case
Meningitis (viral)	Exclude until person is 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 as the case
Molluscum contagiosum	Not excluded	Not excluded
Mumps	Exclude for 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	Not excluded
Pertussis (whooping cough)	Exclude until 5 days after starting appropriate antibiotic treatment, or for 21 days from the onset of coughing	Contact a public health unit for specialist advice about excluding non-vaccinated and incompletely vaccinated contacts, or antibiotics
Pneumococcal disease	Exclude until person is well	Not excluded
Roseola	Not excluded	Not excluded
Ross River virus	Not excluded	Not excluded
Rotavirus infection	Exclude until there has not been a loose bowel motion or vomiting for 24 hours ^b	Not excluded
Rubella (German measles)	Exclude until fully recovered or for at least 4 days after the onset of the rash	Not excluded
Salmonellosis	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Scabies	Exclude until the day after starting appropriate treatment	Not excluded
Shigellosis	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Streptococcal sore throat (including scarlet fever)	Exclude until the person has received antibiotic treatment for at least 24 hours and feels well	Not excluded
Toxoplasmosis	Not excluded	Not excluded
Tuberculosis (TB)	Exclude until medical certificate is produced from the appropriate health authority	Not excluded. Contact a public health unit for specialist advice about screening, antibiotics or specialist TB clinics
Varicella (chickenpox)	Exclude until all blisters have dried—this is usually at least 5 days after the rash first appeared in non-immunised 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
Viral gastroenteritis (viral diarrhoea)	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Worms	Exclude if loose bowel motions are occurring. Exclusion is not necessary if treatment has occurred	Not excluded

^a The definition of 'contacts' will vary according to the disease—refer to the specific fact sheet for more information.

^b If the cause is unknown, possible exclusion for 48 hours until 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.

Adapted from SA Health Communicable Disease Control Branch: <http://www.dh.sa.gov.au/pehs/branches/branch-communicable.htm>. Note that exclusion advice is consistent with Series of National Guidelines (SoNGs) where available.

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