



QUALITY AREA 2: CHILDREN'S HEALTH & SAFETY

Dealing with Infectious Diseases & Immunisation

Last Policy Review: Feb 2019

Next Policy Review: Feb 2021

PURPOSE

This policy will provide clear guidelines and procedures to follow when:

- a child attending Katoomba Leura Preschool shows symptoms of an infectious disease;
- a child at Katoomba Leura Preschool has been diagnosed with an infectious disease;
- managing and minimising the spread of infectious diseases, illnesses and infestations (including head lice);
- managing and minimising infections relating to blood-borne viruses; and
- enrolling children in accordance with vaccination requirements.

POLICY STATEMENT

Katoomba Leura Preschool is committed to providing a safe and healthy environment for all children, staff and any other persons attending the service by:

- ▷ responding to the needs of the child or adult who presents with symptoms of an infectious disease or infestation while attending the service;
- ▷ complying with current exclusion schedules and guidelines set by the Department of Health; and
- ▷ providing up-to-date information and resources for families and staff regarding protection of all children from infectious diseases and blood-borne viruses, management of infestations and immunisation programs.

GOALS

The way that children interact with each other and with adults in education and care services means that diseases can quickly spread in a variety of ways. Whilst it is not possible to prevent the spread of all infections and diseases, minimising the risk is enhanced through:

- effective hand hygiene;
- exclusion of ill children, educators and other staff; and
- immunisation.

(Staying Healthy: Preventing infectious diseases in early childhood education and care services 5th edition 2015)

SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Katoomba Leura Preschool including during offsite excursions and activities.

BACKGROUND

Infectious diseases are common in children. Children are at a greater risk of exposure to infections in a children's service than at home due to the amount of time spent with a large number of other children. The Department of Health has developed a document, Minimum Period of Exclusion Children's Services Centres for Infectious Conditions, to assist in protecting the public by preventing, or containing, outbreaks of infectious conditions common in children's services and is regulated by the Public Health Regulations 2012.

An approved service must take reasonable steps to prevent the spread of infectious diseases at the service, and ensure that the parent/guardian, authorised nominee or emergency contact of each child enrolled at the service is notified of the occurrence of an infectious disease as soon as possible. The service must have policies and procedures in place for dealing with infectious diseases (Regulation 88). The service has a duty of care to ensure that everyone attending the service is provided with a high level of protection during all hours that the service is in operation. Protection can include:

- notifying children, families and educators/staff when an excludable illness/disease is detected at the service
- complying with relevant health department exclusion guidelines
- increasing educator/staff awareness of cross-infection through physical contact with others.

Vaccination requirements –

The NSW Public Health Act contains requirements for early childhood education and care centres, which include that directors of child care facilities are to be provided with a vaccination certificate on enrolment of each child.

The NSW Parliament has passed a Bill to amend the Public Health Act, including amendments to the section on responsibilities of child care facilities, to strengthen vaccination enrolment requirements in child care (also known as early childhood education and care). From 1 January 2018:

- children who are unvaccinated due to their parent's conscientious objection will no longer be able to be enrolled in child care
- it will be an offence (with a penalty of 50 penalty units) for a principal to fail to comply with the child care vaccination enrolment requirements
- it will be an offence (with a penalty of 50 penalty units) for a person to forge or falsify a vaccination certificate.

These changes have been made to strengthen vaccination enrolment requirements in child care. In particular, they will:

- send a strong public health message about the importance of vaccination
- reinforce for the broader community the overwhelming scientific evidence that vaccination is

- safe and highly effective in preventing disease
- help reduce the transmission of disease in certain geographical areas.

What forms will be required to be provided at enrolment?

From 1 January 2018, parents must provide a copy of one or more of the following documents to enrol in a child care centre:

- a Medicare Immunisation History Statement which shows that the child is up to date with their scheduled vaccinations or
- a Medicare Immunisation History Form on which the immunisation provider has certified that the child is on a recognised catch-up schedule (temporary for 6 months only) or
- a Medicare Immunisation Medical Exemption Form which has been certified by a GP.

No other form of documentation is acceptable (i.e. Blue Book). The documents must be stored by the director in a secure location for 3 years, unless a child transfers to another child care centre.

Which vaccines must a child have to be fully vaccinated?

The NSW Immunisation Schedule sets out the age-appropriate vaccines for children and the AIR Immunisation History Statement will indicate if the child is up to date with their vaccinations.

Under the NSW Public Health Act 2010 Preschools must notify the following 9 vaccine preventable diseases to the local Public Health Unit on 1300 066 055:

- Diphtheria
- Haemophilus influenzae type b (Hib)
- Measles
- Meningococcal C
- Mumps
- Pertussis (whooping cough)
- Poliomyelitis
- Rubella
- Tetanus

The Public Health Unit may need to review the centre's immunisation register to determine which children are at risk from the outbreak. Following assessment of the situation, the public health officer may direct the director to exclude certain children for a period, or provide advice regarding preventive measures.

RELATED LEGISLATION

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010: 167
- Education and Care Services National Regulations 2011: Regulation 78-80
- Work Health and Safety Act 2011
- Privacy Act 1988 (Cth)
- Public Health Regulation 2012
- Public Health Amendment (Review) Bill 2017
- Australian New Zealand Food Standards Code (FSANZ)
- Workcover NSW: First aid in the workplace compliance code

RELATED GUIDELINES, STANDARDS, FRAMEWORKS

- ▷ National Quality Standard, Quality Area 2: Children’s Health and Safety– Standards 2.1, 2.1.1, 2.1.2, 2.2
- ▷ National Quality Standard, Quality Area 6: Collaborative Partnerships with Families and Communities – Standard 6.1, 6.2

DEFINITIONS

- **Blood-borne virus (BBV):** A virus that is spread when blood from an infected person enters another person’s bloodstream. Examples of blood-borne viruses include human immunodeficiency virus (HIV), hepatitis B, hepatitis C and viral haemorrhagic fevers. Where basic hygiene, safety, infection control and first aid procedures are followed, the risks of contracting a blood-borne virus is negligible.
- **Exclusion:** Inability to attend or participate in the program at the service.
- **Illness:** Any sickness and/or associated symptoms that affect the child’s normal participation in the program at the service.
- **Immunisation status:** The extent to which a child has been immunised in relation to the recommended immunisation schedule.
- **Infection:** The invasion and multiplication of micro-organisms in bodily tissue.
- **Infestation:** The lodgement, development and reproduction of arthropods (such as head lice), either on the surface of the body of humans or animals, or in clothing.
- **Infectious disease:** A disease that can be spread, for example, by air, water or interpersonal contact. An infectious disease is designated under NSW Law or by a health authority (however described) as a disease that would require the infected person to be excluded from an education and care service.
- **Medication:** Any substance, as defined in the Therapeutic Goods Act 1989 (Cth), that is administered for the treatment of an illness or medical condition.
- **Pediculosis:** Infestation of head lice that is transmitted by having head-to-head contact with another person who has head lice. Pediculosis does not contribute to the spread of any infectious diseases, and outbreaks of this condition are common in schools and childcare facilities.
- **Recommended minimum exclusion period:** The period recommended by the Department of Health for excluding any person from attending a children’s service to prevent the spread of infectious diseases through interpersonal contact. The exclusion period table, published by the Department of Health, can be accessed at www.nhmrc.gov.au/_files_nhmrc/publications/attachments/ch43poster4.pdf (Attachment 4)
- **Serious incident:** An incident resulting in the death of a child, or an injury, trauma or illness for which the attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a child appears to be missing, cannot be accounted for, is removed from the service in contravention of the regulations or is mistakenly locked in/out of the service premises (Regulation 12). A serious incident should be documented in an Incident, Injury, Trauma and Illness Record (sample form available on the ACECQA website) as soon as possible and within 24 hours of the incident. The Regulatory Authority (DEC) must be notified within 24 hours of a serious incident occurring at the service (Regulation 176(2)(a)). Records are required to be retained for the periods specified in Regulation 183.

SOURCES/USEFUL LINKS

- ▷ CELA – Dealing with Infectious Diseases Sample Policy <https://www.cela.org.au/wp-content/uploads/2017/06/dealing-with-infectious-diseases-2.pdf>
- ▷ Immunisation Toolkit –www.health.nsw.gov.au/immunisation/Publications/ immunisation-enrolment-toolkit.pdf
- ▷ NSW Immunisation Schedule 1 July 2018–www.health.nsw.gov.au/immunisation/Pages/schedule-changes.aspx
- ▷ Immunisation-www.humanservices.gov.au/individuals/enablers/immunisation-requirements/35396
- ▷ Vaccination Q&A –www.health.nsw.gov.au/immunisation/pages/provider_qa.aspx
- ▷ Staying Healthy: Preventing infectious diseases in early childhood education and care services 5th edition July 2015 - www.nhmrc.gov.au
- ▷ Exclusion period for infectious diseases table–www.nhmrc.gov.au
- ▷ AIR- Immunisation History Statement –Australian Immunisation Register
- ▷ Public Health Amendment (Vaccination of Children Attending Child Care Facilities) Bill 2013; Public Health regulation 2012; Public Health Act 2010 - Parliament of NSW - www.parliament.nsw.gov.au/bills/Pages/bill-details.aspx?pk=737
- ▷ Public health and Wellbeing Amendment (No Jab, no Play) Act, 2015 - [www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/51dea49770555ea6ca256da4001b90cd/57107BCF7DB93B04CA257EEB000B924A/\\$FILE/15-055aa%20authorised.pdf](http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/51dea49770555ea6ca256da4001b90cd/57107BCF7DB93B04CA257EEB000B924A/$FILE/15-055aa%20authorised.pdf)

RELATED POLICIES

Enrolment & Orientation Policy
Nutrition/Food/Beverages/Dietary requirements Policy
Incident, Injury, Trauma and Illness Policy
Infectious Diseases Policy
Medical Conditions Policy
Privacy and Confidentiality Policy

ROLES AND RESPONSIBILITIES

Approved Provider

Ensure the service operates in line with the Education and Care Services National Law and National Regulations 2011 including:

- Ensuring that where there is an occurrence of an infectious disease at the service, reasonable steps are taken to prevent the spread of that infectious disease (Regulation 88(1))

- Ensuring that where there is an occurrence of an infectious disease at the service, a parent/guardian or authorised emergency contact of each child at the service is notified of the occurrence as soon as is practicable (Regulation 88(2))
- Ensuring that information from the Department of Health about the recommended minimum exclusion periods is available to all stakeholders and is adhered to in the event of an outbreak of an infectious disease (as designated by the Department of Health).
- Ensuring that the parent/guardian and Department of Health are informed within 24 hours of becoming aware that an enrolled child is suffering from:
 - Pertussis, or
 - Poliomyelitis, or
 - Measles, or
 - Mumps, or
 - Rubella, or
 - Meningococcal C,
- Ensuring that a child who is not immunised against a vaccine-preventable disease does not attend the service when an infectious disease is diagnosed, and does not return until there are no more occurrences of that disease at the service and the recommended minimum exclusion period (refer to Definitions) has ceased (Regulation 85(2) of the Public Health Regulations 2012).
- Notifying the Regulatory Authority within 24 hours of a serious incident including when a child becomes ill at the service or medical attention is sought while the child is attending the service.
- Ensuring that appropriate and current information and resources are provided to staff and parents/guardians regarding the identification and management of infectious diseases, blood-borne viruses and infestations.
- Keeping informed about current legislation, information, research and best practice.
- Ensuring that any changes to the exclusion table or immunisation schedule are communicated to staff and parents/guardians in a timely manner.

Nominated Supervisor:

- Contacting the parents/guardians of a child suspected of suffering from an infectious or vaccine-preventable disease, or of a child not immunised against a vaccine- preventable disease that has been detected at the service, and requesting the child be collected as soon as possible.
- Notifying a parent/guardian or authorised emergency contact person when a symptom of an excludable infectious illness or disease has been observed.
- Ensure infectious disease notices are prominently displayed as per Regulation 88: Infectious Diseases and Regulation 173: Prescribed Information to be Displayed (Attachment 3).
- Ensuring that a minimum of one staff with current approved first aid, anaphylaxis and Asthma qualifications is in attendance and immediately available at all times the service is in operation.
- Establishing good hygiene and infection control procedures, and ensuring that they are adhered to by everyone at the service.
- Ensuring the exclusion requirements for infectious diseases are adhered to as per the recommended minimum exclusion periods (refer to Definitions), notifying the Approved Provider and parents/guardians of any outbreak of infectious disease at the service, and displaying this information in a prominent position.
- Devising a routine written process for updating children's enrolment records with regards to immunisation, ensuring that this occurs as required, (i.e. as children reach age milestones for immunization), or at least twice a year.
- Advising parents/guardians on enrolment that the recommended minimum exclusion periods will be observed in regard to the outbreak of any infectious diseases or infestations.

- Ensuring vaccination enrolment requirements are followed.
- Advising the parents/guardians of a child who is not fully immunised on enrolment that they will be required to keep their child at home when an infectious disease is diagnosed at the service, and until there are no more occurrences of that disease and the exclusion period has ceased.
- Requesting that parents/guardians notify the service if their child has, or is suspected of having, an infectious disease or infestation.
- Providing information and resources to families to assist in the identification and management of infectious diseases and infestations.
- Maintaining confidentiality at all times.
- Providing relevant sourced materials to families.
- Ensuring that an “Incident, Injury, Trauma and Illness” record is completed as soon as practicable or no later than 24 hours of the illness occurring.

Early Childhood Educators

- Ensuring that any children that are suspected of having an infectious illness are responded to and their health and emotional needs supported at all times.
- Implementing appropriate health and safety procedures, when tending to ill children.
- Ensuring that families are aware of the need to collect their children as soon as practicable to ensure the child’s comfort.
- Maintaining their own immunisation status, and advising the Approved Provider/Nominated Supervisor of any updates to their immunisation status.
- Providing varied opportunities for children to engage in hygiene practices, including routine opportunities, and intentional practice.
- Observing signs and symptoms of children who may appear unwell, and informing the Nominated Supervisor.
- Take into consideration the grouping of children to reduce the risk of acquiring an infectious illness when planning the routines/program of the day
- Providing access to information and resources for parents/ guardians to assist in the identification and management of infectious diseases and infestations.
- Monitoring any symptoms in children that may indicate the presence of an infectious disease.
- Maintaining confidentiality at all times.

Families

- Providing vaccination documentation upon enrolment and as administered.
- Keeping their children at home if they are unwell or have an excludable infectious disease.
- Keeping their children at home when an infectious disease has been diagnosed at the service and their child is not fully immunised against that infectious disease, until there are no more occurrences of that disease and the exclusion period has ceased.
- Informing the Preschool if their child has an infectious disease or has been in contact with a person who has an infectious disease.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

STRATEGIES

Effective hygiene

Our Preschool will maintain and promote effective hygiene practices, including:

- correct handwashing technique;
- using standard precautions when handling blood, all body fluids, secretions and excretions, dried blood and other body substances. (See attachment 6)
- cleaning toys and other items that children are likely to put in their mouths, after use;
- raking sandpits often and/or securely covering them when not in use;
- disposing of soiled items in a container that is inaccessible to children;
- washing rubbish bins and soiled clothing buckets regularly; and
- actively promote handwashing and other hygiene practices with children and families.

Exclusion of ill children, educators and other staff

Infectious Diseases

In order to prevent the spread of infectious diseases through interpersonal contact, our Preschool will adhere to the exclusion period table, published by the Department of Health. (Attachment 4)

www.nhmrc.gov.au/_files_nhmrc/publications/attachments/ch43poster4.pdf

Disease Notification and Exclusion Requirements

If any preschool child, staff member or visitor has a vaccine preventable disease, e.g. measles/ whooping cough, the Director will follow the requirements of the Public Health Unit and:

- Inform the NSW Department of Health directly and ask for advice;
- Contact the Public Health Unit and report information as directed by the NSW Department of Health.
- Inform in writing all families, staff and persons normally working or visiting the premises that an outbreak of the particular infectious disease has occurred;
- Place a Notification Form on the entrance of the Preschool (Attachment 5);
- Follow advice regarding exclusion periods for children and staff who are not immunised or do not have up to date immunisation until the outbreak is resolved;
- Inform in writing any staff member or family of any child who is excluded, giving the reason and length of exclusion period.

Fever

In children, a temperature over 38°C indicates a fever.

A fever is usually caused by an infection somewhere in the body. Some types of infections that lead to fever include:

- viral (caused by a virus) – around nine out of ten children with a fever will have a viral illness, such as cold, flu or gastroenteritis
- bacterial (caused by bacteria) – such as some ear infections, pneumonia or urine infections.

www.health.vic.gov.au/edfactsheets/downloads/fever-in-children.pdf

http://raisingchildren.net.au/articles/fever_a.html

In order to prevent the spread of infection and ensure wellbeing, children with a temperature above 38 °C will be excluded from the service.

Head Lice

If head lice is detected, families will be contacted and provided with information regarding the treatment of head lice (Attachment 7 – Head Lice Notification Letter and Treating and Controlling Head Lice Information Sheet).

Immunisation Requirements

Immunisation The NSW Government Immunisation Toolkit for early childhood education and care services guides our practice and provides resources and information to support families access information regarding immunisation.

Under the Public Health Act 2010, education and care services cannot enrol a child unless approved documentation has been provided that shows the child:

- ▷ is fully vaccinated for their age, or;
- ▷ has a medical reason not to be vaccinated, or;
- ▷ is on a recognised catch-up schedule if the child has fallen behind with their vaccinations.

To enrol in our service, families must provide a copy of one or more of the following documents:

- ▷ ACIR Immunisation History Statement which shows that the child is up to date with their scheduled vaccinations; or
- ▷ Medicare Immunisation History Form (IMMU13)** on which the immunisation provider has certified that the child is on a recognised catch-up schedule; or
- ▷ Medicare Immunisation Exemption - Medical Contraindication Form (IMMU11)** which has been certified by an immunisation provider, or;

Immunisation Exempt children

Non-immunised children will be added to the service Non-Immunised Register.

When a vaccine-preventable disease is present or suspected at the service, children for whom the centre does not have a completed immunisation record will be treated as unimmunised.

Non-immune children and Educators will be excluded from the service when there is an outbreak of a vaccine-preventable illness and required to remain away until the service is deemed clear of the illness and the minimum exclusion period has passed.

Which children are exempt from the new requirements?

The following classes of children are temporarily exempt from the new requirements and the documentation must be provided within 12 weeks from the date of enrolment in the preschool:

- those who are subject to a guardianship order under section 79A of the Children and Young Persons (Care and Protection) Act 1998
- those who have been placed in out-of-home care
- those who are being cared for by an adult who is not the child's parent due to exceptional circumstances such as illness or incapacity
- those who have been evacuated following a state of emergency (for example, a declared natural disaster)
- Aboriginal or Torres Strait Islander children.

Which vaccines must a child have to be fully vaccinated?

The NSW Immunisation Schedule (Attachment 1) sets out the age-appropriate vaccines for children and the AIR Immunisation History Statement will indicate if the child is up to date with their vaccinations.

Do parents/carers still have a choice to vaccinate their children?

Yes. Vaccination is not compulsory and parents will continue to have the choice whether or not to vaccinate their child. However, conscientious objectors will no longer be able to enrol their children in preschool and will need to make alternative arrangements.

How do parents/carers access an AIR Immunisation History Statement for their child?

Parents automatically receive their child's AIR Immunisation History Statement in the mail after they complete their immunisation schedule (sometime after 4 years of age).

A copy of their child's immunisation details can also be obtained at any time via:

- calling the Australian Immunisation Register on 1800 653 809
- Medicare Online Services
- requesting a statement by emailing air@medicareaustralia.gov.au
- by visiting their local Medicare office.

What if a child was vaccinated overseas?

Overseas immunisation records must not be accepted by child care centres. The overseas immunisation records need to be assessed by an immunisation provider who will transfer the information to the Australian Immunisation Register (AIR). Parents can then request a Medicare Immunisation History Statement.

Immunisation register

A register of the age appropriate vaccination documentation is maintained for each child (a register template is available at Strengthening vaccination requirements for child care) and in the event of specified vaccine preventable disease outbreak in the Preschool, the public health officer can exclude children who are not vaccinated for that disease to protect them from infection and prevent them from passing diseases to others.

Full Fees are payable for excluded children unless the Management Committee determines otherwise.

Returning After a vaccination

The Preschool recommends that parents have children immunised at the end of the day or keep children at home following immunisations early in the day, as side effects are common. If parents insist they return to Preschool on medication such as panadol/paracetemol, staff must respectfully communicate with parents and refer to the guidelines in the Illness Policy if the child is not coping in the Preschool setting.

Immunisations for Educators and Staff

It is important that educators remain up to date with their vaccinations in order to protect themselves as well as children in their care. The National Health and Medical Research Council (NHMRC) recommend that educators should be immunised against -

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

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 (whooping cough). An adult booster dose is especially important for those educators caring for the youngest children who are not fully vaccinated
- Influenza (annually)
- Hepatitis B if caring for unimmunised children with intellectual disabilities (although the risk is low).

The Nominated Supervisor will:

- regularly provide educators and staff with information about diseases that can be prevented by immunisation through in-service training sessions, 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 in-service training sessions, 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.
- strongly 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
- allow educators who are not immunised to use their best judgement to decide whether they exclude themselves from the service during an outbreak of an infectious disease.

MONITORING, EVALUATION AND REVIEW

This policy will be monitored to ensure compliance with legislative requirements and unless deemed necessary through the identification of practice gaps, the service will review this Policy every two years.

Families and staff are essential stakeholders in the policy review process and will be given opportunity and encouragement to be actively involved.

In accordance with R. 172 of the Education and Care Services National Regulations, the service will ensure that families of children enrolled at the service are notified at least 14 days before making any change to a policy or procedure that may have significant impact on the provision of education and care to any child enrolled at the service; a family's ability to utilise the service; the fees charged or the way in which fees are collected.

Policy Reviewed by: Alison Staniford

Approved by: Management Committee

Date: 25th February 2019

Next Review Date: 25th February 2021