

## POLICY: 4.1 HYGIENE AND INFECTION CONTROL POLICY

### Procedure: 4.2 Managing Infectious Diseases and Exclusion

A high standard of hygiene is necessary to avoid the spread of infectious diseases through person-to-person contact and contact with contaminated surfaces. Social distancing may be required if the infectious disease is human-to-human.

#### Definitions

When an **infectious disease** is referred to in these policies and procedures, it means communicable diseases and notifiable diseases (see Commonwealth Department of Health at [www.health.gov.au](http://www.health.gov.au) and Communicable Diseases Network Australia at [www.cda.gov.au](http://www.cda.gov.au) ).

#### **4.2.1 Linking to Policy**

This procedural guidance should be read in conjunction with the service **4.1 Hygiene and Infection Control Policy** and will assist the Approved Provider, Management, Staff (Nominated Supervisors, Coordinators, and Administrative Staff members) Educators, Educator Assistants and parents to implement the policy. The procedure covers:

#### [4.2.2 Refusal of Care](#)

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#### **4.2.2 Refusal of Care**

An Educator has the right to refuse to accept a child into care who is believed to be suffering from an infectious illness (in some cases if a member of their home is suffering from an infectious disease and health advice is to exclude all other family members) or is not well enough to cope with the day. Parents will be advised through the enrolment procedures (see Policy 9.1) and the Parent Handbook that children who are ill are not to be brought in to care.

If an Educator or member of the Educator's family or person residing at the home is ill with an infectious disease, the Educator will not provide child care and the Educator will not charge parents for this period. (*refer fees policy 10.4*)

### 4.2.3 Spread of Infectious Disease

The Service recognises that infectious diseases can spread in many ways, such as contact with bodily fluids that are airborne or on the skin. Many viruses, bacteria or parasites, can survive on surfaces and can be transmitted to another person through contact with this surface.

The most common ways infections are spread include:

- Airborne droplets
- Mucus from the nose and throat
- Faecal matter and urine
- Skin to skin contact
- Blood or other bodily fluids

As such, the Educator will endeavour to ensure that spread of disease through these mediums is minimised to the greatest extent possible by:

- Encouraging children to cover their mouth with a tissue or cough into their elbow
- Modelling coughing into the elbow area
- Using gloves when wiping noses, dealing with bodily fluids and changing nappies
- Modelling hand washing (4.4 Handwashing and Personal Hygiene Procedure), and ensuring children wash hands after coughing or sneezing
- Use tissues and disposing of these in a bin out of reach of children
- Washing bedding, cots, toys, and other surfaces with warm soapy water and drying thoroughly.

### 4.2.4 Reporting of Infectious Diseases

#### ***Parents/guardians will***

- inform the Educator of any infectious disease or illness that their child or other family members may be suffering prior to arriving at the family day care residence.
- if there is any doubt as to whether the illness is infectious, a medical diagnosis may be sought clearing the child of an infectious illness before they can commence care.
- in some cases the child may be excluded for a period recommended by the Queensland Health Chief Medical Officer if they or a member of the child's household has an infectious disease.

### ***Educators will***

- inform families and the coordination unit of any infectious disease that they or relevant family members may be suffering.
- contact the Service as soon as possible to assist in arranging alternate care for children if required.
- not charge parents if the Educator is unable to care for children because of their own family illness.
- follow all public health advice.

### **4.2.5 Right to Privacy Regarding Illnesses**

Where there is an occurrence of an infectious disease parents/or authorised contact of children being educated and cared for at the residence must be informed as soon as practicable.

The rights of individual privacy will be respected at all times, and in particular, the Confidentiality, Records and Register Management Policy (refer policy 10.3) of the Service, will be observed by Educators in relation to information about the health and wellbeing of children and families

### **4.2.6 Exclusion due to an Infectious Disease**

All people, including children and Educators who are suffering from any infectious disease, will be excluded from the Service to prevent others from being introduced to the infection. Educators' family members are to be excluded or kept separate from family day care children, depending on circumstances. When any such person is showing signs of any infectious disease:

- For children, their parents/guardians will be asked to immediately collect their child and seek medical advice;
- For Educators, they will cease care as soon as possible, informing the Service so that alternate care arrangements can be made, and should seek medical advice.

If it is not clear from the condition that exclusion is required, a diagnosis from a doctor or other practitioner should be sought to help make the decision. The Service will contact Public Health, informing them of any notifiable infectious diseases and be guided by their recommendations. In some instances, the Service may be requested to notify Public Health of children's details and family contacts for the Public Health worker to speak to families regarding the disease.

### **4.2.7 Making a Decision to Exclude**

#### **Educators will in relation to exclusion:**

- identify the symptoms of a sick child and contact the parent as soon as possible. If a child's temperature is 38 degrees Celsius or above, they must be excluded from care.

## 4.2 Managing Infectious Diseases and Exclusion

- identify the illness – a medical opinion may be needed (e.g. in cases of a rash where it may be suspected measles or hand, foot and mouth disease) otherwise the Educator's/staff member's opinion is sufficient (e.g. in cases of diarrhoea or fever);
- decide if the condition requires exclusion and refer to Recommended Exclusion and Timeframes on the list below;
- determine when the child may return to the care environment. A doctor's certificate may be requested.
- if an Educator or a member of the Educator's family needs exclusion due to illness, the Educator will need to close their education and care service until such time that the risk of infection to children and their families has gone.
- complete the Incident Injury, Trauma and Illness Form: The process for completing this form is outlined in 4.9 Incident, Injury, Trauma and Illness Procedure; and
- notify the Office within 24 hours
- ensure all families sign the notification with 24 hours.

### 4.2.8 Exclusion due to Head Lice

Head lice infestation is a common problem for which effective treatment is readily available. Head lice infestation will be a recurring problem unless the cycle is broken by treating all infested people at the same time. Parents will be informed of any outbreak of head lice while maintaining confidentiality for the child who has been affected.

Exclusion is not necessary **if** adequate treatment is commenced prior to the next day in care. **An effective treatment is when a treatment is used and all the head lice are dead.**

Parents must ensure that weekly monitoring is maintained and apply follow up treatments as specified in the product's instructions (*refer to Staying Healthy in Child Care*).

### 4.2.9 Medical Clearance

The Service may request a doctor's certificate for diagnosis; however, for exclusion periods, staff and educators will refer to Staying Healthy in Childcare for guidance. ([www.nhmrc.gov.au](http://www.nhmrc.gov.au) or check at Department of Health – [www.health.gov.au](http://www.health.gov.au) and at Communicable Diseases Network of Australia – [www.cda.gov.au](http://www.cda.gov.au) - for more information).

### 4.2.10 Monitoring of Infectious Diseases

The Service will consult the Australian Government Department of Health (see [www.health.gov.au](http://www.health.gov.au) and Queensland Health ([www.health.qld.gov.au](http://www.health.qld.gov.au) ) websites to keep up to date with information on infectious diseases within the community. The Service is guided by the recommendations of Staying Healthy in Child Care

### 4.2.11 Educator Sickness

In the event the Educator, or member of their household is sick, the Educator should contact the parents of the other children as soon as possible.

The Educator should also seek the assistance of the coordination unit, which will make every endeavour to arrange appropriate alternative care if available. However, should this not be possible it will be the parent's responsibility to make alternative arrangements. Educators cannot charge a fee when they are unavailable for care.

### 4.2.12 Recommended Exclusion Diseases and Timeframes

Recommended minimum exclusion periods for infectious conditions and will assist medical practitioners, schools, pre-schools and childcare services to meet the requirements of the *Public Health Act 2005*

DISEASE	EXCLUSION OF CASES	EXCLUSION OF CONTACTS
<b>Chickenpox (Varicella)</b>	Exclude until all blisters have dried. This is usually at least five 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 or immunosuppressive therapy may require immunoglobulin and/or exclusion for their own protection. Otherwise, not excluded.
<b>Cold Sores (herpes simplex)</b>	Young children unable to comply with good hygiene practices should be excluded while sores are weeping (wounds should be covered with a dressing where possible).	Not excluded.
<b>Conjunctivitis</b>	Exclude until the discharge from the eyes has stopped unless non-infectious conjunctivitis.	Not excluded.
<b>Cytomegalovirus (CMV)</b>	Exclusion not necessary.	Not excluded.
<b>Covid-19</b>	Exclusion until cleared by medical practitioner and all family members have been clear of Covid-19 for 14 days	14 days and a negative test outcome
<b>Diarrhoea and/or Vomiting<sup>1</sup> (including Amoebiasis,</b>	Exclude until there has not been a loose bowel motion for 24 hours.	Not excluded.

<sup>1</sup> Diarrhoea: the definition is 2 or more consecutive bowel motions that are looser and more frequent than normal or escapes a child's nappy.

<b>campylobacter, cryptosporidium, giardia, rotavirus, salmonella, shigella and gastroenteritis, but not norovirus – see separate section)</b>		
<b>Diphtheria<sup>2</sup></b>	Exclude according to Public Health Unit requirements.	Not excluded.
<b>Enterovirus 71 (EV71) Neurological Disease</b>	Written medical clearance is required confirming the virus is no longer present in the child's bowel motions	Not excluded.
<b>Glandular fever (Epstein-Barr virus [EBV], mononucleosis)</b>	Exclusion is NOT necessary.	Not excluded.
<b>Haemophilus influenzae type b (Hib)</b>	Exclude until the person has received appropriate antibiotic treatment <sup>3</sup> for at least two days. Written medical clearance from the doctor is required to return to childcare/school, confirming the child is not infectious.	Not excluded.
<b>Hand, foot and mouth disease</b>	Exclude until all blisters have dried.	Not excluded.
<b>Head lice (Pediculosis)</b>	Exclusion is NOT necessary if effective treatment is commenced before the next day at childcare (i.e. the child doesn't need to be sent home immediately if head lice are detected).	Not excluded.
<b>Hepatitis A<sup>2</sup></b>	Exclude until at least seven days after the onset of jaundice or illness. Written medical clearance from the doctor is required to return to childcare/school, confirming the child is not infectious.	Not excluded.
<b>Hepatitis B</b>	Exclusion is NOT necessary.	Not excluded.
<b>Hepatitis C</b>	Exclusion is NOT necessary.	Not excluded.
<b>Human immunodeficiency virus (HIV/AIDS)</b>	Exclusion is NOT necessary.	Not excluded.

<sup>2</sup> Doctors should notify the local Public Health Unit as soon as possible if children or staff are diagnosed with these conditions.

<sup>3</sup> Appropriate antibiotic treatment: the definition will vary between diseases. If concerned, contact your local Public Health Unit.

<b>Influenza-like illnesses</b>	Exclude until well	Not excluded.
<b>Measles</b>	Exclude until at least four days since the onset of the rash. Written medical clearance from the doctor is required to return to childcare confirming the child is not infectious.	Immunised and immune contacts not excluded. Un-immunised contacts of a case are to be excluded until 14 days after the first day of appearance of the rash in the last case, unless they are immunised within 72 hours, or receive an immunoglobulin injection within 7 days, of the first contact during the infectious period with the first case. All immunocompromised children and staff should be excluded until 14 days after the first day of the appearance of the rash in the last case.
<b>Meningitis (bacterial)</b>	Exclude until well and have received appropriate antibiotics.	Not excluded.
<b>Meningitis (viral)</b>	Exclude until well.	Not excluded.
<b>Meningococcal infection<sup>2</sup></b>	Exclude until the child is well and has received appropriate antibiotics <sup>4</sup> . Written medical clearance from the doctor is required to return to childcare confirming the child is not infectious.	Not excluded.
<b>Molluscum contagiosum</b>	Exclusion is NOT necessary.	Not excluded.
<b>Mumps</b>	Exclude for nine days after the onset of swelling.	Not excluded.
<b>Norovirus</b>	Exclude until they have not had any diarrhoea or vomiting for 48 hours.	Not excluded.
<b>Parvovirus infection (erythema infectiosum, fifth disease, slapped cheek syndrome)</b>	Exclusion is NOT necessary.	Not excluded.
<b>Pertussis (Whooping cough)</b>	Exclude until the child has received five days of appropriate antibiotics or 21 days from the onset of coughing. Written medical clearance from the doctor is required to return to childcare/school, confirming the child is not infectious. After starting an	Contacts that live in the same house, and have received less than three doses of pertussis vaccine, are to be excluded from childcare until they have had five days of appropriate antibiotics. If antibiotics have

<sup>4</sup> For meningococcal infection, appropriate treatment is the use of rifampicin, ciprofloxacin or ceftriaxone and this will meet the intent of the Public Health Act for a person to be not infectious

	appropriate antibiotic treatment or for 21 days from the onset of coughing. <sup>5</sup>	not been taken, these contacts must be excluded for 14 days after their last exposure to an infectious case.
<b>Poliomyelitis<sup>2</sup></b>	Exclude for at least 14 days from the onset of symptoms, and the case has recovered. Written medical clearance from the doctor is required to return to childcare/school, confirming the child is not infectious	Not excluded unless considered necessary by the Public Health Unit.
<b>Ringworm/tinea/scabies</b>	Exclude until the day after appropriate treatment has commenced.	Not excluded.
<b>Roseola (sometimes referred to as 'baby measles')</b>	Exclusion is NOT necessary.	Not excluded.
<b>School sores (Impetigo)</b>	Exclude until appropriate antibiotic treatment has commenced. Wounds on exposed areas should be covered with a watertight dressing.	Not excluded.
<b>Rubella (German measles)<sup>2</sup></b>	Exclude until fully recovered or for at least four days after the onset of the rash.	Not excluded (female staff of childbearing age should check their immunity to rubella with their doctor).
<b>Streptococcal sore throat (including scarlet fever)</b>	Exclude until well and has received antibiotic treatment for at least 24 hours.	Not excluded.
<b>Thrush (candidiasis)</b>	Exclusion is NOT necessary.	Not excluded.
<b>Tuberculosis (TB)<sup>2</sup></b>	Written medical clearance is required from the Queensland Tuberculosis Control Centre to return to childcare/school, confirming the child is not infectious.	Not excluded.
<b>Typhoid<sup>2</sup>, Paratyphoid</b>	Exclude from childcare/school/food handling until there is written medical clearance from doctor or Population Health Unit confirming child is not infectious and has met Population Health requirements.	Not excluded unless considered necessary by the Public Health Unit.
<b>Whooping cough</b>	See pertussis	See pertussis

<sup>5</sup> Observing the exclusion period meets the intent of the Public Health Act 2005 for a person to be not infectious.



<b>Worms</b>	Exclude if loose bowel motions present.	Not excluded.
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**Note:** The definition of 'contact' will vary between diseases and is sometimes complex. If concerned, contact your local [Public Health Unit](#).

## Review

	<b>Date</b>	<b>Details</b>
Revision 00	07/2015	Original Policy Issued
Revision 01	12/2016	Reviewed
Revision 02	08/2017	Reviewed
Revision 03	10/2020	Reviewed and separated from Policy

## Related Documents

### Policies

4.1 Hygiene and Infection Control Policy

### Procedures

4.1 Maintaining a Hygienic and Clean Environment Procedure

4.4 Handwashing and Personal Hygiene Procedure

### References

Refer to 4.1 Hygiene and Infection Control Policy

Australian Government National Health and Medical Research Council (2013). Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th Edition), retrieved from <https://www.nhmrc.gov.au/guidelines-publications/ch55>