



# Management of Infectious Diseases Policy

## Purpose

This policy will provide clear guidelines and procedures for staff, parents/guardians and the committee to follow when:

- A child attending the centre is showing symptoms of an infectious disease
- A child at the centre has been diagnosed with an infectious disease
- An infestation of head lice is suspected.
- Refer to Quality Improvement and Accreditation System (QIAS), Quality Practices Guide 2005, Principles 5.5, 6.6.

## Policy statement

### 1. Values

St Kevin's Out of Hours School Care (OHSC) Centre is committed to:

- Providing a safe and healthy environment for all children, staff and any other persons participating in the program
- Responding to the needs of the child who presents with symptoms of an infectious disease or infestation while attending the centre
- Providing up-to-date information and resources for families and staff regarding protection of all children from infectious diseases, immunisation programs and management of infestation.

### 2. Scope

This policy applies to the committee, staff, parents/guardians, children, volunteers and students involved with St Kevin's Out of Hours School Care (OHSC) Centre.

### 3. Background and legislation

Infectious diseases are common in children. Children are at greater risk of exposure in a children's service than at home due to the amount of time spent with a large number of other children. Infectious diseases are divided into four categories (A, B, C, D) on the basis of the method of notification and the information required. A Minimum Period of Exclusion from Schools and Children's Services for Infectious Diseases Cases and Contacts was developed to protect the public by preventing, or containing, outbreaks of infectious conditions common in schools and other children's services and is regulated by the Health (Infectious Diseases) Regulations 2001.

An immunisation program is also in place to assist in the prevention and spread of infectious diseases. A standard immunisation calendar is provided as [Attachment 2](#) of this policy. If an immunisation record cannot be provided at enrolment, the parent/guardian can access this information by requesting an immunisation history statement from:

- The Australian Childhood Immunisation Register on 1800 653 809—this service is free of charge and it takes seven to ten working days to process
- Any Medicare office.

**Pediculosis (head lice) infestation** is more of a social problem than a public health problem. Head lice are transmitted by having head-to-head contact with someone who has head lice; they are not responsible for the spread of any infectious diseases. Lice may infest anyone: they are not limited to gender, age or socioeconomic position, and outbreaks are common in schools and childcare facilities.

When a head lice infestation is discovered at St. Kevin's OHSC centre, the information will be passed onto St Kevin's Primary school principle, to implement the schools policy. This is because it is reasonable to assume that the infestation will have been spread throughout the school day and families other than those attending OHSC may be affected.

Relevant legislation may include but is not limited to:

- Education and Care Services National Regulations 2011 (ECSNR)
- Education and Care Services National Law Act 2010
- Health Records Act 2001
- Health (Infectious Diseases) Regulations 2001
- Occupational Health and Safety Act 2004-Compliance Code (First aid in the workplace)

## 4. Definitions

**Exclusion:** Unable to attend or participate in the program.

**Illness:** Any sickness and/or associated symptoms that affect the child's normal participation in the program.

**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 body tissues.

**Infestation:** The lodgement, development and reproduction of arthropods either on the surface of the body of persons or animals or in clothing, such as head lice.

**Infectious disease:** A disease that could be spread by, for example, air, water and interpersonal contact.

**Medication:** Any substance that is administered for the treatment of an illness or condition.

## 5. Sources and related policies

### Sources

- DEECD, Children's Services Guide
- Victorian Department of Human Services, Communicable Diseases Exclusion Table, available from [www.health.vic.gov.au/ideas](http://www.health.vic.gov.au/ideas); further information is obtainable from the DHS Communicable Diseases Unit on 1300 651 160
- NHMRC 2005, Staying Healthy in Childcare: Preventing Infectious Diseases in Childcare, 4th edition
- NHMRC 2008, The Australian Immunisation Handbook, 9th Edition
- Communicable Diseases Section, Public Health Group, Victorian Department of Human Services 2005, *The Blue Book: Guidelines for the Control of Infectious Diseases*

### Centre policies

- Communication
- Emergency management
- Food safety
- Hygiene
- Illness
- Incident and medical emergency management

## Procedures

**The committee is responsible for:**

- Ensuring the Communicable diseases exclusion table ([Attachment 1](#)) is displayed in a prominent position within the centre and or provided in the handbook
- Supporting staff to implement the requirements of the Communicable diseases exclusion table ([Attachment 1](#))
- Conducting a thorough inspection of the centre and consulting with staff to assess any risks by identifying the hazards and potential sources of infection to staff and children

- Ensuring there are sufficient resources available for staff and parents in relation to the identification and management of infectious diseases and infestation. This includes school resources.
- Communicating any outbreaks of communicable diseases to the principal of St Kevin's Primary school for the school to implement their own policy.
- Keeping informed about current information and research, ensuring that any changes to the exclusion table or immunisation schedule are communicated to staff and parents.
- Advising St. Kevin's principal or his delegate if a child is suspected of having a lice infestation, so the school can implement its policy to the whole school community

**Staff are responsible for:**

- Informing, the DEEWR and DHS Communicable Diseases Control Unit, within twenty-four hours of reaching a decision, that a child is suffering or they believe a child is suffering from a vaccine-preventable disease, or a child who has not been immunised against such a disease has been in contact with a person at the centre who is infected with that disease (refer to [Attachment 2](#)), as per regulation 13(2) Health (Infectious Diseases) Regulations 2001. Any exclusion will be based on firm medical evidence following diagnosis of a vaccine-preventable disease, or on recommendations from the Communicable Diseases Control Unit
- Contacting the parent or guardian of the child they suspect may be suffering from an infectious or vaccine-preventable disease, or that their child who is not immunised has been in contact with someone who has a vaccine-preventable disease and requesting the child be collected from the centre as soon as possible
- Contacting the president and St Kevin's school principal if they suspect a child may be suffering from an infectious or vaccine preventable disease.
- Establishing good hygiene and infection control procedures, and making them part of the routine for everyone in the workplace (refer to the Hygiene policy)
- Placing a sign at the centre notifying any families, staff and visitors of any infectious diseases that may be harmful, such as German measles and advising St Kevin's school.
- Ensuring the exclusion requirements for infectious diseases are adhered to as per the Communicable diseases exclusion table ([Attachment 1](#)) and Regulation 14 in the Health (Infectious Diseases) Regulations 2001
- Notifying the committee, principal of St Kevin's Primary school and parents/guardians of any outbreak of an infectious disease within the centre and displaying this information in a prominent position
- Advising parents/guardians on enrolment that the DHS Communicable diseases exclusion table ([Attachment 1](#)) will be followed in regard to the outbreak of any infectious diseases
- 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 has been diagnosed at the centre until there are no more occurrences of that disease and the exclusion period has ceased
- Requesting parents/guardians to notify the centre if their child has an infectious disease
- Providing information and resources to parents to assist in the identification and management of infectious diseases and infestations

**The parents/guardians are responsible for:**

- Notifying the St Kevin's school AND OHSC centre if their child has an infectious disease or has been in contact with a person who is infected with an infectious disease ([Attachment 1](#): Communicable diseases exclusion table)
- Providing accurate and current information regarding the immunisation status of their child/children when they enrol and any subsequent changes to this while they are attending the centre
- Complying with the DHS Communicable diseases exclusion table ([Attachment 1](#))
- Keeping their child at home when an infectious disease has been diagnosed at the centre and their child is not fully immunised, until there are no more occurrences of that disease and the exclusion period has ceased
- Regularly checking their child's hair for lice or lice eggs and regularly inspecting all household members and then treating if necessary
- Ensuring their child does not attend the centre with untreated head lice

- Using safe head-lice treatments that do not place their child's health at risk
- Notifying the centre if head lice have been found in their child's hair and when treatment has started
- Complying with the Hygiene policy when in attendance at the centre.

## Evaluation

To assess whether the policy has achieved the values and purposes, the committee will:

- Use a quality assessment tool, such as the Preschool Quality Assessment Checklist
- Take into account feedback from staff and parents/guardians regarding the policy
- Monitor complaints and incidents regarding infectious diseases of children attending the centre
- Ensure that all information on display and supplied to parents, related to infectious diseases, is current.

## Attachments

- [Attachment 1](#): Communicable diseases exclusion table
- [Attachment 2](#): The National Immunisation Program (NIP) Schedule (0–4 Years)

## Authorisation

This policy was adopted by the St Kevin's Out of Hours School Care (OHSC) Centre committee of management at a committee meeting on **18th October 2016**

**Review date: August 2018**

## Communicable diseases exclusion table (2009)

Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts (Public Health and Wellbeing Regulations 2009)

In this Schedule, medical certificate means a certificate of a registered medical practitioner.

CONDITION	EXCLUSION OF CASES	EXCLUSION OF CONTACTS
Amoebiasis ( <i>Entamoeba histolytica</i> )	Exclude until there has not been a loose bowel motion for 24 hours.	Not excluded.
Campylobacter	Exclude until there has not been a loose bowel motion for 24 hours.	Not excluded.
Chickenpox	Exclude until all blisters have dried. This is usually at least 5 days after the rash appears in unimmunised children, but may be less in previously immunised children.	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded.
Conjunctivitis	Exclude until discharge from eyes has ceased.	Not excluded.
Diarrhoea	Exclude until there has not been a loose bowel motion for 24 hours.	Not excluded.
Diphtheria	Exclude until medical certificate of recovery is received following at least two negative throat swabs, the first not less than 24 hours after finishing a course of antibiotics and the other 48 hours later.	Exclude family/household contacts until cleared to return by the Secretary.
Hand, Foot and Mouth disease	Exclude until all blisters have dried.	Not excluded.
Haemophilus influenzae type b (Hib)	Exclude until at least 4 days of appropriate antibiotic treatment has been completed.	Not excluded.
Hepatitis A	Exclude until a medical certificate of recovery is received, but not before 7 days after the onset of jaundice or illness.	Not excluded.
Hepatitis B	Exclusion is not necessary.	Not excluded.
Hepatitis C	Exclusion is not necessary.	Not excluded.
Herpes ("cold sores")	Young children unable to comply with good hygiene practices should be excluded while the lesion is weeping. Lesions to be covered by dressing, where possible.	Not excluded.
Human immuno-deficiency virus infection (HIV/AIDS)	Exclusion is not necessary.	Not excluded.
Impetigo	Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing.	Not excluded.
Influenza and influenza like	Exclude until well.	Not excluded unless considered necessary by the Secretary.

Leprosy	Exclude until approval to return has been given by the Secretary.	Not excluded.
Measles*	Exclude for at least 4 days after onset of rash.	Immunised contacts not excluded. Unimmunised contacts should be excluded until 14 days after the first day of appearance of rash in the last case. If unimmunised contacts are vaccinated within 72 hours of their first contact with the first case, or received NHIG within 144 hours of exposure, they may return to the facility.
Meningitis (bacteria - other than meningococcal meningitis)	Exclude until well.	Not excluded.
Meningococcal infection*	Exclude until adequate carrier eradication therapy has been completed.	Not excluded if receiving carrier eradication therapy.
Mumps*	Exclude for 9 days or until swelling goes down (whichever is sooner).	Not excluded.
Pertussis* (whooping cough)	Exclude the child for 21 days after the onset of cough or until they have completed 5 days of a course of antibiotic treatment.	Contacts aged less than 7 years in the same room as the case who have not received three effective doses of pertussis vaccine should be excluded for 14 days after the last exposure to the infectious case, or until they have taken 5 days of a course of effective antibiotic treatment.
Poliomyelitis*	Exclude for at least 14 days from onset. Re-admit after receiving medical certificate of recovery.	Not excluded.
Ringworm, scabies, pediculosis (head lice)	Exclude until the day after appropriate treatment has commenced.	Not excluded.
Rubella (german measles)	Exclude until fully recovered or for at least four days after the onset of rash.	Not excluded.
Salmonella, Shigella	Exclude until there has not been a loose bowel motion for 24 hours.	Not excluded.
Severe Acute Respiratory Syndrome (SARS)	Exclude until medical certificate of recovery is produced.	Not excluded unless considered necessary by the Secretary.
Streptococcal infection (including scarlet fever)	Exclude until the child has received antibiotic treatment for at least 24 hours and the child feels well.	Not excluded.
Tuberculosis	Exclude until receipt of a medical certificate from the treating physician stating that the child is not considered to be infectious.	Not excluded.

Typhoid fever (including paratyphoid fever)	Exclude until approval to return has been given by the Secretary.	Not excluded unless considered necessary by the Secretary.
Verotoxin producing <i>Escherichia coli</i> (VTEC)	Exclude if required by the Secretary and only for the period specified by the Secretary.	Not excluded.
Worms (Intestinal)	Exclude until there has not been a loose bowel motion for 24 hours.	Not excluded.

The Public Health and Wellbeing Regulations 2009 are available from the [Victorian Legislation and Parliamentary Documents website](http://www.victorianlegislation.com.au/) maintained by the Department of Premier and Cabinet.  
Source: <http://ideas.health.vic.gov.au/guidelines/school-exclusion-table.asp>

## Attachment 2 - The National Immunisation Program (NIP) Schedule

National Immunisation Program schedule - Victoria July 2011

This table contains a list of immunisations which are required prior to starting primary school. A child is considered fully vaccinated if they have had these vaccinations at the specified age. St Kevin's OHSC needs to be aware of children not fully vaccinated, as they will be asked to stay away from St Kevin's OHSC if one of these diseases is reported.

AGE / SCHOOL YEAR	DISEASE	VACCINE BRAND
Birth	<ul style="list-style-type: none"> <li>Hepatitis B</li> </ul>	<ul style="list-style-type: none"> <li>H-B-Vax II Paediatric</li> </ul>
2 months	<ul style="list-style-type: none"> <li>Diphtheria, tetanus, pertussis, hepatitis B, poliomyelitis, <i>Haemophilus influenzae</i> type b</li> <li>Pneumococcal</li> <li>Rotavirus</li> </ul>	<ul style="list-style-type: none"> <li>Infanrix <i>hexa</i></li> <li>Prevenar 13</li> <li>RotaTeq</li> </ul>
4 months	<ul style="list-style-type: none"> <li>Diphtheria, tetanus, pertussis, hepatitis B, poliomyelitis, <i>Haemophilus influenzae</i> type b</li> <li>Pneumococcal</li> <li>Rotavirus</li> </ul>	<ul style="list-style-type: none"> <li>Infanrix <i>hexa</i></li> <li>Prevenar 13</li> <li>RotaTeq</li> </ul>
6 months (Note increased risk category below)	<ul style="list-style-type: none"> <li>Diphtheria, tetanus, pertussis, hepatitis B, poliomyelitis, <i>Haemophilus influenzae</i> type b</li> <li>Pneumococcal</li> <li>Rotavirus</li> </ul>	<ul style="list-style-type: none"> <li>Infanrix <i>hexa</i></li> <li>Prevenar 13</li> <li>RotaTeq</li> </ul>
12 months (Note increased risk category below)	<ul style="list-style-type: none"> <li>Measles, mumps, rubella</li> <li><i>Haemophilus influenzae</i> type b</li> <li>Meningococcal C</li> </ul>	<ul style="list-style-type: none"> <li>Priorix</li> <li>Hiberix</li> <li>NeisVacC</li> </ul>
Children aged 12 - 35 months Supplementary catch-up	<ul style="list-style-type: none"> <li>Pneumococcal</li> </ul>	<ul style="list-style-type: none"> <li>Prevenar 13 a single dose from 1 October 2011 - 30 September 2012</li> </ul>
18 months	<ul style="list-style-type: none"> <li>Chickenpox</li> </ul>	<ul style="list-style-type: none"> <li>Varilrix Δ</li> </ul>
4 years (Note increased risk category below)	<ul style="list-style-type: none"> <li>Diphtheria, tetanus, pertussis, polio</li> <li>Measles, mumps, rubella</li> </ul>	<ul style="list-style-type: none"> <li>Infanrix IPV</li> <li>Priorix</li> </ul>