



P-2.15 Dealing with Infectious Diseases

POLICY STATEMENT

The National Quality Standard requires early childhood education and care services implement specific strategies to minimise the spread of infectious illness and maintain a healthy environment for all children, staff, educators and families. The spread of infections in the early childhood environment is facilitated by microbial contamination of the environment, as well as the greater exposure to young children who are still developing hygienic behaviours and habits. Our Service will minimise children's and staff's exposure to infectious diseases by adhering to all recommended guidelines from relevant government authorities regarding the prevention of infectious diseases, promoting practices that reduce the transmission of infection, ensuring the exclusion of sick children and educators, supporting child immunisation, and implementing effective hygiene practices.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY

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|-------|---------------------------------|--|
| 2.1 | Health | Each child's health and physical activity is supported and promoted. |
| 2.1.1 | Wellbeing and comfort | Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation. |
| 2.1.2 | Health practices and procedures | Effective illness and injury management and hygiene practices are promoted and implemented. |
| 2.2 | Safety | Each child is protected. |

EDUCATION AND CARE SERVICES NATIONAL LAW AND NATIONAL REGULATIONS

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| S.172 | Offence to fail to display prescribed information |
| 77 | Health, hygiene, and safe food practices |
| 85 | Incident, injury, trauma and illness policies and procedures |
| 86 | Notification to parents of incident, injury, trauma, and illness |
| 87 | Incident, injury, trauma, and illness record |
| 88 | Infectious diseases |
| 90 | Medical conditions policy |
| 93 | Administration of medication |
| 162 | Health information to be kept in enrolment record |
| 168 | Education and care service must have policies and procedures |
| 170 | Policies and procedures to be followed |
| 172(2)(g) | A notice stating that there has been an occurrence of an infectious disease at the premises |
| 173 | Prescribed information to be displayed |
| 175(2)(c) | Prescribed information to be notified to the Regulatory Authority- (2) any circumstance arising at the service that poses a risk to the health, safety or wellbeing of a child or children attending the service |

RELATED POLICIES

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| Administration of Medication Policy Child Safe Environment Policy Code of Conduct Policy Enrolment Policy Family Communication Policy Governance Policy Hand Washing Policy | Immunisation Policy Incident, Injury, Trauma and Illness Policy Medical Conditions Policy Physical Environment Policy Pregnancy in Early Childhood Policy Privacy and Confidentiality Policy Sleep and Rest Policy Work Health and Safety Policy |
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DEFINITIONS

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| COVID-19 | Coronavirus disease |
| DEBASCA | Denistone East Before and After School Care Association |
| NHMRC | National Health and Medical Research Council |
| PHU | Public Health Unit |

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PURPOSE

Children encounter many other children and adults within the Service environment which can result in the contraction of infectious illnesses. Our Service has a duty of care to ensure that children, families, educators, and visitors of the Service are provided with a high level of protection during the hours of the Service's operation. We aim to minimise cross contamination and the spread of infectious illnesses by implementing best practice and high standards of personal hygiene within our Service.

This policy communicates clear directions and guidance about protocols and actions to be followed to avoid adversely affecting the safety and health of children, other staff members and visitors to the service. A simple, safe and effective way of protecting individuals and others within the community against harmful diseases is immunisation.

SCOPE

This policy applies to all DEBASCA stakeholders.

RESPONSIBILITIES

Responsibility for implementation of this policy lies with the Director or other authorised representative approved by the Director and the Management Committee.

TRAINING REQUIREMENTS

Personnel having responsibilities under this procedure will be appropriately trained.

1. IMPLEMENTATION

- 1.1. Under the Education and Care Services National Regulations, the approved provider must ensure policies and procedures are in place in relation to dealing with infectious diseases. (ACECQA, August 2021)
- 1.2. Our Service is committed to minimise the spread of infectious diseases and viruses by implementing recommendations as stated in the Staying healthy: Preventing infectious diseases in early childhood education and care services (6th Edition) developed by the Australian Government National Health and Medical Research Council and advice provided from the Australian Health Protection Principal Committee (AHPPC)
- 1.3. We are guided by decisions regarding exclusion periods and notification of infectious diseases by the Australian Government- Department of Health and local Public Health Units in our jurisdiction as per the Public Health Act

PROCEDURE

2. PREVENTING INFECTIOUS DISEASES

- 2.1. Children enter education and care services when their immune systems are still developing. They have not been exposed to many common germs and therefore are susceptible to bacteria that may cause infections
- 2.2. Given the close physical contact children have with other children in early childhood and care, it is very easy for infectious diseases and illnesses to spread through normal daily activities as germs can be picked up directly from an infected person or from the environment
- 2.3. Our Service implements rigorous hygienic practices to limit the spread of illness and infectious diseases including:
 - 2.3.1. immunisation- for children and adults
 - 2.3.2. effective hand washing hygiene
 - 2.3.3. respiratory hygiene- cough and sneeze etiquette
 - 2.3.4. appropriate use of gloves and other PPE
 - 2.3.5. exclusion of children, educators or staff when they are unwell or displaying symptoms of an infectious disease or virus
 - 2.3.6. effective environmental cleaning including toys, resources and bedding
 - 2.3.7. encouraging use of the outdoors environment
 - 2.3.8. requesting parents and visitors to wash their hands with soap and water or hand sanitizer upon arrival and departure at the Service
 - 2.3.9. ensuring adequate ventilation
 - 2.3.10. encouraging children, educators or staff to seek medical attention if they show symptoms of an infectious disease or virus, including COVID-19

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3. IMMUNISATION REQUIREMENTS

- 3.1. Immunisation is a reliable way to prevent many child hood infectious diseases. Unvaccinated children due to their parent's conscientious objection are no longer able to be enrolled in approved early childcare services
- 3.2. Children who cannot be fully vaccinated due to a medical condition or who are on a recognised catch-up schedule may still be enrolled upon presentation of the appropriate form signed by a medical practitioner who meets the criteria stated by the Australian Government
- 3.3. Only parents of children (less than 20 years of age) who are fully immunised, are on a recognised catch-up schedule or have an approved medical exemption recorded on the Australian Immunisation Register (AIR) can receive Child Care Subsidy (CCS). The relevant vaccinations are those under the National Immunisation Program (NIP), which covers the vaccines usually administered before age five. These vaccinations must be recorded on the AIR
- 3.4. Educators and other staff at our Service are highly recommended to keep up to date with all immunisations including yearly influenza vaccinations. These include vaccinations recommended by the National Health and Medical Research Council (NHMRC). The Australian Government recommends everyone all people over the age of 6 months have an annual Influenza (flu) vaccine and all adults receive COVID-19 vaccinations and booster
- 3.5. Staff are required to provide an Immunisation History Statement from the Australian Immunisation Register (AIR) and/or records from their general practitioner to management for their staff record
- 3.6. Vaccination is important as not only can staff members catch a potentially serious infection such as measles or whooping cough, but they could also then inadvertently pass it onto children in their care who are too young to have had their vaccinations or to women who may be pregnant

4. EXCLUDING CHILDREN AND ADULTS FROM THE SERVICE

- 4.1. *'Excluding children, staff and parents who are at risk of transmitting infection to others limits the spread of infection in education and care services.'* (Staying healthy, 2024, p. 75)
- 4.2. The need for exclusion and the length of time a person is excluded from the Service depends on:
 - 4.2.1. the type of infection
 - 4.2.2. if symptoms are present and how severe they are
 - 4.2.3. how easily the infection or disease can spread
 - 4.2.4. how long the person is likely to be infectious
- 4.3. When a child or adult has symptoms or has been diagnosed with an illness or infectious disease, the Service will refer to information about recommended exclusion periods from the Public Health Unit (PHU)
- 4.4. When an infectious disease has been diagnosed or suspected, the Service will display appropriate documentation and alerts for families including information on the illness/disease, symptoms, infectious period and the exclusion period

5. REPORTING OUTBREAKS TO THE PUBLIC HEALTH UNIT AND REGULATORY AUTHORITY (REG.175 (2) (C))

- 5.1. Outbreaks of communicable diseases and contagious viruses represent a threat to public health. To help prevent outbreaks, the Department of Health monitors the number of people who contract certain infectious diseases and their characteristics, the recent travel or attendance of infected people in a public place or on public transport and works with health specialists and doctors to help prevent the transmission of diseases to other people
- 5.2. The Public Health Act 2010 lawfully requires and authorises doctors, hospitals, laboratories, school principals and childcare centre directors to confidentially notify the PHU of patients with certain conditions, and to provide the required information on the notification forms. Specialist trained public health staff review this information and if necessary, contact the patient's doctor, and sometimes the patient, to provide advice about disease control and to complete the collection of information
- 5.3. All information is held confidentially in order to protect the patient's privacy. Under the Commonwealth Privacy Acts, patient information is only released/disclosed where it is lawfully required or authorised
- 5.4. Management is required to notify the local PHU by phone as soon as possible after they are made aware that a child enrolled at the Service is suffering from one of the following vaccine preventable diseases
 - 5.4.1. Diphtheria
 - 5.4.2. HIB (Haemophilus influenzae type b)
 - 5.4.3. Mumps
 - 5.4.4. Poliomyelitis
 - 5.4.5. Meningococcal disease
 - 5.4.6. Rubella ('German measles')
 - 5.4.7. Measles

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5.4.8. Pertussis ('whooping cough')

5.4.9. Tetanus

6. The APPROVED PROVIDER/NOMINATED SUPERVISOR WILL ENSURE:

- 6.1. that obligations under the *Education and Care Services National Law* and *National Regulations* are met
- 6.2. educators, staff, students, visitors and volunteers have knowledge of and adhere to this policy and associated procedure
- 6.3. all new employees are provided with a copy of this policy as part of their induction process
- 6.4. families are aware of this Dealing with Infectious Diseases Policy upon enrolment
- 6.5. children are protected from harm by ensuring relevant policies and procedures are followed regarding health and safety within the Service
- 6.6. an Immunisation History Statement for each child is collected on enrolment and maintained/updated regarding the child's immunisation status (AIR) and any medical conditions
- 6.7. a staff immunisation record that documents each staff member's previous infection or immunisations (including dates) is developed and maintained
- 6.8. the Public Health Unit is notified as soon as possible after they are made aware that a child enrolled has a vaccinated preventable disease
- 6.9. the Public Health Unit is notified in the event of an outbreak of viral gastroenteritis. Management must document the number of cases, dates of onset, duration of symptoms. An outbreak is when two or more children or staff have a sudden onset of diarrhea or vomiting in a 2-day period
- 6.10. after confirmation that a child is suffering from an infectious disease, and as soon as practical, the family of each child enrolled in the Service must be notified whilst maintaining the privacy of the ill/infectious child.
Communication may be:
 - 6.10.1. verbal
 - 6.10.2. through a letter from the educator or approved provider
 - 6.10.3. via electronic message- text message or email
 - 6.10.4. notice clearly displayed at the Service
- 6.11. families are advised that they are requested to alert the Service if their child is diagnosed with an infectious illness, including COVID-19
- 6.12. daily attendance records for staff, children and visitors are up to date at all times
- 6.13. safe health and hygiene practices are implemented at all times throughout the day
- 6.14. educators and staff routinely role model hand washing, hand drying, cough and sneeze etiquette
- 6.15. to complete the register of *Incident, Injury, Trauma or Illness* and/or document incidents of infectious diseases no later than 24 hours of an illness or infectious disease occurring in the Service
- 6.16. educators or staff who have diarrhea or an infectious disease do not handle food for others and are not to return to work until they have been symptom free for 48 hours

7. EDUCATORS WILL ENSURE:

- 7.1. that any child suspected of having an infectious illness is responded to and their health and emotional needs are supported
- 7.3. any child suspected of having an infectious illness is isolated separated from other children and supervised whilst waiting for collection by parents/guardian or emergency contact person
- 7.4. that appropriate health and safety procedures are implemented when treating ill children- [wear disposable gloves, face mask or other PPE if needed]
- 7.5. families are aware of the need to collect their unwell child/ children as soon as practicable from the Service
- 7.6. all resources or items touched by a child with a suspected illness are thoroughly cleaned and disinfected- (cushions, pillows, toys)
- 7.7. their own immunisation status is maintained, and the approved provider/nominated supervisor is advised of any updates to their immunisation status
- 7.8. opportunities are provided for children to participate in hygiene practices, including routine opportunities, and intentional practice such as hand washing, sneezing and cough etiquette
- 7.9. consideration is given to the combination of children to decrease the risk of attaining an infectious illness when planning the routines/program of the day
- 7.10. they adhere to the Service's Health and Safety Policy including:
 - 7.10.1. hand washing

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- 7.10.2. daily cleaning of the Service
- 7.10.3. wearing gloves (particularly when in direct contact with bodily fluids- nappy changing and toileting)
- 7.10.4. appropriate and hygienic handling and preparation of food
- 7.10.5. wearing face masks (optional)
- 7.10.6. providing adequate ventilation to reduce the transmission of diseases that are airborne

7.11. they maintain up-to-date knowledge regarding best practice principles and high standards of hygiene to reduce the spread of spread of infectious disease and promote good health and safety

8. PREVENTION STRATEGIES FOR MINIMISING THE SPREAD OF DISEASE WITHIN OUR SERVICE STAFF AND EDUCATORS WILL ENSURE:

- 8.1. surfaces are cleaned first with detergent and water before using disinfectants. (Disinfectants cannot kill germs unless areas are clean)
- 8.2. mops with detachable heads are used for toilet accidents are to be soaked in disinfectant in a bucket in the laundry sink and then air-dried
- 8.3. that a daily clean is carried out on other surfaces that may transmit germs such as high touch objects including doorknobs, tables, light switches, handles, etc. This will be increased to several times a day if an outbreak of an infectious disease/virus has been recorded in the Service or to minimise the risk of transmission of a virus such as COVID-19
- 8.4. that if a child has a toileting accident, the items are placed in a plastic bag with the child's name on it. The plastic bag will be stored in the child's bag for parents to take home
- 8.5. cloths and mops are colour coded so that a separate cloth or mop is used to clean floors, bathroom, art and craft, and meal surfaces
- 8.6. detachable mop heads and cloths are washed in a washing machine using hot water
- 8.7. all washable toys out on display for the children are to be washed on a weekly basis to decrease the risk of cross contamination and recorded with the date and a signature as evidence
- 8.8. toys and equipment (that are difficult to wash) will be washed with detergent (or soap and water) and air-dried in sunlight
- 8.9. all cleaning procedures will be recorded on the Service's Cleaning Checklist
- 8.10. all cushions, including floor cushions, should have removable cushion covers and will be laundered regularly at the end of each day as well as whenever they are visibly dirty or contaminated
- 8.11. floor surfaces will be cleaned on a daily basis after each meal and at the end of each day
- 8.12. toilets/bathrooms will be cleaned in the middle of the day, the end of the day and whenever needed throughout the day using detergent and water followed by disinfectant and paper towel

9. FAMILIES WILL:

- 9.1. adhere to and support the Service's policies regarding *Dealing with Infectious Diseases, Immunisation, Incident, Injury, Trauma and Illness* and exclusion requirements
- 9.2. alert the Service if their child is diagnosed with an infectious illness, including COVID-19
- 9.3. exclude their child from care for the recommended minimum exclusion period if they display symptoms of an infectious illness or disease
- 9.4. advise the Service of their child's immunisation status, by providing a current Immunisation History Statement recorded on the Australian Immunisation Register (AIR) for the Service to copy and place in the child's file
- 9.5. advise the Service when their child's medical management plan is updated

CONTINUOUS IMPROVEMENT/EVALUATION

Our *Dealing with Infectious Diseases Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

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SOURCES

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 NSW Government. Department of Education. [Managing COVID cases](#)
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| CHANGE HISTORY | Version | Amendment Details | Date Amended |
|----------------|--|--|--------------|
| | New | Reformatted DEBASCA policies | Nov 2013 |
| | 1 | Edited Policy Statement Added NSW Health in Associated Documents Deleted 'Sick Child or Adult' definition Added 1.1-1.15 Re-ordered 2.1 – 2.3 Added section 3 | Sep 2015 |
| | 2 | Reformatted Policy number: D-15 to P-2.15 | Aug 2016 |
| | 3 | Updated to the revised National Quality Standard | Apr 2018 |
| | 4 | Added Clause 4 | May 2020 |
| | 5 | Added Legislative Requirements title and added 86, 87, 93, 162, 168, 170, 172, 173, 175 Moved regulations under Legislative Requirements Added Related Policies Added Implementation Minor re-wording 5.4 Added 5.11, 5.12, 6.2.17, 6.2.18 Minor rewording 6.3.3 | May 2023 |
| 6 | Adopted NEW DEBASCA policy format Policy Statement re-worded Added National Quality Standard Added Education and Care Services National Law and Regulations Added Related Policies Removed Associated Documents as it has been separated above categories Added Purpose Added Implementation Removed old policy clauses as embedded within new clauses, or obsolete Added Continuous Improvement/Evaluation | May 2025 | |

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