

Dealing with Infectious Disease and

Immunisation.

Purpose

To provide a policy through which children and staff are protected against harmful infection diseases.

Early Years @ Phoenix Park (EY@PP) is committed to preventing the spread of infections through simple hygiene practices such as hand washing, effective cleaning procedures, monitoring immunisation records where applicable and complying with recommended exclusion guidelines and timeframes.

Background

EY@PP supports the National Immunisation Program (NIP) which is currently recommended by National Health and Medical Research Council (NHMRC) and supported by the Commonwealth Government. Immunisation is a safe and effective way of protecting against certain diseases. The risks of these diseases are far greater than the very small risk associated with immunisation.

Under the new “NO Jab, No Play” legislation, before enrolling a child we will have to first obtain evidence that a child is:

- Fully immunised for their age OR
- On a vaccination catch up program OR
- Unable to be fully immunised for medical reasons.

When completing the enrolment form parents/guardians are required to provide evidence of immunisation status. It is parent /guardian’s responsibility to ensure their child’s immunisation is up to date. We cannot accept any enrolment if parents choose not to immunise their child or children.

Procedure for Management of Infectious Diseases

- The Exclusion Table is displayed at the service, ensuring Information about immunisation and infectious diseases is available at the centre and translated when required.
- The centre adheres to the exclusion requirements for infectious diseases, as set out in the Exclusion Table.
- Parents/guardians are notified of any outbreak of an infectious disease within the service through a door display.
- Parents/guardians are encouraged to notify the service if their child has an infectious disease.
- Children’s enrolment records are up-to-date; including the immunisation status of each child, by ensuring an enrolment form is completed EACH calendar year for every child.
- A high level of hygiene practises is maintained at all times by personally practicing infection control procedures e.g. hand washing, disinfecting toys.
- If a child is unable to be fully immunised for medical reasons the child may be required to be excluded from the service if there is a disease outbreak.
- Staff are encouraged to discuss vaccinations with their own treating doctor, in particular for Hepatitis B, Hepatitis A, Chickenpox,

The parents/guardians will:

- Notify the service if their child has an infectious disease.
- Provide accurate and current information regarding the immunisation status of their child/children at the time of enrolment, to be cited with details recorded by a member of the management team.
- Provide updates to the centre's record at the time of each immunisation thereafter while they are attending the service.

Staff Immunisation

- Information on adult immunisation is made available to staff.
- The staff employment records identify the immunisation status information for each employee.
- Influenza is offered yearly at the centre for all staff.
- Whooping Cough. All new staff is required to have their whooping cough immunisation up to date.

Related policies

- ❖ Enrolment & Orientations
- ❖ Arrival & Collection of children.
- ❖ Dealing with Infectious Disease and Immunization
- ❖ Dealing with incident, injury, Trauma, illness and Emergency Care
- ❖ Asthma Management
- ❖ Administering Medication
- ❖ Anaphylaxis Management
- ❖ Employing new staff

Sources:

Staying Healthy 5th 'edition

Worksafe www.workcover.vic.gov.au

Immunise Australia Program www.immunise.health.gov.au

Australian Childhood Immunisation Register www.hic.gov.au

Health and Human Services Fact Sheet "NO Jab NO Play" frequently asked questions Oct 2015

www.health.vic.gov.au/ideas.

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Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts

(Public Health and Wellbeing Regulations 2009)

Statutory Rule

A person in charge of a primary school or children's services centre must not allow a child to attend the primary school or children's services centre for the period or in the circumstances:

- (a) specified in column 2 of the Table in Schedule 7 if the person in charge has been informed that the child is infected with an infectious disease listed in column 1 of the Table in Schedule 7; or
- (b) specified in column 3 of the Table in Schedule 7 if the person in charge has been informed that the child has been in contact with a person who is infected with an infectious disease listed in column 1 of the Table in Schedule 7.

The person in charge of a primary school or children's services centre, when directed to do so by the Secretary, must ensure that a child enrolled at the primary school or children's services centre who is not immunised against a vaccine preventable disease (VPD) specified by the Secretary in that direction, does not attend the school or centre until the Secretary directs that such attendance can be resumed. (Note—VPDs are marked in the table with an asterisk (*). Contact the Department on 1300 651 160 for further advice about exclusion and these diseases.)

Schedule 7 – Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts (Public Health and Wellbeing Regulations 2009)

[1] Conditions	[2] Exclusion of cases	[3] 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 virus)	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 illnesses	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	Not excluded

	and the child feels well	
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 Escherichia coli (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

Further information

For further information about exclusions mentioned in this document, please contact the Department of Health's Communicable Disease Prevention and Control Unit on 1300 651 160 or visit the www.health.vic.gov.au/ideas.

January 2010

Department of Health