

Infectious Disease Outbreaks & Exclusion Policy

Date: 1995, Revised 10/08/2005, Revised 19/08/08, Revised 27/07/09, Revised 27/07/12, Revised 17/07/14, Reviewed 26/07/17

Signed By Management Committee _____ **Date** _____

AIM

To minimise the risk of cross-infection throughout the Centre.

To effectively manage an outbreak of an infectious disease in the centre by appropriate exclusion of sick children and staff.

To notify the ACT Health when required by law.

BACKGROUND

Infants and young children are particularly vulnerable to childhood communicable diseases. If a child is excluded at the first appearance of illness and kept at home until completely recovered, both the other children in the Centre and the family involved will benefit. Quick exclusion means that fewer children will be infected.

Exclusion of infectious children and staff, and at certain times the exclusion of children and staff who may have been exposed to a serious infection or disease, reduces the risk of infections to other children and staff. Exclusion periods are based on the time a person may be infectious to others, and can include the incubation period of an infection (ie the duration between exposure and the appearance of symptoms). Note that children have developing immune systems and can remain infectious for longer periods than adults with the same disease.

In certain instances some children or staff, who have been in the centre when a case of disease has occurred should be excluded for their own protection. (Exclusion of contacts)

Where there is not a significant risk of infection to others an infected person may not need to be excluded. However, the infected person may be unwell and need to stay home to recover. (Non-exclusion)

ACT Health will take action to control the spread of a notifiable infectious disease in the Centre, and provide support and advice on management of any infectious disease. All notifications will remain confidential.

Every effort will be made to ensure the privacy of children and staff are protected.

Please note that other illness such as coughs and colds will be managed as outlined in the Management of Illness Policy

RELATED POLICY

Medication Policy
Confidentiality Policy
Pandemic Response Policy
Management of Illness Policy

IMPLEMENTATION

1. Minimum Exclusion Periods for infectious conditions are outlined in a brochure, developed by the [National Health and Medical Research Council](#). These outline the minimum requirements which the Centre Management will use as a basis when determining exclusion periods.
2. A copy of the current minimum exclusion rules are attached at Appendix A which forms part of this policy. Please note that when there is an outbreak of an infectious disease such as diarrhoea in the Centre the minimum exclusion periods may be extended at the discretion of the Centre Management.
3. The Centre exclusion rules are non-negotiable and parents should note that staff members have no discretion to vary these unless staff discretion is specifically provided for in the rules.
4. Staff and Children returning to the Centre after travelling outside Australia or New Zealand will be excluded for one full day after their arrival, i.e. if the child arrives home on the Tuesday they are excluded from the centre on the Wednesday and may return on the Thursday. The Director, in consultation with the Management, has the right to extend this exclusion period at any time if the region the child or staff member has been travelling in (or through on transit) is experiencing an outbreak of a serious or potentially serious infectious disease. Staff who are aware of families travelling overseas should alert families to this policy and the implications of travel whenever possible so families can make alternative care arrangements if needed. See related Pandemic Response Policy for further information.
5. Parents and centre staff will inform the Centre of any potential or actual infectious illness and specific health problems such as febrile convulsions and allergic reactions of any kind.

6. Should a child be sent home for an exclusion period due to illness, parents will inform the Centre of the outcomes of any visits to a medical practitioner, so that information can be provided to other parents to assist in the protection and/or care of other children
7. The Centre maintains a policy of full disclosure regarding any communicable infection and parents will be advised and provided with information via email and notices around the Centre of any communicable infection within the Centre.
8. Staff will make every effort to inform parents of recent illnesses in the Centre with particular attention given to parents with children who have specific health issues, eg prone to febrile convulsions or having compromised immunity.
9. In the event of possible outbreaks of vaccine preventable diseases, children unimmunised or not age appropriately immunised will be excluded for the duration of the time specified in the Centre exclusion rules.
10. Any Educators or staff who have regular contact with the children and who have boils or other pustular infections of the skin on the arms or face, or who are suspected of having any gastrointestinal infection, must follow the exclusion periods as outlined for children. They will be excluded from food handling duties for at least 5 days after the onset of illness or when they have cuts, wounds or skin lesions on hands which cannot be adequately covered.
11. The Centre Director must notify ACT Health when any case of the following diseases occurs in the centre:
 - * Diphtheria, measles, mumps, poliomyelitis, rubella, (German measles), whooping cough (pertussis) or tuberculosis, and
 - * There is a food borne illness in two or more persons, or gastroenteritis affecting three or more persons.

As recommended by ACT Health, the Centre Director should report:

 - * Any single case of meningitis
 - * Any of the following conditions affecting three or more persons - Chickenpox, cold sores, conjunctivitis, influenza, strep throat or any other condition of concern.
12. Additionally the NHMRC recommends that ACT Health be notified of any case of: arbovirus infection (Ross River virus, Dengue), brucellosis, campylobacteriosis, chlamydial infection, cholera, donovanosis, gonococcal infection, haemophilus influenza type B infection, H1N1 Influenza (Swine Flu), hepatitis, hepatitis A, B & C, HIV infection, hydatid infection, legionellosis, leprosy, leptospirosis, listeriosis, lymphogranuloma venereum, malaria, ornithosis, plague, Q fever, rabies, salmonellosis, syphilis, typhoid, viral haemorrhagic fever, yellow fever, or yersiniosis.
13. A medical certificate is required before a child or adult having diphtheria, hepatitis A, polio, tuberculosis, typhoid or paratyphoid can return to the Centre.

Source Material:

Australian Children's Education & Care Quality Authority, (October 2011) National Quality Framework Resource Kit

Education and Care Services National Regulations (9 December 2011) Part 4.2, 88,

<http://www.legislation.nsw.gov.au/sessionalview/sessional/subordleg/2011-653.pdf>, accessed on 5/07/17

National Health and Medical Research Council – (December 2005) *Recommended minimum exclusion periods for infectious conditions for schools, pre-schools and child care centres*

<http://www.nhmrc.gov.au/files/nhmrc/publications/attachments/ch43poster4.pdf>, accessed on 5/07/17

National Health & Medical Research Council (2005) *Staying Healthy In Child Care: "Preventing Infectious Diseases in Child Care"* 4th Edition – Copyright © Commonwealth of Australia

Tansey, S. (2006) *Illness in Child Care*, A NCAC Fact Sheet for Families http://ncac.acecqa.gov.au/educator-resources/factsheets/qias_factsheet_18.pdf, accessed on 5/07/17

Review by date: August 2020

Recommended minimum exclusion periods

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Condition	Exclusion of case	Exclusion of contacts ^a
Campylobacter infection	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Candidiasis (thrush)	Not excluded	Not excluded
Cytomegalovirus (CMV) infection	Not excluded	Not excluded
Conjunctivitis	Exclude until discharge from the eyes has stopped, unless a doctor has diagnosed non-infectious conjunctivitis	Not excluded
Cryptosporidium	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Diarrhoea (No organism identified)	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Fungal infections of the skin or nails (e.g. ringworm, tinea)	Exclude until the day after starting appropriate antifungal treatment	Not excluded
Giardiasis	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Glandular fever (mononucleosis, Epstein Barr virus [EBV] infection)	Not excluded	Not excluded
Hand, foot and mouth disease	Exclude until all blisters have dried	Not excluded
Haemophilus influenzae type b (Hib)	Exclude until the person has received appropriate antibiotic treatment for at least 4 days	Not excluded. Contact a public health unit for specialist advice
Head lice (pediculosis)	Not excluded if effective treatment begins before the next day at the education and care service. The child does not need to be sent home immediately if head lice are detected	Not excluded
Hepatitis A	Exclude until a medical certificate of recovery is received and until at least 7 days after the onset of jaundice	Not excluded. Contact a public health unit for specialist advice about vaccinating or treating children in the same room or group
Hepatitis B	Not excluded	Not excluded
Hepatitis C	Not excluded	Not excluded
Herpes simplex (cold sores, fever blisters)	Not excluded if the person can maintain hygiene practices to minimise the risk of transmission. If the person cannot comply with these practices (e.g. because they are too young), they should be excluded until the sores are dry. Sores should be covered with a dressing, where possible	Not excluded
Human immunodeficiency virus (HIV)	Not excluded. If the person is severely immune compromised, they will be vulnerable to other people's illnesses	Not excluded
Human parvovirus B19 (fifth disease, erythema infectiosum, slapped cheek syndrome)	Not excluded	Not excluded
Hydatid disease	Not excluded	Not excluded
Impetigo	Exclude until appropriate antibiotic treatment has started. Any sores on exposed skin should be covered with a watertight dressing	Not excluded
Influenza and influenza-like illnesses	Exclude until person is well	Not excluded
Listeriosis	Not excluded	Not excluded
Measles	Exclude for 4 days after the onset of the rash	Immunised and immune contacts are not excluded For non-immunised contacts, contact a public health unit for specialist advice. All immunocompromised children should be excluded until 14 days after the appearance of the rash in the last case
Meningitis (viral)	Exclude until person is well	Not excluded
Meningococcal infection	Exclude until appropriate antibiotic treatment has been completed	Not excluded. Contact a public health unit for specialist advice about antibiotics and/or vaccination for people who were in the same room as the case
Molluscum contagiosum	Not excluded	Not excluded
Mumps	Exclude for 9 days or until swelling goes down (whichever is sooner)	Not excluded
Norovirus	Exclude until there has not been a loose bowel motion or vomiting for 48 hours	Not excluded
Pertussis (whooping cough)	Exclude until 5 days after starting appropriate antibiotic treatment, or for 21 days from the onset of coughing	Contact a public health unit for specialist advice about excluding non-vaccinated and incompletely vaccinated contacts, or antibiotics
Pneumococcal disease	Exclude until person is well	Not excluded
Roseola	Not excluded	Not excluded
Ross River virus	Not excluded	Not excluded
Rotavirus infection	Exclude until there has not been a loose bowel motion or vomiting for 24 hours ^b	Not excluded
Rubella (German measles)	Exclude until fully recovered or for at least 4 days after the onset of the rash	Not excluded
Salmonellosis	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Scabies	Exclude until the day after starting appropriate treatment	Not excluded
Shigellosis	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Streptococcal sore throat (including scarlet fever)	Exclude until the person has received antibiotic treatment for at least 24 hours and feels well	Not excluded
Toxoplasmosis	Not excluded	Not excluded
Tuberculosis (TB)	Exclude until medical certificate is produced from the appropriate health authority	Not excluded. Contact a public health unit for specialist advice about screening, antibiotics or specialist TB clinics
Varicella (chickenpox)	Exclude until all blisters have dried—this is usually at least 5 days after the rash first appeared in non-immunised children, and less in immunised children	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise, not excluded
Viral gastroenteritis (viral diarrhoea)	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Worms	Exclude if loose bowel motions are occurring. Exclusion is not necessary if treatment has occurred	Not excluded

^a The definition of 'contacts' will vary according to the disease—refer to the specific fact sheet for more information.

^b If the cause is unknown, possible exclusion for 48 hours until cause is identified. However, educators and other staff who have a food handling role should always be excluded until there has not been a loose bowel motion for 48 hours.

Adapted from SA Health Communicable Disease Control Branch: <http://www.dh.sa.gov.au/peha/branches/branch-communicable.htm>. Note that exclusion advice is consistent with Series of National Guidelines (SoNGs) where available.

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