

	<b>Parkdale Preschool Association Policy Document</b>
Policy No. : HS3-12-01	Title: Management of infectious diseases policy
	Section: Heath and Safety
	Review Cycle: 3 years

## Document/Revision History

Policy Revision #	Issue Date	Description of Changes	Superseded Document #
1			

## 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.

Note: This policy includes child immunisation information.

# Policy statement

## Values

**Parkdale Preschool** 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.

## Scope

This policy applies to the committee, staff, parents/guardians, children, volunteers and students involved with **Parkdale Preschool**.

## 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.

Relevant legislation may include but is not limited to:

- *Children's Services Act 1996 (CSA)*
- Children's Services Regulations 2009 (CSR)
- *Health Records Act 2001*
- Health (Infectious Diseases) Regulations 2001

- *Occupational Health and Safety Act 2004-Compliance Code (First aid in the workplace)*

## **Definitions**

**Authorised staff member:** Staff member who has been nominated by the committee of management to be the authorised person for conducting head lice inspections and implementing the requirements of this policy in relation to the management of head lice.

**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.

## **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
- HIV/AIDS and hepatitis
- 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
- 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
- Keeping informed about current information and research, ensuring that any changes to the exclusion table or immunisation schedule are communicated to staff and parents.

### Staff are responsible for:

- Informing, the DEECD 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 head lice, 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
- 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
- Visually checking children's hair and notifying the authorised staff member if an infestation of head lice is suspected.
- Staff will advise parents to seek treatment of head lice (at cost to family). No official inspections will take place. If an outbreak occurs (>5 cases in a 1 week period), the entire centre will undergo head lice inspections at a cost to each family.
- 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 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 authorised staff member is responsible for:**

- Ensuring all families have completed a Head lice check consent form ([Attachment 3](#)) on enrolment
- Providing a Head lice action form ([Attachment 4](#)) to the parents/guardians of a child suspected of having head lice
- Providing a Head lice notification letter ([Attachment 5](#)) to all families when an infestation of head lice has been detected at the centre
- Maintaining confidentiality at all times
- Avoiding the stigmatisation of any child or family by themselves or any other member of the centre community.

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

- Notifying the 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)

[Attachment 3](#): Consent form to conduct head lice inspections

[Attachment 4](#): Head lice action form

[Attachment 5](#): Head lice notification letter

## Authorisation

This policy was approved by the committee of management of **Parkdale Preschool** at a committee meeting on.

**Review date: 17/NOV/2010**

## Communicable diseases exclusion table (2009)

The following table indicates the minimum period of exclusion from schools and children's service centres required for infectious diseases cases and contacts as prescribed under Regulations 13 and 14 of the Health (Infectious Diseases) Regulations 2001 – Schedule 6. In this schedule, 'medical certificate' means a certificate of a registered medical practitioner.

Disease or condition	Exclusion of cases	Exclusion of contacts
Amoebiasis ( <i>Entamoeba histolytica</i> )	Exclude until diarrhoea has ceased.	Not excluded
Campylobacter	Exclude until diarrhoea has ceased.	Not excluded
Chickenpox	Exclude until fully recovered or for at least 5 days after the eruption first appears. Note that some remaining scabs are not a reason for continued exclusion.	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded.
Conjunctivitis (Acute infectious)	Exclude until discharge from eyes has ceased.	Not excluded
Diarrhoea	Exclude until diarrhoea has ceased or until medical certificate of recovery is produced.	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.
Haemophilus type b (Hib)	Exclude until medical certificate of recovery is received.	Not excluded.
Hand, foot and mouth disease	Exclude until all blisters have dried.	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

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 immunodeficiency virus (HIV/AIDS)	Exclusion is not necessary unless the child has a secondary infection.	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 until at least 4 days after the 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, they may return to school.
Meningitis (bacteria)	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
Poliomyelitis	Exclude for at least 14 days from onset. Re-admit after receiving medical certificate of recovery.	Not excluded

Ringworm, scabies, pediculosis (head lice)	Re-admit the day after appropriate treatment has commenced.	Not excluded
Rubella (German measles)	Exclude until fully recovered or for at least 4 days after the onset of rash.	Not excluded
Salmonella, Shigella	Exclude until diarrhoea ceases.	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
Trachoma	Re-admit the day after appropriate treatment has commenced.	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 (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
Whooping cough	Exclude the child for 5 days after starting antibiotic treatment.	Exclude unimmunised household contacts aged less than 7 years and close childcare contacts for 14 days after the last exposure to infection or until they have taken 5 days of a 10-day course of antibiotics.
Worms (Intestinal)	Exclude if diarrhoea present.	Not excluded

Exclusion of cases and contacts is not required for Cytomegalovirus infection, Glandular fever (mononucleosis), Hepatitis B or C, hookworm, Cytomegalovirus infection, Molluscum contagiosum or Parvovirus (erythema infectiosum fifth disease).

## The National Immunisation Program (NIP) Schedule (0–4 Years)

Age	Disease immunised against
Birth	Hepatitis B
2 months	Diphtheria Tetanus Pertussis Polio Hib Hepatitis B Pneumococcal (refer to note 1) Rotavirus (refer to note 5)
4 months	Diphtheria Tetanus Pertussis Polio Hib Hepatitis B Pneumococcal (refer to note 1) Rotavirus (refer to note 5)
6 months	Diphtheria Tetanus Pertussis Polio Hib (refer to note 2) Hepatitis B (or at 12 months) Pneumococcal (refer to note 1) Rotavirus (refer to note 6)
12 months	Measles Mumps Rubella Hib Hepatitis B (or at 6 months) Meningococcal C (refer to note 3)
18 months	Varicella (refer to note 4)
4 years	Diphtheria Tetanus Pertussis Polio Measles Mumps Rubella

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Note:

- Pneumococcal vaccine is funded under the NIP for children born from 1 January 2005.
- Four doses of Hib vaccine are due at 2, 4, 6 and 12 months of age when 'PRP-T Hib' containing vaccine is used.
- Meningococcal C vaccine is funded under the NIP for children born from 1 January 2002.
- Varicella vaccine is funded under the NIP for children born from 1 May 2004.
- Rotavirus vaccine is funded under the NIP for children born from 1 May 2007.
- Three doses of Rotavirus vaccine are due at 2, 4 and 6 months of age when RotaTeq vaccine is used.

## Parkdale Preschool

### Consent form to conduct head lice inspections

Dear Parents/Guardians,

The **Parkdale Preschool** committee of management is aware that head lice infestation can be a sensitive issue, and is committed to maintaining children's confidentiality and avoiding stigmatisation at all times. However, management of head lice infestation is most effective when all children and their families actively support our policy and participate in our screening program.

Before any inspections are conducted, the person conducting the inspections will explain to all the children what is being done and why. It will be emphasised that the presence of head lice in their hair does not mean that their hair is less clean or well kept than anyone else's. It will also be pointed out that head lice can be itchy and annoying and once you know that you have them, you can do something to get rid of them.

Only staff who have been authorised by the **Parkdale Preschool** committee of management or an external person, such as a nurse employed by the local council, will be permitted to carry out inspections on the children at the centre. Each child's hair will be inspected for the presence of lice or eggs.

Where head lice are found, the person conducting the inspection will notify the parents/guardians when the child is collected from the centre and provide them with relevant information about the treatment of head lice and an action plan to be given to the authorised staff member on the child's return to the centre. Other families will be provided with a notice that identifies that there have been head lice detected in the group and encourages them to be vigilant and carry out regular inspections on their own child.

Please note that health regulations require that where a child has head lice, that child should not return to the children's service until appropriate treatment has commenced.

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Parent's/guardian's full name:

\_\_\_\_\_

Parent's/guardian's full name:

\_\_\_\_\_

Address: \_\_\_\_\_ Postcode:

\_\_\_\_\_

Child's name: \_\_\_\_\_

Group: \_\_\_\_\_

I hereby give my consent for **Parkdale Preschool**, or the relevant local government employee, to inspect the above named child's head when an infestation of head lice is suspected in the centre.

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Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I do not give consent for my child's head to be inspected. I request that staff contact me when an infestation of head lice is suspected in the centre, and I agree to come to the centre and complete my own inspection.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Parkdale Preschool**  
**Head lice action form**

Dear Parents/Guardians,

Head lice or eggs are suspected to have been detected on your child. Therefore, it is very important for you to treat your child as soon as possible, using safe treatment practices. Please see the attached pamphlet, 'Treating and controlling head lice', from the Department of Human Services. This has informative guidelines regarding detecting and treating head lice and eggs.

It is very important for you to notify **Parkdale Preschool** and to advise when appropriate treatment has commenced.

It is important to note that health regulations require that when a child has head lice, that child should not return to school until the day after appropriate treatment has started. Please note that this refers only to those children who have live head lice and does not refer to head lice eggs.

Please complete the form below and provide this to the Director of **Parkdale Preschool** when your child returns to **Parkdale Preschool**.

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**Head lice treatment—action taken**  
**Parent/guardian response form**

To: **The Director, Parkdale Preschool**

CONFIDENTIAL

Child's name: \_\_\_\_\_

Group: \_\_\_\_\_

I understand that my child should not attend the centre with untreated head lice.

I used the following recommended treatment for head lice or eggs for my child  
\_\_\_\_\_ **Parkdale Preschool**.

Treatment commenced on \_\_\_\_\_ "[insert date]" .

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

## Parkdale Preschool

### Head lice notification letter

Dear Parents/Guardians,

It has come to our attention that head lice have been detected in your child's group at **Parkdale Preschool** and we seek your cooperation in checking your child's hair regularly throughout this week "[insert date]"

Head lice are transmitted by having head-to-head contact with someone who has head lice, but they do not transmit infectious diseases. You may be reassured to know that head lice are common in children and often found in places other than at **Parkdale Preschool**. They are very adaptable creatures who have survived living solely on humans for 10 000 years! They are not selective and can be found on people of all ages, socioeconomic backgrounds and gender.

#### What can you do?

We seek your cooperation in checking your child's hair and in those instances where head lice or eggs are found, treating your child's hair.

Please see the attached pamphlet 'Treating and controlling head lice', from the Department of Human Services. This has informative guidelines regarding detecting and treating head lice and eggs.

#### How do I treat my child for head lice?

As mentioned above, the attached pamphlet has informative guidelines regarding detecting and treating head lice and eggs. Additional information is also available at the centre, so please don't hesitate to contact us.

#### Who do I contact if my child has head lice?

If head lice or eggs are found on your child's hair, you need to inform:

- The centre and advise when treatment has started, via the attached Action taken form
- Parents or carers of your child's friends so that they too have the opportunity to detect and treat their children if necessary.

#### When can my child return to the centre?

Health regulations require that when a child has head lice, that child should not return to the centre until the day after appropriate treatment has started. Please note that this refers only to those children who have live head lice; it does not refer to head lice eggs.

**Parkdale Preschool** is aware that head lice can be a sensitive issue and is committed to maintaining your confidentiality.

Kind regards,

**Director, Parkdale Preschool**

On behalf of the **Parkdale Preschool** Committee of Management