

Coota Gulla Preschool Procedures



Dealing with Infectious Diseases, including Immunisation

| Associated National Quality Standard | Education and Care Services National Law or Regulation | Associated Departmental policies, procedures or guidelines |
|--------------------------------------|--|--|
| 2.1 | 88 | <ul style="list-style-type: none">Student Health in NSW Schools: A summary and consolidation of policy |
| Next Review Date: | 27/11/22 | |

Handwashing at Coota Gulla Preschool will occur:

- on arrival at the centre
- after going to the toilet
- before and after helping children with toileting (which may include nappy changing)
- before and after giving first aid
- before and after giving medication
- after wiping a child's nose
- before and after eating or handling food
- after patting or touching animals
- after gardening
- before and after preparing or cooking food
- before and after applying sunscreen
- after contact with any bodily fluids, for example when toileting accidents occur or a child is sick.

When teaching children to wash their hands we take exercise the following points:

- use soap and running water
- wash hands thoroughly while counting slowly from one to 20
- wash all parts of the hands, including sides and between the fingers
- rinse hands well to remove soap
- dry hands with paper towel.

Supporting children with toileting

Educators remind children to wash hands when going to the toilet. They are asked if they have washed their hands when they leave the toilet area, particularly those children whose parents have advised that

they may need reminding. Posters are on the wall, near the sinks, to remind children of how to wash their hands effectively.

If a child needs support with wiping after they have been to the toilet the educator must wear gloves, dispose of them after use and wash hands thoroughly.

If a child needs cleaning after wetting or soiling themselves (including if in pullups) the following procedures apply:

- the educator wears gloves and uses pre-moistened disposable wipes
- if wipes are unavailable, wet paper towels are used with running water (not a bowl or sink full of water) and that towels are only used once
- soiled clothes are sealed in a plastic bag labelled with the child's name and placed in a metal bucket until the end of the day for parents to take home (the metal bucket is then disinfected)
- the child is assisted into clean clothes
- the educator removes gloves, discards them and washes their hands thoroughly with soap and warm water. The child also washes their hands thoroughly.

This occurs in the toilet area.

Parents are encouraged to pack extra clothing in case of emergencies, however, spare clothing is kept in the kitchen cupboard labelled spare clothes.

If a spill (urine or faeces) has occurred the ensuing procedure is followed:

- the educator wears disposable gloves
- paper towel is placed over the spill and the paper towel and contents are carefully removed
- the paper towel and gloves are placed in a plastic bag, sealed and placed in the rubbish bin
- the educator puts on new gloves and cleans the surface with paper towel, warm water and detergent, and allows the surface to dry
- disinfectant is then used if the spill came from a child suspected of having an infectious disease
- remove and discard gloves
- hands are washed thoroughly with soap and warm water.

NOTE: If child has the accident on carpet, the educator will place Bio Hazard-Infectious Waste absorbent powder and ensure area is cleared.

Cleaning procedures:

- the preschool is cleaned daily by the contracted cleaners of the school
- the tables and floor of the eating area are cleaned after every meal using soap and warm water
- sheets, pillowcases and hats are laundered once a week
- toys are cleaned on a regular basis. This is recorded on an indoor/outdoor toy checklist, located on the side of the pantry near the back door of the kitchen.

The Aboriginal Education Officer, Michelle Milich and educator Jenna Dabait, are trained First Aid Officers. In their absence there are four additional First Aid Officers across the school.

If a child arrives at preschool and seem unwell they will be looked at by the First Aid Officer and a decision will be made with the parent/carer as to whether the child stays at school or goes home.

If the child remains at preschool, they will be closely monitored and if their condition deteriorates the parent/carer will be contacted.

EXCEPTION: If the parent/carer identifies the condition then the *Recommended Minimum Exclusion Periods* issued by the National Health and Medical Research Council will be followed. (see APPENDIX A)

If it is suspected that a child has an infectious disease, the child is brought to the school office and remains isolated in Sickbay until the parent/carer arrives to collect the child. One of the office staff or a First Aid Officer then disinfects Sickbay.

If there is an outbreak of an infectious disease then families will be notified via a note. Information will also be sent through ClassDojo (allowing information to be translated).

In the case of a serious illness, parents may be contacted directly by phone. The Early Learning Unit will also be notified.

Immunisation

Immunisation information (including a transcript from Medicare) is collected at the time of enrolment/interview. If the child has not turned 4 a note is made on the front of the PRC and on the interview sheet, indicating when the next immunisation is due. This is managed by the school office staff and preschool staff. An Immunisation Register is kept on the wall of the preschool office. Immunisation collected and reminders to parents are recorded on Sentral under the immunisation tab.

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 |
| Hydrotid 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/pshs/branches/branch-communicable.htm>. Note that exclusion advice is consistent with Series or National Guidelines (S/N/Gs) where available.

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