



Infectious Diseases Policy

Philosophy Statement

Epic Holiday Camps are committed to creating a fun and safe environment for school-aged children to enjoy meaningful **real-world experiences** to remember forever. With a focus on **learning through play**, we offer exciting **age-matched activities** to support children in gaining confidence, developing their identity and enhancing their **health and wellbeing**. Organisational culture is important to us and we strive to build teams of motivated, fun and **engaging teachers** who children and families can **respect and trust**. Effective communication with children and their families underpins everything we do, ensuring we foster respectful relationships and **continually improve** our program delivery.

Policy Rationale

This policy applies to the committee, staff, parents/guardians, children, volunteers and students involved with EPIC Holiday Camp. Infectious diseases are common in children. Children are at greater risk of exposure at an early childhood 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 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 Public Health and Wellbeing Regulations 2009.

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. Families are required to confirm if the child has been immunised at the time of his/her enrolment. As this program is considered an Outside School Hours Care (OSHC) program, the legislation known as "No Jab, No Play", does not apply to EPIC Holiday Camp services.

Policy Objectives

EPIC Holiday Camp is committed to:

- Providing a safe and healthy environment for all children, educators and any other persons participating in the program
- Responding to the needs of the child who presents with symptoms of an infectious disease or head lice infestation while attending the service.



- Providing up-to-date information and resources for families and staff regarding protection of all children from infectious diseases, immunisation programs and management of head lice infestation.

Procedures

If the service is notified that a child has suffered or is suffering from an infectious illness, they service will exclude the child from attending the service for the time specified in the exclusion table known as the 'Minimum period of exclusion from primary schools and children's service centre's for infectious diseases cases and contacts'

EPIC Holiday Camp staff and educators will be able to request a clearance certificate from a medical practitioner to verify that a child is no longer suffering a contagious illness or infectious disease.

Educators are responsible for:

- Informing, the Department of Education and Training (DET) and DHHS 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 service who is infected with that disease (refer to Attachment 2), as per the Public Health and Wellbeing Regulations 2009. 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 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 service as soon as possible. Those parents will be required to keep their child(ren) at home when an infectious disease has been diagnosed at the service until there are no more occurrences of that disease and the exclusion period has ceased.
- 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 main entrance of the service notifying any families, staff and visitors of any infectious diseases that may be harmful. (R 173)
- Ensuring the exclusion requirements for infectious diseases are adhered to as per the Communicable diseases exclusion table (Attachment 1).
- Notifying the EPIC Holiday Camp and parents/guardians of any outbreak of an infectious disease within the service.



- Advising parents/guardians on enrolment that the DHHS Communicable diseases exclusion table (Attachment 1) will be followed in regard to the outbreak of any infectious diseases
- Requesting parents/guardians notify the service 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. This may include tip sheets from Staying Healthy In Child Care (5th Edition)
- In the case of a head lice outbreak, families/Guardians will be contacted if head lice are detected.

The responsible person is responsible for:

- Conducting regular head lice inspections, when an infestation is suspected.
- Maintaining confidentiality at all times
- Avoiding the stigmatisation of any child or family by themselves or any other member of the service community when an infectious illness is detected.

The parents/guardians are responsible for:

- Notifying the service 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 service.
- Complying with the DHHS Communicable diseases exclusion table (Attachment 1)
- Keeping their child at home when an infectious disease has been diagnosed at the service 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 as well as ensuring their child does not attend the service with untreated head lice.
- Notifying the service if head lice have been found in their child's hair and when treatment has started.

The following table indicates the minimum period of exclusion from schools and children's service centre's required for infectious diseases cases and contacts as prescribed under the Public Health and Wellbeing Regulations 2009 – Schedule 7. In this schedule, 'medical certificate' means a certificate of a registered medical practitioner.

[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 and the child feels well	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 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

<https://www2.health.vic.gov.au/public-health/infectious-diseases/school-exclusion/school-exclusion-table>

The Immunisation Schedule Victoria (March 2016) Attachment 2

Child programs	
Age	Vaccine
Birth	<ul style="list-style-type: none"> Hepatitis B (hepB)^a
2 months	<ul style="list-style-type: none"> Hepatitis B, diphtheria, tetanus, acellular pertussis (whooping cough), <i>Haemophilus influenzae</i> type b, inactivated poliomyelitis (polio) (hepB-DTPa-Hib-IPV) Pneumococcal conjugate (13vPCV) Rotavirus
4 months	<ul style="list-style-type: none"> Hepatitis B, diphtheria, tetanus, acellular pertussis (whooping cough), <i>Haemophilus influenzae</i> type b, inactivated poliomyelitis (polio) (hepB-DTPa-Hib-IPV) Pneumococcal conjugate (13vPCV) Rotavirus
6 months	<ul style="list-style-type: none"> Hepatitis B, diphtheria, tetanus, acellular pertussis (whooping cough), <i>Haemophilus influenzae</i> type b, inactivated poliomyelitis (polio) (hepB-DTPa-Hib-IPV) Pneumococcal conjugate (13vPCV) Rotavirus^b
12 months	<ul style="list-style-type: none"> <i>Haemophilus influenzae</i> type b and meningococcal C (Hib-MenC) Measles, mumps and rubella (MMR)
18 months	<ul style="list-style-type: none"> Diphtheria, tetanus, pertussis (whooping cough) (DTPa) Measles, mumps, rubella and varicella (chickenpox) (MMRV)
4 years	<ul style="list-style-type: none"> Diphtheria, tetanus, acellular pertussis (whooping cough) and inactivated poliomyelitis (polio) (DTPa-IPV)
School programs	
10–15 years (contact your State or Territory Health Department for details)	<ul style="list-style-type: none"> Varicella (chickenpox)^c Human papillomavirus (HPV)^d Diphtheria, tetanus and acellular pertussis (whooping cough) (dtpa)
At-risk groups	
Aboriginal and Torres Strait Islanders	
12–18 months (in high risk areas) ^e	<ul style="list-style-type: none"> Pneumococcal conjugate (13vPCV)
12–24 months (in high risk areas) ^f	<ul style="list-style-type: none"> Hepatitis A
6 months to less than 5 years	<ul style="list-style-type: none"> Influenza (flu)
15 years and over	<ul style="list-style-type: none"> Influenza (flu) Pneumococcal polysaccharide (23vPPV) (medically at risk)
50 years and over	<ul style="list-style-type: none"> Pneumococcal polysaccharide (23vPPV)
Other at-risk groups	
6 months and over (people with medical conditions placing them at risk of serious complications of influenza)	<ul style="list-style-type: none"> Influenza (flu)
12 months (medically at risk) ^g	<ul style="list-style-type: none"> Pneumococcal conjugate (13vPCV)
4 years (medically at risk) ^g	<ul style="list-style-type: none"> Pneumococcal polysaccharide (23vPPV)
Pregnant women (at any stage of pregnancy)	<ul style="list-style-type: none"> Influenza (flu)
65 years and over	<ul style="list-style-type: none"> Influenza (flu) Pneumococcal polysaccharide (23vPPV)
70 years (a free single catch-up dose is available for adults aged 71–79 years until 31 October 2021)	<ul style="list-style-type: none"> Herpes Zoster (shingles)

Please Note: There are alternative immunisation schedules for those persons deemed at increased risk or in need of an enhanced immunisation schedule. These schedules can be located on the Department of Health and Human Services website.

<http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/national-immunisation-program-schedule>

References



Public Health and Wellbeing Regulations (2009), R 85

Staying Healthy in Childcare – 5th Edition (2013)

Department of Health and Human Services www.dhhs.vic.gov.au

Education and Care Services National Law Act (2010), S 165, S 167

Education and Care Services National Regulations (2011), R 87, R 173 ACECQA

National Quality Framework Resource Kit (2012) Quality Area 2 – Children’s health and safety

Quality Area 7 – Leadership and Service Management