Infection Control Policy

The health and wellbeing of young children and educators is central to the creation of a high quality early childhood environment. The primary challenge is to provide a safe environment where play based learning (involving all the senses), physical closeness and warm relationships are not compromised by over protection and unnecessary anxiety.

In order to eliminate or minimise the level of risk associated with exposure to infectious disease or illness the Yankalilla Community Children’s Centre will abide by the 2013 DECD Infection Control procedure.

The five most important ways of preventing the spread of infectious disease in early childhood settings are:
1. Effective hand washing
2. Exclusion of sick children and staff
3. Immunisation
4. A high standard of Cleanliness
5. Standard precautions

1. Hand washing

Hand washing, rinsing and drying remains one of the most basic and important procedures for maintaining hygiene and preventing the spread of infection. However, to be effective, hand washing must be done properly.

Staff and children must wash, rinse and dry their hands:
- On arrival at the centre
- Before going home
- Before eating (for babies, before they are fed)
- Before preparing or handling any food – including babies bottles
- Before giving medications
- After nappy changes
- After going to the toilet or assisting a child to use the toilet
- After wiping or blowing noses (staff or child’s)
- After coming into contact with any bodily fluids – blood, faeces, urine, vomit
- After touching animals

Hand washing procedure:
- Wash hands with soap and running water for 10 – 15 seconds,
- Rub all hand surfaces thoroughly, including wrists, back and front of hands, between fingers and underneath rings,
- Rinse hands with running warm water, and
- Dry thoroughly with a clean paper towel.
- Put paper towel in bin

During outside play time, it may not be possible for staff to come inside to wash their hands. Staff will ensure they always apply gloves before handling blood or bodily fluids – including wiping noses. After removing the gloves and placing them in the bin, staff will apply “Hands First” antibacterial sanitiser.

2. Exclusion of children and staff who are sick

Exclusion helps to prevent transmission of infectious illnesses to others and also assists in the recovery of the sick child. Children and staff must be well enough to attend and participate fully in activities. Children requiring one to one attention need home care. Parents are required to notify the Director if their child has any contagious illness.
Exclusion will be handled in accordance with “Staying Healthy: Preventing infectious diseases in early childhood education and care services” - 5th Edition 2012 recommended minimum exclusion periods. (See Appendix 1)
In addition, the centre has a 24 hour exclusion policy for children who have vomited more than once or who have excreted more than one loose bowel action. Exclusion for 24 hours gives the vomiting and diarrhoea time to subside and for normal activity and diet to be reintroduced. Children may return to the Centre after the prescribed exclusion period or upon receipt of a medical clearance certificate from a medical practitioner.
Parents will be given a copy of the Centre exclusion guidelines on enrolment.

The exclusion guidelines also apply to staff.

In the case of a confirmed infectious illness or disease, a notice will be displayed on the centre reception door. If more than three cases of the same illness or disease have been confirmed a notice will be distributed to all families via their message pockets.

**Identifying symptoms of an excludable infectious illness and notifying families**
The staff will be vigilant in identifying symptoms which may indicate an excludable infectious illness or disease. The Centre does not have the facilities or the staff to care for sick children: therefore children who are unwell or who have infections or contagious illnesses are not able to be cared for at the centre. Parents will be advised on enrolment that children who are unwell should stay home from childcare or preschool.
If a child becomes ill while they are at the centre every effort will be made to contact the parent/guardian or emergency contact people.
Parents will be contacted when a child:
- Has difficulty breathing
- Refuses to drink fluids
- Vomits
- Is coughing uncontrollably
- Complains of headaches, earache or has a discharging ear
- Needs to be comforted constantly - has no interest in play
- Has a fever (temperature of 38.5° or higher)
- Develops a rash
- Is pale and sleepy
- Diarrhoea - 2 loose bowel actions on the same day

Unwell children will be isolated as much as practical until the child is able to be collected. If medical attention is required, children will be either taken to the Doctors surgery, or an ambulance called, depending on the severity of the illness. If an unwell child is collected from the centre and then returned to the centre on the same day a medical authority written by a medical practitioner stating the child is well enough to return and is not infectious will be necessary.
The centre will maintain a record of illnesses in the centre and an illness report form will be prepared for any child asked to be collected from the centre due to symptoms of illness.

3. Immunisation

**Children**
The most effective method of preventing certain infections is immunisation. Immunisation protects the person who has been immunised, children who are too young to be immunised and other people who have been vaccinated but did not respond to the vaccine.
Each child’s immunisation status is obtained at enrolment. Children’s immunisation records are updated every 12 months (see attached form). We strongly encourage parents to ensure their children are up to date with their immunisation, for the safety of themselves, other children, parents and staff.
All families are notified when a case of an Immunisable illness has been confirmed.
In the event of an outbreak at the Centre of an infectious disease against which a child has not been immunised or is not up to date with the recommended immunisation schedule, the child will be excluded from the Centre. This is for their own protection and to minimise the chance of the disease spreading further. The centre maintains an annual record of outbreaks of Immunisable diseases.

**Staff**
All staff will complete a Staff Immunisation Record at their commencement of work at YCCC. It is recommended that staff reduce their risk of transmission of infectious diseases by obtaining the following immunisations:

- Hepatitis A; Hepatitis B; Influenza; Tetanus
- Any childhood diseases they have not had (measles, mumps, rubella and chicken pox.)

The cost of the vaccinations will be covered in full by DECD for DECD employees.
YCCC will make a contribution of up to 50% toward the cost of these recommended vaccinations for YCCC employees.

4. **Cleaning and Disinfection**
Toys, surfaces and bedding will all be regularly cleaned to prevent the spread of infection.
Baby’s toys will be cleaned after use on a daily basis.
A monthly cleaning schedule applies to the cleaning of all other toys.
The toys will be cleaned in warm soapy water and dried outside in the sun (weather permitting)
The centre will be cleaned by a professional cleaner every night. Only non-hazardous cleaning products (as classified according to criteria of Safe Work Australia) will be used.
The common use of personal care items ie: dummies face cloths or hats is not allowed.

5. **Standard Precautions**
Standard Precautions assumes that all body substances are potentially infectious. Standard Precautions (see Appendix 2) will be followed when handling:

- Blood, including dried blood
- Body substances including saliva, urine and faeces
- Broken skin (cuts and abrasions)
- Mucous membranes (lining of nose, mouth)

In the event that a child or staff member is exposed to blood or a body substance a Post Exposure Response (see Appendix 2) will be followed.

**Notifiable Infectious diseases**
The Director will report all instances of Notifiable Infectious Diseases on the Incident Response Management System (IRMS) and to the Director Health and Safety Services on 82267555.
For a list of Notifiable Infectious diseases see Appendix 3 - DECD Infection Control Procedure.

Source:
Department for Education and Child Development (2013) *Infection Control Procedure*
National Health and Medical Research Council (2012). *Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th Ed.)*
Childcare and Children's Health (2006) *Hand washing and Nose Wiping*
Dr Estelle Irving. (2008). *Hygiene and Infection Control, Childcare and Children's Health, Vol 11 No 3*

Adopted: March 2004 Last Reviewed: February 2015 To be reviewed: February 2016
### Appendix 1

**YANKALILLA COMMUNITY CHILDRENS CENTRE**  
**SPECIFIC GUIDELINES FOR THE EXCLUSION OF SICK CHILDREN**

<table>
<thead>
<tr>
<th>CONDITION</th>
<th>EXCLUSION PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campylobacter infection</td>
<td>Exclude until there has not been a loose bowel motion for 24 hours</td>
</tr>
<tr>
<td>Cytomegalovirus (CMV) infection</td>
<td>Not excluded</td>
</tr>
</tbody>
</table>
| Chicken pox                           | Exclude until all blisters have dried (usually 5 days for non-immunised children – less for immunised children)  
                                         | EXCLUSION OF CONTACTS: Any child with an immune deficiency (ie leukaemia)) or receiving chemotherapy  
                                         | Otherwise, not excluded                                                          |
| Common cold                           | Exclusion is NOT Necessary                                                        |
| (Runny nose, Sneezing, coughing, sore throat, watery eyes feeling unwell) Nasal discharge is usually clear to start with, and then become thicker, yellow or green, no exclusion is necessary. |
| Conjunctivitis                         | Exclude until discharge from eyes has stopped (unless doctor has diagnosed non-infectious conjunctivitis – then not excluded) |
| Diarrhoea (no organism identified)     | Exclude until no loose bowel motion for 24 hours                                  |
| Giardiasis                            | Exclude until well – no vomiting or diarrhoea for 24 hours                        |
| Food Poisoning                        | Exclude until no diarrhoea for 24 hours                                           |
| Gastroenteritis                       | Exclusion is NOT Necessary                                                        |
| Glandular Fever                       | Exclude until all blisters are dry                                                |
| Hand, foot and Mouth Disease          | Exclude until all blisters are dry                                                |
| Haemophilus Influenza Type B (HIB)     | Exclude until person has received appropriate antibiotic treatment for at least 4 days |
| Head Lice                             | Exclude until appropriate treatment has commenced. If excluded all headlice and nits (eggs) must be removed from hair prior to return to centre. (See YCCC headlice/nit policy) |
| Hepatitis A                           | Exclude until medical certificate of recovery is received, and until at least 7 days after onset of jaundice or illness |
| Hepatitis B                           | Exclusion is NOT Necessary                                                        |
| Hepatitis C                           | Exclusion is NOT Necessary                                                        |
| Herpes (Cold Sores, Fever Blisters)    | Young children and other unable to comply with good hygiene practices and should be excluded until the sores are dry. Sores should be covered by a dressing, where possible |
| Human Immunodeficiency Virus (HIV)     | Exclusion is NOT Necessary                                                        |
| Hydatid disease                       | Not Excluded                                                                      |
| Influenza                              | Exclude until well                                                                |
| Listeriosis                            | Exclusion NOT Necessary                                                           |
| Measles                                | Exclude for at least 4 days after onset of the rash.  
                                         | For Non-immunised contacts: contact a public health unit for specialist advice  
<pre><code>                                     | All immunocompromised children should be excluded until 14 days after first day of appearance of rash in last case. |
</code></pre>
<p>| Meningitis (Viral)                     | Exclude until well                                                                |
| Meningococcal Infection               | Exclude until appropriate antibiotic treatment completed                           |
| Molluscum contagiosum                 | Not excluded                                                                      |
| Mumps                                  | Exclude for 9 days or until swelling goes down (whichever is sooner)               |
| Norovirus                              | Exclude until there has not been a loose bowel motion or vomiting for 48 hours    |
| Pneumococcal disease                  | Exclude until well                                                                |
| Roseola                                | Not excluded                                                                      |
| Ross River Virus                       | Exclusion is NOT necessary                                                        |</p>
<table>
<thead>
<tr>
<th>Condition</th>
<th>Exclude criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotavirus</td>
<td>Exclude until no loose bowel motion or vomiting for 24 hours</td>
</tr>
<tr>
<td>Rubella (German Measles)</td>
<td>Exclude until fully recovered or for at least 4 days after the onset of the rash</td>
</tr>
<tr>
<td>Salmonella</td>
<td>Exclude until no loose bowel motion for 24 hours</td>
</tr>
<tr>
<td>Scabies</td>
<td>Exclude until the day after appropriate treatment has commenced</td>
</tr>
<tr>
<td>Shigellosis</td>
<td>Exclude until there has not been a loose bowel motion for 24 hours</td>
</tr>
<tr>
<td>School Sores (Impetigo)</td>
<td>Exclude until appropriate antibiotic treatment has started. Any sores on exposed skin should be covered with a watertight dressing.</td>
</tr>
<tr>
<td>Streptococcal sore throats</td>
<td>Exclude until the person has received antibiotic treatment for at least 24 hours and feels well.</td>
</tr>
<tr>
<td>(including scarlet fever)</td>
<td></td>
</tr>
<tr>
<td>Thrush (Candidasis)</td>
<td>Exclusion is NOT Necessary</td>
</tr>
<tr>
<td>Toxoplasmosis</td>
<td>Not Excluded</td>
</tr>
<tr>
<td>Tuberculosis (TB)</td>
<td>Exclude until medical certificate is produced from appropriate health authority</td>
</tr>
<tr>
<td>Vomiting (more than once)</td>
<td>Exclude until person has not vomited for 24 hours</td>
</tr>
<tr>
<td>Whooping Cough</td>
<td>Exclude until 5 days after starting antibiotics treatment, or for 21 days from the onset of coughing</td>
</tr>
<tr>
<td>Worms</td>
<td>Exclude if loose bowel motions are occurring</td>
</tr>
<tr>
<td></td>
<td>Exclusion is not necessary if treatment has occurred</td>
</tr>
</tbody>
</table>

*Sourced from Staying Healthy: Preventing infectious diseases in early childhood education and care services. 5th Edition (2012)*
Appendix 2

Standard Precautions
Standard precautions are hygiene practices incorporating hand hygiene and the use of gloves, other appropriate PPE to eliminate or minimise the risk of exposure to an infectious disease.
1. Hands must be washed after contact with blood or a body substance before eating, drinking or smoking.
2. Water impermeable gloves must be worn when likely to be exposed to blood or a body substance, or contaminated materials.
3. Hands must be washed and dried immediately after removing gloves (gloves cannot be guaranteed to prevent skin contamination and may not remain intact during use).
4. Cuts or abrasions on any part of a child or staff members body must be covered with waterproof dressing at all times.

Routine Cleaning
Toilets, sinks, washbasins and surrounding areas will be cleaned twice a day or more frequently if required. Floors will be vacuumed and mopped daily.
Routine surface cleaning will be carried out as follows:
1. Clean and dry work surfaces before and after usage or when visibly soiled.
2. Spills should be dealt with immediately.
3. Use detergent and warm water for routine cleaning.
4. Where surface disinfection is required, use in accordance with manufacturer's instructions.
5. Clean and dry surfaces before and after applying disinfectants.
6. Empty buckets after use, wash with detergent and warm water and store dry; and mops should be cleaned in detergent and warm water then stored dry.

Post Exposure Response
If a child or staff member is exposed to or comes in contact with blood or a body substance the following measures will be taken:
1. Remove contaminated clothing.
2. If blood or a body substance comes in contact with the skin, irrespective of whether there are cuts or abrasions, wash the area well with soap and water.
3. If the eyes are splashed, rinse the area gently but thoroughly with water while the eyes are open.
4. If blood or a body substance enter the mouth, spit it out and rinse the mouth with water several times, spitting the water out each time.
5. Wash hands thoroughly with soap and warm water. Pat hands dry with paper towels or air dryer.

Waste Management
If blood or a body substance is spilled on surfaces, the following infection containment procedures are to be followed:
1. Deal with the spill as soon as possible.
2. Wear disposable rubber gloves. Eye protection and a plastic apron should be worn where there is a risk of splashing.
3. Remove as much of the spill as possible with a paper towel / cleaning cloth.
4. Clean area with warm water and detergent, using a disposable cleaning cloth or sponge. The area should be left clean and dry.
5. Disinfect the area with a solution of household bleach, diluted according to the manufacturer’s instructions.
6. Remove and dispose of gloves, paper towels / cleaning cloth in a sealed plastic bag after use.
7. The plastic bag may then be thrown away with household waste.
8. Wash hands thoroughly with soap and warm water. Pat hands dry with paper towels or air dryer.