



# MONTESSORI STEPPING STONES

## HEALTH, HYGIENE AND INFECTION CONTROL POLICY

### 1. PURPOSE

Montessori Stepping Stones (MSS) understands it has a duty of care to ensure that all persons are provided with a healthy and safe environment in which to work, learn and develop, to be active in. To this end all educators and staff will be fully informed about their responsibilities to implement and adhere to our health policies and procedures.

All children have the right to develop to their full potential in an environment which provides for their health, safety and wellbeing. Effective hygiene strategies and practices assist us to protect all persons from, and minimise the potential risk of communicable diseases. Experiences that promote basic hygiene awareness assist children to become competent and independent, and develop valuable life skills.

The Education and Care Services National Law Act 2010 requires that approved provider/nominated supervisors/coordinators take reasonable care to protect children from foreseeable risk of harm, injury and infection.

### 2. SCOPE

All staff, parents and custodian of children enrolled at Montessori Stepping Stones as well as visitors, contractor and volunteers.

#### Children's needs

Healthy, clean, hygienic environment in which to play and learn. Protection from infection, instruction about personal hygiene.

#### Families' needs

Reassurance that health and safety standards are maintained at the service and their children are safe. To feel confident that their child's health, wellbeing and development is assured.

#### Educator/Staff needs

Protection from infection, clean hygienic environment, appropriate equipment to ensure high level of hygiene, clear guidelines in relation to their duty of care.

#### Management needs

Staff to maintain appropriate levels of hygiene and cleanliness to meet required standards; families to co-operate in keeping sick and infectious children away from the service.

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## 3. DESCRIPTION/GENERAL

Montessori Stepping Stones (MSS) aims to promote a healthy and safe environment in which children will develop and learn about the world around them. We are committed to protecting our stakeholders through the implementation and monitoring of simple hygiene and infection control strategies. The application of preventative measures through an infection control program aims to prevent the spread of infections and will be followed by all staff at Montessori Stepping Stones at all times. The centre has documented approach to provision of a healthy environment; approach to educator/staff professionalism and responsible conduct.

Montessori Stepping Stones staff will follow attached Recommended Minimum Periods of Exclusion (see ANNEX) to exclude children and educators and inform parents of exclusion and non-exclusion periods for infectious diseases. We will minimise the spread of potential infectious diseases between children, other children and educators by excluding children who may have an infectious disease or are too ill to attend the service and facilitating the prevention and effective management of acute illness in children.

Notification of the child’s parents or nominated contacts will occur immediately.

All appropriate notifications to the local Public Health Unit are available under the ‘Infectious Diseases requiring Notification to the local Public Health Unit and must occur within 24 hours. The Nominated Supervisor is responsible for notifying the local Public Health Unit.

Children might be brought to care with symptoms or signs of illness or while in care suddenly develop an illness that has not been diagnosed by a doctor, and that might be potentially infectious or potentially life-threatening for the child. Symptoms may not clearly fit those listed in exclusion diseases making it difficult for the service to decide whether to accept or exclude the child from the service. Many illnesses, while not fitting exclusion criteria, can transmit disease to other children in care, and many non-exclusion diseases can make a child too ill to participate in normal care activities.

### Legislation and Government Requirements

Western Australia OCCUPATIONAL SAFETY AND HEALTH ACT 1984

Western Australia OCCUPATIONAL SAFETY AND HEALTH REGULATIONS 1996

Education and Care Services National Law (WA) Act 2012, (Education and Care Services National Regulations 2012

### National Regulations

Regulation	Description
77	Health, hygiene and safe food practices
78	Food and beverages
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
88	Infectious diseases
90	Medical conditions policy
162	Health information to be kept in enrolment record

**ACECQA Guide to National Regulations Education and Care Services National Law and (Education and Care Services National Regulations 2011 , [2] Chapter 4: Operational Requirements, Quality Area 2, pg 55 -70**

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## National Quality Standard (NQS)

Quality Area	Element	Description
2	2.1.1	Each child's health needs are supported.
	2.1.4	Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines.
	2.3.2	Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.

## EYLF

Learning outcome 3	Children have a strong sense of wellbeing
Promote continuity of children's personal health and hygiene by sharing ownership of routines and schedules with children, families and the community.	
Discuss health and safety issues with children and involve them in developing guidelines to keep the environment safe for all.	
Model and reinforce health, nutrition and personal hygiene practices with children.	

## 4. PRINCIPLES AND STRATEGIES

### Principles

If an infectious disease arises at the service we will respond to any symptoms in the following manner -

- ▷ Isolate the child from other children.
- ▷ Ensure the child is comfortable and appropriately supervised by educators.
- ▷ Contact the child's parents or nominated emergency contact. If the child's parents are unavailable we will contact the next nominated individual. We will inform the contact of the child's condition and ask for a parent or other authorised individual to pick the child up as quickly as possible. Any individual picking the child up from the service must be approved by the child's parents and be able to show identification.
- ▷ Ensure all bedding, towels and clothing which has been used by the child is disinfected. These items will be washed separately and if possible air dried in the sun.
- ▷ Ensure all toys used by the child are disinfected.
- ▷ Ensure all eating utensils used by the child are separated and sterilised.
- ▷ Provide information in the child's home languages to the best of our ability.
- ▷ Inform all service families and educators of the presence of an infectious disease.
- ▷ Ensure confidentiality of any personal health related information obtained by the service and educators in relation to any child or their family.

If a child or educator has been unable to attend the Service because of an infectious illness the individual must provide a doctors certificate which specifically states the child/staff member is ok to return to the Service.

### Infectious Diseases requiring Notification to the local Public Health Unit :

Infectious Diseases only require notification from doctors and laboratories. A list of diseases can be found on following form –

<http://www.public.health.wa.gov.au/cproot/570/2/Health%20Department%20Notification%20Form.pdf>

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## Strategies

### Hygiene

All educators/staff are required to observe and maintain high standards of hygiene at Montessori Stepping Stones.

- ▷ Educators/staff will be provided with training on infection control.
- ▷ Educator's role model personal hygiene and discuss hygiene practices with children.
- ▷ Hand hygiene considered to be the most effective way of controlling infection in the service. Educators and children should wash their hands:
  - **when** arriving at the service to reduce the introduction of germs.
  - **before** all clean tasks e.g. handling and preparing food and eating.
  - **after** all dirty tasks e.g. nappy changing, toileting, cleaning up urine, faeces, vomit or blood, wiping a nose, playing outside, handling animals after removing gloves.
  - **before** going home to prevent taking germs home.
- ▷ MSS has an adequate number and placement of hand washing basins and is committed to maintaining these in a hygienic and serviceable condition.
- ▷ Notices which clearly explain effective hand washing procedures will be displayed next to hand washing basins.
- ▷ MSS laundry facilities that are adequate and appropriate for the needs of our services, and are located and maintained in a way that prevents unsupervised access by children.
- ▷ Soiled laundry will be hygienically stored in a sealed container in an area inaccessible to children, until such a time as it is laundered or removed from the premises. Items returned to a child's home for laundering will have soiling removed and will be placed in a leak proof container and not placed in the child's bag in contact with personal items. It is not recommended that educators/staff rinse soiled clothes due to risk of contaminating their clothing which can then be a source for transporting germs.
- ▷ Educators will wear gloves when handling soiled linen and will follow recommended procedures for washing soiled linen.<sup>1</sup>
- ▷ Educators/staff will use separate cloths or tissues to wipe different children's faces and noses. Tissues will be disposed of immediately after wiping a child's nose. Hand hygiene will be performed between each child after wiping noses and disposing of tissues.
- ▷ Educators/staff will use colour coded sponges for cleaning different areas (i.e. blue for classroom, yellow for art areas), and will wear rubber gloves when cleaning and hang them outside to dry when finished, including rubber gloves.
- ▷ The service will use detergent and warm water to clean except where the public health authority recommends a particular disinfectant for an outbreak of an infectious disease.
- ▷ Each child will have their own bedding which will be washed at least once a week or after soiling. Educators will follow recommended procedures for dealing with a child's soiled bedding.<sup>1</sup>

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### Toileting and nappy changing

Nappy changing will be done only in the nappy change area which will be properly stocked with gloves, paper towels, towelettes, plastic bags, fresh nappies, clean clothes & rubbish bin with sealed lid lined with plastic. After each nappy change the child's and educator's hands will be washed and the change table or mat cleaned with heavy duty disinfectant, as per MSS.OP11 Nappy Changing.

MSS asks:

Parents and families to supply disposable nappies/pull-ups;  
and specialized creams for allergens or skin irritations of their children.

- ▷ Educators will discuss signs of toileting readiness with parents and families and work with them to develop a consistent approach to toilet training.
- ▷ Educators will not begin toilet learning of a child until there are definite indications that the child is developmentally and emotionally ready.
- ▷ Educators will ask families whose children are toilet learning to supply several changes of clothing. Educators will follow recommended procedures for assisting children during toilet learning and dealing with children's soiled clothes, as per MSS.OP08 Soiled Clothes Change & Storage.
- ▷ Educators will always encourage children's efforts to develop independence.
- ▷ Nappy changing and toileting is flexible and responsive to children's individual needs.
- ▷ Nappy changing and toileting procedures are displayed in the nappy change and toileting areas (MSS.OP10, MSS.OP11).
- ▷ Educators may recommend a variety of learning methods to parents and families who have requested assistance in toileting.
- ▷ Educators will interact with children in a relaxed and positive way during nappy changing and toileting as this is an excellent time to continue verbal interactions with children especially as it is a one to one time.
- ▷ We will ensure that developmentally and age appropriate toilets, hand washing facilities and products are easily accessible to children. Children will be supervised and encouraged to flush toilets and wash and dry their hands after use.
- ▷ Incontinent children will never be embarrassed by educators/staff in regard to toileting habits. Educators will discourage any negatives from families within a child's hearing.

### Bedding

- ▷ Each child will have their own bedding which will be supplied by the family.

### Cleanliness of toys and equipment

- ▷ Toys, equipment and dress up clothes will be washed regularly (i.e. daily, after being mouthed by a child and after being handled by a child who is sick) in disinfectant solution, and one criteria for selecting new toys will be their ease to clean. Toys in the babies' room will not be shared in order to protect babies against the spread of infection. The sharing of toys will be limited when children are not toilet trained, and/or are mouthing, to reduce the spread of infection.
- ▷ Surfaces will be cleaned with disinfectant after each activity and all surfaces cleaned thoroughly daily. Floors in the babies and toddlers rooms will be washed each day. Areas contaminated with blood and body fluids will be cleaned as per Staying Healthy in Childcare<sup>1</sup>, depending on the size and type of spill.
- ▷ Bottles, dummies and teats will be cleaned with disinfectant solution, and rinsed after each use. Dummies will be stored out of reach of children, in individual plastic containers with the child's name clearly displayed.

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- ▷ Each child will be provided with their own drinking and eating utensils at each mealtime. These utensils will be washed in detergent and warm water after each use. Educators will encourage children not to use drinking or eating utensils which have been used by another child or dropped on the floor.
- ▷ Educators will ensure that children do not eat food that:
  - has been dropped on the floor or;
  - has been handled by another child, except where that child has followed hygiene procedures and been involved in the preparation of the food (mainly in school age services).
- ▷ The rules of hygiene will be included in the child's program and staff will initiate discussion about these subjects with groups and individual children at appropriate times.
- ▷ Information on hygiene principles and practices will be displayed in the reception area and drawn to the attention of all parents and families on a regular basis.
- ▷ Any animal or bird kept at Montessori Stepping Stones will be kept in an area that is separate and apart from any area used by children and it and its environment and be maintained in a clean and healthy condition. Any animals will be provided with appropriate veterinary care (e.g. worming, care of sick animals).
- ▷ Children will be supervised by an adult during contact with animals and discouraged from putting their faces close to animals. Children will wash and dry their hands after touching animals.
- ▷ Children are not to eat and drink while interacting with animals.

### Immunisation against infectious disease

- ▷ Parents, Families and Guardians chose to immunise their child against all diseases appropriate to the child's age. A record of the child's current immunisation status will be kept at the service.
- ▷ Children who are not immunised, do not have a complete immunisation record, are immunosuppressed or are who are receiving medical treatment causing immunosuppression such as chemotherapy will be excluded from care during outbreaks of some infectious diseases in accordance with the National Health & Medical Research Council exclusion guidelines<sup>2</sup>, even if their child is well.
- ▷ The service will keep a stock of up to date information/ pamphlets for parents and educators/staff on immunisation and common infectious diseases and will contact their public health unit if they have any questions regarding infectious diseases.
- ▷ All staff chose to have immunisations recommended in the service's Staff Immunisation Policy.

### Exclusion due to infectious disease

- ▷ Information about the service's exclusion policy is in accordance with the National Health and Medical Research Council's exclusion periods and is provided to families in the Parent/Guardian Handbook.
- ▷ Children and staff with infectious diseases will be excluded from the service in accordance with the National Health and Medical Research Council guidelines. A medical certificate is required after contracting an infectious disease, which must state that the child/staff is well enough to return and does not pose a health risk to other attendees before the adult or child can be re-admitted to the service.
- ▷ MSS will display a notice at the entrance and use email or distribution of letters/fact sheets where appropriate to notify educators/staff members, families of enrolled children and visitors to the service of exclusion due to infectious disease.
- ▷ If a child is unwell at home parents/guardians are asked **not** to bring the child to the service.
- ▷ If an educator/staff member is unwell they should **not** report to work. Educators/staff members should contact the centre/nominated supervisor/educational leader at the earliest possible time to advise of their inability to report to work.
- ▷ If a child becomes unwell whilst at the centre our **Medication and Medical Conditions policy** as well as **Illness policy** will be followed.

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- ▷ In the case of serious ill health or hospitalisation, the child or educator/staff member will require a medical certificate verifying that their recovery is sufficient to enable their return to the service, from their medical practitioner or specialist.

### Blood-Borne Viruses

- ▷ It is unlawful to discriminate against anyone infected with blood-borne viruses including HIV, hepatitis B and hepatitis C. As blood borne virus are not transmitted through casual contact, a child with a blood borne illness or any other blood borne impairment shall be treated and comforted by any other child, i.e. by cuddling, giving hugs, holding hands etc.
- ▷ If an educator/staff member is notified that a child or the child's parent/guardian or any other educator/staff member is infected with a blood borne virus the information will remain confidential. Only with the consent of the person with the virus, or the parent/guardian, can this information be shared with other educators/staff. Deliberate breaches of confidentiality will be a disciplinary offence preceding normal consultative action.

### Head Lice

- ▷ Educators will examine the heads of children who scratch their heads a lot to look for eggs (nits) or lice near the scalp.
- ▷ Educators will ensure that a child suspected of being infested does not have close contact with other children for the rest of the day and contact the family to pick up their child from the centre.
- ▷ When families come to collect their child they will be asked to commence treatment and keep the child away from the service until the day after appropriate treatment has been started, and the lice are removed. If they begin treatment prior to the next day exclusion is not necessary.
- ▷ The child may return to the service the day after treatment has commenced and all live head lice have been removed. A few remaining eggs are not a reason for continued exclusion. However, the family must continue treatment until all eggs and hatchlings have been removed, usually over the following ten days.
- ▷ When an incident of head lice occurs at the service, a notice will be displayed and/or SMS/email will be used to advise parents to check their children. A letter will be given to parents advising how to check hair effectively using hair conditioner. It is recommended that children with long hair have their hair tied back to reduce the chance of infestation.
- ▷ All educators/staff will be given information and training on detecting head lice.
- ▷ Educators with long hair will be required to wear their hair tied up whilst they are at the service. This will help to prevent them from becoming infected in the event of an outbreak.
- ▷ Where an educator becomes infected with eggs or lice they will be required to commence treatment on their hair that evening.
- ▷ If the child's family supplies a hair brush or comb for their child to use at the service, this must be kept in the child's bag to prevent use by other children.

### Cleaning up spills of blood and other body fluids

- ▷ It is considered that the best way to prevent infection is to follow standard precautions at all times. Standard precautions support the assumption that all blood and body fluids are potentially infectious, therefore hygiene practices that promote infection control are adopted for all contact with blood and body fluids.
- ▷ Educators/staff will follow recommended guidelines for dealing with spills of blood, faeces, vomit, urine, nasal discharge and other body fluids as explained in Staying Healthy in Child Care in order to protect the health and safety of all children and adults within the service. Disposable gloves will be readily available for use in dealing with spills and hands will be washed after removal of gloves.

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# MONTESSORI STEPPING STONES

## Healthy Environment

- ▷ All staff at Montessori Stepping Stones (MSS) will ensure that every effort is made to maintain a high standard of hygiene in the provision education and care including supporting MSS in the maintenance of all equipment and furnishings in a thoroughly safe, clean and hygienic condition and in good repair. In this regard staff will report any equipment and/or area that is not clean or in a safe condition or any evidence of vermin to the Health and Safety representative.
- ▷ The service is a non-smoking environment. Passive smoking harms the lungs of young children and may trigger an asthma attack.
- ▷ To ensure all children and educators attending the service are protected from skin damage caused by harmful ultra violet rays of the sun, educators will consistently follow MSS **Sun Protection policy**.
- ▷ The Sun Protection policy is provided to families both with family Handbook and on a printed handout which is available on request.
- ▷ All rooms used at Montessori Stepping Stones will be well ventilated to prevent: reduced concentration span; lack of energy, tiredness and lethargy; increased risk of infection and possible asthma attacks.
- ▷ All windows and doors are fly-screened, an buildings will be protected against flying insects through the use environmentally friendly spray such as Coopex under eaves.
- ▷ The educator will ensure that lighting, heating and noise levels are comfortable and take into account specific activities (e.g. sleep time) and individual needs.

## 5. RESPONSIBILITY (IES)

	<b>Full</b>
<b>Process</b>	MGT, SUP, EDL
<b>Procedures, Routines &amp; Tasks</b>	SUP, EDL, ED, AED, SFR
<b>Review/Evaluation</b>	SUP, EDL, ED, AED, SFR, CO, PFC, 3 <sup>rd</sup>
<b>Amendment</b>	MGT, SUP, SFR

Legend: MGT= Management, SUP=Supervisors, EDL= Educational Leaders , ED=Educator, AED = Assistant Educator, SFR = Safety Rep., CO = Cook, PFC = Parent/Custodian, 3<sup>rd</sup> = 3<sup>rd</sup> Party,

## 6. REVIEW, EVALUATION & AMENDMENT

The **Health, Hygiene and Infection Control Policy**, Process, Procedure and/or associated Tasks/Forms are to be reviewed, evaluated and amended as required or immediately if deficiencies are identified (at least once a year from last publishing).

## 7. PROCEDURES, ROUTINES AND TASKS

MSS example procedures, useful tools in the implementation of this policy. List your services precise steps for achieving each action. Ask yourself when, how, where and who is responsible for what actions.

- ▷ Cleanliness and Hygiene Checklist;
- ▷ Hand washing procedure;
- ▷ Laundering procedures;
- ▷ Nappy changing procedure;
- ▷ Procedures for cleaning toys, equipment, surfaces, floors etc.
- ▷ Standard hygiene procedure;

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- ▷ Toileting procedure;
- ▷ Child Illness Register and Staff Illness Register

## Links to other Policies

The following policies may be linked to this policy:

- ▷ Accidents, Emergencies and First Aid;
- ▷ Illness
- ▷ Maintenance of a Safe Environment
- ▷ Medication and Medical Conditions
- ▷ Sun Protection
- ▷ Supervision

## 8. REFERENCES & RESOURCES

- National Health and Medical Research Council - Staying Healthy in Child Care - 4th Edition 2005 - Retrieved April 4, 2011, from <http://www.nhmrc.gov.au/files/nhmrc/file/publications/synopses/ch43.pdf>
- Immunise Australia Program - Understanding Childhood Immunisation Booklet - Retrieved April 4, 2011, from <http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/IMM52-cnt>
- Medicare Australia - Australian Childhood Immunisation Register - includes links to state/territory government health departments and other relevant internet sites - Retrieved April 4, 2011, from <http://www.medicareaustralia.gov.au/public/services/acir/index.jsp>
- National Occupational Health and Safety Commission - National code of practice for the control of work related exposure to Hepatitis and HIV (Blood-borne) viruses (NOHSC 2010 (2003)) - Retrieved April 4, 2011, from <http://www.safeworkaustralia.gov.au/AboutSafeWorkAustralia/WhatWeDo/Publications/Documents/263/NationalCodeOfPracticeControlWorkRelatedExposureHepatitisHIVVirusesNOHSC2010-2003PDF.pdf>
- Sids and Kids - Information Statement - Immunisation - Retrieved April 4, 2011, from [http://www.sidsandkids.org/wp-content/uploads/Immunisation\\_2008\\_04\\_Cit-sugg.pdf](http://www.sidsandkids.org/wp-content/uploads/Immunisation_2008_04_Cit-sugg.pdf)
- The Royal Children's Hospital - Child Care and Children's Health an information sheet for parents (Sept 2008) - Hygiene and infection control - Retrieved April 4, 2011, from [http://www.rch.org.au/emplibrary/econnections/CCH\\_P\\_Sept2008\\_English.pdf](http://www.rch.org.au/emplibrary/econnections/CCH_P_Sept2008_English.pdf)
- Worksafe WA - Reducing the risk of infectious diseases in child care workplaces Guidance note - Retrieved 16 March 2011, from [http://www.commerce.wa.gov.au/WorkSafe/PDF/Guidance\\_notes/Guide-diseases\\_in\\_child\\_care.pdf](http://www.commerce.wa.gov.au/WorkSafe/PDF/Guidance_notes/Guide-diseases_in_child_care.pdf)
- Oberklaid, F. (2004). *Health in early childhood settings*. NSW: Pademelon Press.
- Owens, A. (2003). Handwashing and nose wiping. *Childcare and Children's Health*, 6 (2), 1-2.
- The Meningitis Centre. (2005). *The facts about meningitis*. [Brochure]. WA: The Western Australian Department of Health.
- Anaphylaxis Australia - [www.allergyfacts.org.au/foodalerts.asp](http://www.allergyfacts.org.au/foodalerts.asp) (2010)
- Asthma Foundations Australia – [www.asthmaaustralia.org.au](http://www.asthmaaustralia.org.au) (2010)
- Immunise Australia Program – [www.immunise.health.gov.au](http://www.immunise.health.gov.au) (2010)
- National Health and Medical Research Council - [www.nhmrc.gov.au](http://www.nhmrc.gov.au) (2010)
- Raising Children Network – [www.raisingchildren.net.au](http://www.raisingchildren.net.au) (2010)

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# MONTESSORI STEPPING STONES

## ANNEX

### Recommended Minimum Periods of Exclusion

National Health and Medical Research Council. *Staying Healthy in Child Care*. 4th edition, Commonwealth of Australia 2005.

Children who are unwell should not attend the service.

Definition of 'Contacts' will vary according to disease. Please refer to specific Fact Sheets for definition of 'Contacts'.

#### **Amoebiasis (*Entamoeba histolytica*)**

- Exclude until there has not been a loose bowel motion for 24 hours.
- Exclusion of Contacts - Not excluded.

#### **Campylobacter**

- Exclude until there has not been a loose bowel motion for 24 hours.
- Exclusion of Contacts - Not excluded.

#### **Candidiasis (See 'Thrush')**

#### **Chickenpox (*Varicella*)**

- Exclude until all blisters have dried. This is usually at least 5 days after the rash first appeared in unimmunised 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.

#### **CMV (*Cytomegalovirus* infection)**

- Exclusion is NOT necessary.
- Exclusion of Contacts - Not excluded.

#### **Cryptosporidium infection**

- Exclude until there has not been a loose bowel motion for 24 hours.
- Exclusion of Contacts – Not excluded.

#### **Diarrhoea (No organism identified)**

- Exclude until there has not been a loose bowel motion for 24 hours.
- Exclusion of Contacts - Not excluded.

#### **Diphtheria**

- Exclude until medical certificate of recovery is received following at least 2 negative throat swabs, the first swab not less than 24 hours after finishing a course of antibiotics followed by another swab 48 hours later.
- Exclude contacts that live in the same house until cleared to return by an appropriate health authority.

#### **German measles (See 'Rubella')**

#### **Giardiasis**

- Exclude until there has not been a loose bowel motion for 24 hours.
- Exclusion of Contacts - Not excluded.

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## **Glandular fever (Mononucleosis, EBV infection)**

- Exclusion is NOT necessary.
- Exclusion of Contacts - Not excluded.

## **Hand, foot and mouth disease**

- Exclude until all blisters have dried.
- Exclusion of Contacts - Not excluded.

## **Haemophilus influenzae type b (Hib)**

- Exclude until the individual has received appropriate antibiotic treatment for at least 4 days.
- Exclusion of Contacts - Not excluded.

## **Head lice (Pediculosis)**

- Exclusion is NOT necessary if effective treatment is commenced prior to the next day at child care (i.e. the child doesn't need to be sent home immediately if head lice are detected).
- Exclusion of Contacts - Not excluded.

## **Hepatitis A**

- Exclude until a medical certificate of recovery is received, but not before seven days after the onset of jaundice.
- Exclusion of Contacts - Not excluded.

## **Hepatitis B**

- Exclusion is NOT necessary.
- Exclusion of Contacts - Not excluded.

## **Hepatitis C**

- Exclusion is NOT necessary.
- Exclusion of Contacts - Not excluded.

## **Herpes simplex (cold sores, fever blisters)**

- Exclusion is not necessary if the individual is developmentally capable of maintaining hygiene practices to minimise the risk of transmission.
- If the individual is unable to comply with these practices they should be excluded until the sores are dry. Sores should be covered by a dressing where possible.
- Exclusion of Contacts - Not excluded.

## **Human Immunodeficiency Virus (HIV/AIDS)**

- Exclusion is NOT necessary. If the individual is severely immunocompromised, they will be vulnerable to other individuals' illnesses.
- Exclusion of Contacts - Not excluded.

## **Hydatid disease**

- Exclusion is NOT necessary.
- Exclusion of Contacts - Not excluded.

## **Impetigo (school sores)**

- Exclude until appropriate antibiotic treatment has commenced. Any sores on exposed skin should be covered with a watertight dressing.
- Exclusion of Contacts - Not excluded.

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# MONTESSORI STEPPING STONES

## **Influenza and influenza-like illnesses**

- Exclude until well.
- Exclusion of Contacts - Not excluded.

## **Legionnaires' disease**

- Exclusion is NOT necessary.
- Exclusion of Contacts - Not excluded.

## **Leprosy**

- Exclude until approval to return has been given by an appropriate health authority.
- Exclusion of Contacts - Not excluded.

## **Measles**

- Exclude for 4 days after the onset of the rash.
- Immunised and immune contacts are not excluded.
- Non-immunised contacts of a case are to be excluded from child care until 14 days after the first day of appearance of rash in the last case, unless immunised within 72 hours of first contact during the infectious period with the first case.
- All immunocompromised children should be excluded until 14 days after the first day of appearance of rash in the last case.

## **Meningitis (bacterial)**

- Exclude until well and has received appropriate antibiotics.
- Exclusion of Contacts - Not excluded.

## **Meningitis (viral)**

- Exclude until well.
- Exclusion of Contacts - Not excluded.

## **Meningococcal infection**

Exclude until appropriate antibiotic treatment has been completed.  
Exclusion of Contacts - Not excluded.

## **Molluscum contagiosum**

- Exclusion is NOT necessary.
- Exclusion of Contacts - Not excluded.

## **Mumps**

- Exclude for nine days or until swelling goes down (whichever is sooner).
- Exclusion of Contacts - Not excluded.

## **Norovirus**

- Exclude until there has not been a loose bowel motion or vomiting for 48 hours.
- Exclusion of Contacts - Not excluded.

## **Parvovirus infection (fifth disease, erythema infectiosum, slapped cheek syndrome).**

- Exclusion is NOT necessary.
- Exclusion of Contacts - Not excluded.

## **Pertussis (See 'Whooping Cough')**

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# MONTESSORI STEPPING STONES

## **Respiratory Syncytial virus**

- Exclusion is NOT necessary.
- Exclusion of Contacts - Not excluded.

## **Ringworm/tinea**

- Exclude until the day after appropriate antifungal treatment has commenced.
- Exclusion of Contacts - Not excluded.

## **Roseola**

- Exclusion is NOT necessary.
- Exclusion of Contacts - Not excluded.

## **Ross River virus**

- Exclusion is NOT necessary.
- Exclusion of Contacts - Not excluded.

## **Rotavirus infection**

- Children are to be excluded from the service until there has not been a loose bowel motion or vomiting for 24 hours.
- Exclusion of Contacts - Not excluded.

## **Rubella (German measles)**

- Exclude until fully recovered or for at least four days after the onset of the rash.
- Exclusion of Contacts - Not excluded.

## **Salmonella infection**

- Exclude until there has not been a loose bowel motion for 24 hours.  
Exclusion of Contacts - Not excluded.

## **Scabies**

- Exclude until the day after appropriate treatment has commenced.
- Exclusion of Contacts - Not excluded.

## **Scarlet fever (See 'Streptococcal sore throat')**

## **School sores (See 'Impetigo')**

## **Shigella infection**

- Exclude until there has not been a loose bowel motion for 24 hours
- Exclusion of Contacts - Not excluded.

## **Streptococcal sore throat (including scarlet fever)**

- Exclude until the individual has received antibiotic treatment for at least 24 hours and feels well.
- Exclusion of Contacts - Not excluded.

## **Thrush (candidiasis)**

- Exclusion is NOT necessary.
- Exclusion of Contacts - Not excluded.

## **Toxoplasmosis**

- Exclusion is NOT necessary.
- Exclusion of Contacts - Not excluded.

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## MONTESSORI STEPPING STONES

### **Tuberculosis (TB)**

- Exclude until medical certificate is produced from an appropriate health authority.  
Exclusion of Contacts - Not excluded.

### **Typhoid, Paratyphoid**

- Exclude until medical certificate is produced from appropriate health authority
- Contacts - Not excluded unless considered necessary by public health authorities.

### **Varicella See 'Chickenpox'**

### **Viral gastroenteritis (viral diarrhoea)**

- Children are to be excluded until there has not been a loose bowel motion or vomiting for 24 hours.
- Exclusion of Contacts - Not excluded.

### **Warts**

- Exclusion is NOT necessary.
- Exclusion of Contacts - Not excluded.

### **Whooping cough (pertussis)**

- Exclude until five days after starting appropriate antibiotic treatment or for 21 days from the onset of coughing. Contacts that live in the same house as the case and have received less than three doses of pertussis vaccine are to be excluded from the service until they have had 5 days of an appropriate course of antibiotics. If antibiotics have not been taken, these contacts must be excluded for 21 days after their last exposure to the case while the individual was infectious.

### **Worms**

- Exclude if loose bowel motions present. Exclusion of Contacts - Not excluded.

### **Sources**

**Education and Care Services National Regulations 2011, National Quality Standard**

**Department of Health and Aging, National Immunisation Program Schedule ,**

**NHMRC. *Staying Healthy in Child Care*, Preventing infectious diseases in child care 5th edition , Health Act 1911**

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