



# INFECTIOUS DISEASES POLICY



## Purpose

Insight Early Learning is committed to protecting the health and wellbeing of all children, staff, educators, and families by preventing and managing the spread of infectious diseases. This policy outlines strategies for hygiene, illness prevention, immunisation, exclusion periods, and communication, based on public health recommendations and regulatory requirements.

## Scope

This policy applies to all children, families, educators, staff, students, volunteers, visitors, management, the Nominated Supervisor, and the Approved Provider of the service.

## Legislative Requirements

Education and Care National Law	
Regulation	Description
Section 167	Offence relating to protection of children from harm and hazards
Section 174(2)(c)	Offence to fail to notify certain information to the Regulatory Authority
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
89	First aid kits
90	Medical conditions policy
162	Health information to be kept in enrolment records
168(2)(c)	Policies and procedures in relation to infectious diseases
173	Prescribed information to be included in the enrolment record
177	Prescribed enrolment and other documents to be kept by approved provider
183	Storage of records and documents
Staying Healthy (6 <sup>th</sup> Edition)	NHMRC infection control guidelines for early childhood settings

## Relevant National Quality Standard (NQS) Elements

Quality Area 2 – Children’s Health and Safety	
2.1.1	Wellbeing and comfort: Each child’s wellbeing and comfort is provided for, including appropriate opportunities to meet each child’s need for sleep, rest and relaxation
2.1.2	Effective illness and injury management and hygiene practices are promoted and implemented
2.2.1	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard

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2.2.2	Plans to effectively manage incidents and emergencies are developed and implemented
<b>Quality Area 6 – Collaborative Partnerships with Families and Communities</b>	
6.1.1	Engagement with the service: Families are supported from enrolment to be involved in the service and contribute to service decisions
6.2.1	Collaborative partnerships: The expertise, culture, values, and beliefs of families are respected, and families share in decision-making
<b>Quality Area 7 – Governance and Leadership</b>	
7.1.2	Systems are in place to manage risk and enable the effective operation of a quality service

## Implementation

Insight Early Learning implements rigorous hygienic practices and public health guidance based on the NHMRC's *Staying Healthy: Preventing infectious diseases in early childhood education and care services (6th Edition)* to minimise the spread of illness.

## How Infection Spreads

Young children often have close contact, share surfaces, and may not cover coughs or sneezes, which increases the spread of germs through touch and contaminated surfaces.

## Infection Prevention Strategies

- Immunisation
- Hand and respiratory hygiene
- Wearing gloves and masks when needed
- Safe toileting and nappy changing
- Effective wound and body fluid handling
- Proper food safety practices
- Animal contact safety
- Ventilation and environmental cleaning
- Protection for immunocompromised and pregnant individuals

## Identifying High-Risk Individuals

Children and adults who show symptoms are typically most infectious. Exclusion from the service during illness is required to prevent further transmission.

## Supporting Families

Families receive:

- Information on the National Immunisation Program
- Exclusion requirements for unvaccinated or ill children
- Factsheets on relevant infectious diseases
- Notification of any confirmed or suspected cases in the service

## Suspected Illness at the Service

If a child is suspected of having an infectious disease:

- They are supported emotionally and physically until collected
- Social distancing is practised where possible
- Staff follow the Incident, Injury, Trauma and Illness Policy
- Parents are informed, and a report is documented

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## Hygiene Practices

- Cleaning and disinfecting high-touch surfaces, bathrooms, toys, and equipment
- Toileting and nappy change procedures aligned with NHMRC guidelines
- Use of PPE when required
- Ventilation is maintained to ensure air circulation
- Children are taught handwashing and respiratory etiquette during daily routines

## Educating Children

Educators integrate hygiene practices into daily routines and intentional teaching, ensuring children are guided in handwashing, respiratory etiquette, and understanding the importance of hygiene.

## Managing Infectious Diseases

### Family Communication and Notification

- Families are promptly notified of outbreaks
- Clear instructions are given about exclusion periods and returning requirements
- Notifications may be via signage, letter, Xplor Office, or email

### Illness and Outbreak Registry

- A central illness register is maintained
- Patterns and outbreaks are tracked to assist in planning and cleaning

### Exclusion Guidelines

- Exclusion times are based on NHMRC guidelines
- Exclusion periods vary based on the illness, its severity, and level of contagion. A doctor's clearance is required for re-entry after contagious illnesses and at the discretion of the Nominated supervisor.

### Immunocompromised Children

- Exclusion plans follow medical advice and Staying Healthy recommendations

### Pregnant Staff Members

- As per our Pregnancy in Early Childhood Policy, pregnant staff are informed of risks related to CMV and other infections

## Reporting to Public Health Units

Outbreaks or confirmed cases of notifiable diseases are reported to the local Public Health Unit (PHU) as per state and territory requirements. Information about symptoms, onset dates, and case numbers is provided and families are kept informed of case numbers throughout the outbreak.

## Reporting to the Regulatory Authority

- Regulatory notification is required via NQA ITS for serious infectious outbreaks (2 or more cases)
- Management ensures this is completed within required timeframes

## Notifiable Disease Guidelines by State/Territory

State/Territory	Action Required
ACT	Notify Disease Surveillance Unit for 2+ gastro cases in 24 hrs
NT	Notify Centre for Disease Control for listed notifiable illnesses
NSW	Notify PHU for listed conditions or suspected gastro outbreaks

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VIC	Notify PHU if gastro outbreak is suspected
WA	Notify PHU for gastro outbreaks

## Confidentiality and Privacy

All health information is managed with strict confidentiality. Disclosure is limited to what is lawfully required. Families are assured that personal data is handled sensitively.

## Managing Infection Control Practices

### Risk Assessment

Infection-related risks are assessed regularly. Controls include:

- Safe storage of cleaning chemicals
- Updating infection control procedures
- Staff training in infection minimisation

### Use of Personal Protective Equipment (PPE)

PPE is provided and used as needed, particularly gloves, masks, and aprons during outbreaks or exposure to bodily fluids.

### Daily Cleaning Procedures

- Scheduled and documented cleaning of bathrooms, kitchens, surfaces, and toys
- Use of appropriate disinfectants and laundering of soft items

### Hand Hygiene Protocols

Handwashing is reinforced for:

- Before/after meals
- After toileting or nappy changing
- After sneezing, coughing, handling animals, or waste
- After outdoor play

### Immunisation Requirements

- Children must be fully immunised per the Australian Immunisation Register (AIR) unless on an approved catch-up schedule or medically exempt
- Immunisation records are collected and maintained

### Staff Immunisation

- Staff are strongly encouraged to stay up to date, especially with flu and COVID-19 vaccinations
- The service supports access to immunisation information and resources

### Review

This policy will be reviewed annually as legislation, regulations, or best practice changes.

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