Staying Healthy: Preventing infectious diseases in early childhood education and care services

Draft 6th edition, 2023

National Health and Medical Research Council

Contents

Introduction

This section introduces the *Staying healthy* guidelines and the roles and responsibilities of early childhood education and care services in preventing infection.

- The *Staying healthy* guidelines
- Early childhood education and care services

The *Staying healthy* guidelines

Purpose

Staying healthy: Preventing infectious diseases in early childhood education and care services is a best-practice resource that provides simple and effective ways for education and care services to help limit the spread of illness and infectious diseases.

Infections are common in children and often lead to illness. At home, children are reasonably well protected from infectious diseases because they come into contact with fewer people than they would at education and care services. The adults they meet are usually immune to many childhood illnesses because they had these infections as children or have been vaccinated against them.

Many children first enter education and care services at a time when their immune systems are still developing. They may not have been exposed to many common germs that cause infections and they may be too young to be vaccinated against some diseases.

The way children interact in education and care services means that diseases can quickly spread. Children (particularly younger children) have close physical contact with other children and carers through regular daily activities and play. They often put objects in their mouths, and even older children are only starting to learn about health and hygiene procedures (for example, they may not always cover their mouth and nose when coughing or sneezing).

This means that actions to limit the spread of infections in education and care settings are an important part of protecting children and their families. They also help to prevent infections in educators and other staff, and are part of an employer's responsibility to employees (see Work health and safety). Further, these actions reduce the spread of disease in the wider community.

Following best-practice principles and maintaining high standards of hygiene reduces the spread of infectious diseases and promotes good health and safety practices. It is important for all staff in education and care services to lead by example to ensure that educators and other staff, children, visitors and families all remember to practice effective infection prevention and control.

Scope

The advice in the sixth edition of *Staying healthy* is drawn from established guidelines that are regularly updated using the principles of evidence-based medicine (including the Australian guidelines for the prevention and control of infection in healthcare). It also updates and builds on advice in previous editions of *Staying healthy*. It is designed to be used by anyone educating and caring for children – the term 'education and care service' includes long day care, family day care, preschool, kindergarten and care outside school hours.

The scope of *Staying healthy* is to provide advice on infectious diseases in children up to school age, and for children attending care services outside school hours, from a public health perspective. It is intended to help reduce the spread of infections that can affect children. It is also an important resource to limit the spread of infections to educators and other staff, families and friends, and service visitors. This is particularly important if family members, children or other people in the wider contact circle have underlying health conditions.

It is not intended as a guide to managing individual children who are sick.

The key principles of infection prevention and control apply across age groups and the disability sector. However, it is recognised that the risks and issues depend on the age, abilities and developmental capacity of the children. These variations in risks and issues are not considered in this edition of *Staying healthy*.

Education and care services vary widely, and there is more than one way to perform a procedure or maintain a healthy environment. *Staying healthy* is a best-practice resource that includes details on the rationales behind procedures and gives clear reasons why each step within a procedure is important.

This enables education and care services – including approved providers, service leaders, educators and other staff – to interpret and adapt advice to make informed decisions that meet the regulatory requirements and quality standards that apply to their service environment and the children attending the service. They can identify the most effective strategies, policies and procedures to implement and to respond to issues as they arise.

This edition also includes scenarios based on real-life situations that illustrate the key messages and appropriate actions to take.

Alignment with the National Quality Framework

The National Quality Framework (NQF) was developed to support quality improvement in education and care services across Australia. The Australian Children's Education and Care Quality Authority works collaboratively with the Australian, state and territory governments and guides the implementation of the framework in the education and care sector in Australia.

Staying healthy is aligned with the NQF Education and Care Services National Law and Education and Care Services National Regulations, particularly Chapter 4 – Operational requirements, which outlines the requirements for children's health and safety (Part 4.2), physical environment (Part 4.3) and policies and procedures (Part 4.7, Division 2).

In addition to the National Law and Regulations, the NQF includes the National Quality Standard (NQS). Under these legislative and quality standards, providers, service leaders, educators and other staff must implement and promote effective hygiene practices to safeguard the health and wellbeing of children attending the services.

The following quality areas from the NQS have been considered in this edition of *Staying healthy*:

- Quality Area 2: 'Children's health and safety' includes standards for hygiene and infection control in education and care services
- Quality Area 3: 'Physical environment' includes standards to ensure that the physical environment in education and care services is safe and suitable
- Quality Area 7: 'Governance and leadership' includes the policies and procedures that education and care services must have in place.

The guidance provided in *Staying healthy* is also applicable to centre-based and in-home care services that may be out of the scope of the NQF.

What's changed since the fifth edition

The sixth edition of *Staying healthy* combines new evidence and perspectives from the past 10 years to inform the update of the guideline.

The guideline continues to meet the National Health and Medical Research Council (NHMRC) standard for guidelines. General service practices have not changed between the fifth and sixth editions, but guidance has been updated and expanded throughout to capture new evidence and ensure the guidance is comprehensive and clear. Improvements have been made to the structure and language to ensure users can easily find and understand the information. The structure has been updated to remove repetition and consolidate information. Parts of the guideline have been renamed so service providers can easily find information.

Following the COVID-19 pandemic, information on the use of gloves, ventilation and hand hygiene practices has been updated to ensure the content is clear and easy to implement in education and care services. The guideline contains 5 recommendations on specific issues.

In the sixth edition, the scenarios used in the fifth edition have been updated to align with new advice. Some new scenarios have been added. These may help service providers implement the guidance in *Staying healthy*.

In response to community comments and enquiries received by NHMRC on the fifth edition, fact sheets on symptoms and diseases have been added to the guideline. Both fact sheet format and content have been updated to present clear information about symptoms and conditions for educators and other staff, parents and carers. This includes exclusion recommendations.

The new fact sheets for symptoms are:

- Diarrhoea and vomiting
- Eye discharge
- Fever
- Rash
- Respiratory symptoms.

The new fact sheets for specific conditions are:

- Asthma
- COVID-19
- Human metapneumovirus
- Pneumonia
- Hepatitis E
- Typhoid and paratyphoid fever
- RSV (Respiratory Syncytial Virus)
- Shingles
- Trachoma.

Summary of key recommendations

As well as the overall guidance in *Staying healthy*, the Staying Healthy Advisory Committee developed key practice recommendations through an evidence-to-decision (EtD) process. Full details on the EtD process, including the evidence that was considered to develop the recommendations, can be found in the Technical Report.

Each recommendation should be considered together with the accompanying information and advice – see links to the relevant part of the guideline.

The key recommendations in the sixth edition of *Staying healthy* are as follows:

- All educators and other staff and children should perform hand hygiene regularly.
  (Part 2 – Preventing infection)
- Infection control principles should be used when children's nappies are changed.
  (Part 2 – Preventing infection)
- Routine environmental cleaning should be performed daily and when surfaces are visibly dirty.
  (Part 3 – A healthy environment)
- Cleaning with specific products should be performed after any spills of body fluids (urine, faeces, vomit, blood).
  (Part 3 – A healthy environment)
- Educators and other staff and children who show signs of infectious disease should be excluded from the service.
  (Part 4 – managing infection)

Early childhood education and care services

Responsibilities of services in infection control

Every education and care service must ensure that infection risks are prevented or minimised as far as is reasonably practical. This includes having strategies to prevent or minimise exposure to infectious diseases and chemicals used to manage infection risks, and processes to ensure that infection control measures are implemented and maintained.

Workplace health and safety

Workplace health and safety legislation in Australian states and territories place a duty of care on people conducting a business. This duty of care is to ensure the health and safety of workers and others as far as is reasonably practical, including where there is potential for the spread of infectious diseases. Education and care services should monitor, manage and minimise risks for managers, educators, other staff and students in their workplace.

All managers, educators, students, volunteers and other staff (including cooks, cleaners and administrative staff) should be aware of the education and care service's policies on health and safety and their own duty to contribute to a safe work environment. This includes following appropriate infection control and vaccination policies as part of their employment and reporting their infectious status. If educators or other staff are feeling sick because of an infection or infectious disease, they should not be at work (see section 4.2 If a staff member is sick).

People at the service who are pregnant or are planning on becoming pregnant – including educators, other staff and visitors to the service such as family members – must be aware that some infections can affect pregnancy and their unborn child, and take appropriate action (see section 2.8 Protecting pregnant staff and visitors).

Volunteers and students on placements in education and care services should be aware of policies and procedures – including the service's policies on vaccination, hand washing, nappy changes and infection diseases – before they start their work.

Education and care services should regularly review and update their policies and procedures to reflect changes in staff and the circumstances of the service. Contact your work health and safety authority for more information on what is required in your jurisdiction:

- Australian Capital Territory – WorkSafe ACT
- New South Wales – Workcover Authority of NSW
- Northern Territory – NT WorkSafe
- Queensland – Workplace Health and Safety Queensland
- South Australia
  - WorkCover SA
  - SafeWork SA
- Tasmania – WorkCover Tasmania
- Victoria – WorkSafe Victoria
- Western Australia – WorkSafe Western Australia.

Responsibilities of management and staff

Infection control is a shared responsibility, and management (including approved providers, service leaders and managers) and staff (including educators, other staff and volunteers) all have roles to play.

To reduce the risk and spread of infectious illnesses, approved providers, service leaders and managers should:

- ensure that clear policies and procedures, informed by guidance from recognised authorities, are established and communicated to educators and other staff, including by
  - ensuring policies are easily accessible and understood
  - providing supporting documentation and resources
  - providing information in various formats in the language(s) used in the community; for example, by using photographs, infographics, audio and video recordings, posters, information sheets, checklists and templates
  - including health and safety policies and responsibilities in new employee induction processes
- regularly seek feedback from employees about health and safety policies and procedures to identify areas for improvement and opportunities to strengthen best practice (for example, by dedicating time for discussion during team meetings)
- regularly monitor the health and safety procedures used across the service and audit compliance
- support educators and other staff to comply with policies and procedures, including by identifying reasons for noncompliance and supporting quality improvement actions
- provide educators and other staff with regular and ongoing learning opportunities (and dedicated time) to ensure their knowledge, understanding and application of best practice on health and safety is up to date and informed by recognised authorities (such as Australian, state or territory health departments)
- embed and discuss implementation of health and safety policy and procedures as part of regular performance reviews
- communicate with and seek input from families about the service's health policies and procedures
- share policies and health information with families in their own language(s) and in various formats; for example, by using photographs, infographics, audio and video recordings
- keep families informed of updates and changes to policies and procedures before they are implemented (in line with regulation 172 of the National Education and Care Services Regulations).

To reduce the risk and spread of infectious illnesses, educators and other staff should:

- be familiar with, regularly refer to and comply with the guidance in *Staying healthy*
- follow vaccination guidance and requirements
- follow all service policies and procedures related to infection prevention and control
- stay home if sick
- actively participate in reviews of the service's health and safety policies and procedures and discuss with service leaders any concerns or opportunities for improvement that they identify in the service and its procedures
- actively participate in professional development and learning opportunities on health and infection control.

Part 1 Understanding infection

This section introduces the concepts about infections, to help you understand what causes infection and how you can break the chain of infection.

1.1 How infections occur

An infection occurs when harmful germs enter the body, multiply and cause disease.

The chain of infection refers to how germs spread (Figure 1.1). Three things are involved when an infection occurs; they are the:

- source, which is the germs and where they live
- spread, which is how the germs get out and move to a new person
- new host, which is a susceptible person with a way for the germs to get in.

All the steps in the chain need to occur for germs to spread from a source to a susceptible person. By breaking the chain, at any stage, you can prevent the spread of infection.

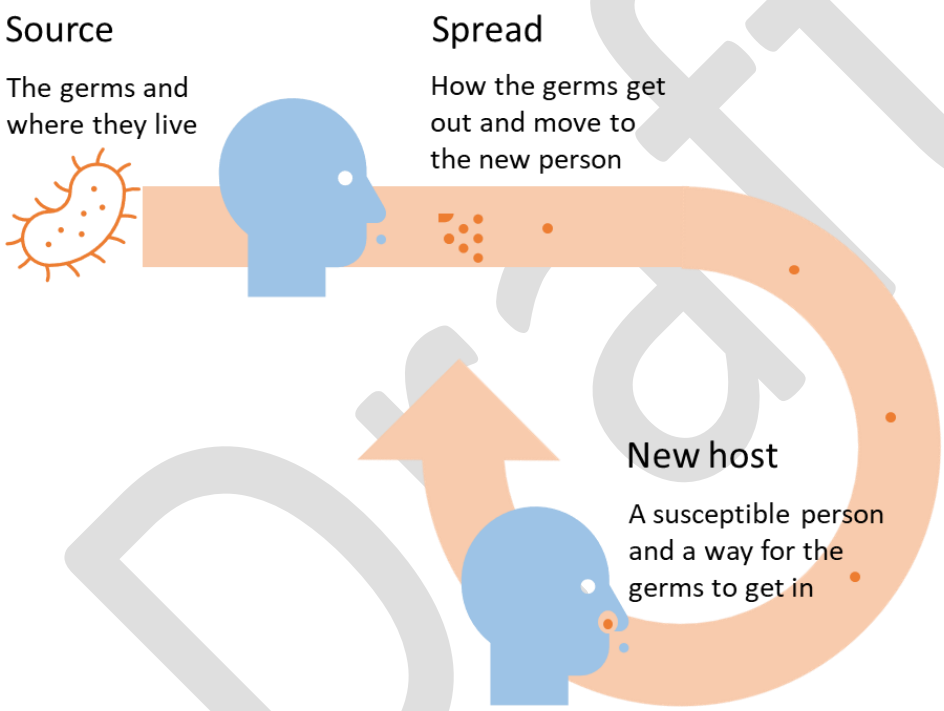

Figure 1.1 The chain of infection

Source

There are 3 major types of harmful germs (microorganisms) responsible for human infections – bacteria, viruses and fungi. Infestations of parasites can also cause disease or other negative effects on humans.

- **Bacteria** – Bacteria are found almost everywhere, including in and on the human body. Most bacteria live in close contact with us and our environment without causing any harm. Some are even good for us – good bacteria live in our intestines and help us digest our food. But some bacteria can infect the body and cause disease. Bacterial diseases include streptococcal sore throat, impetigo (school sores), whooping cough (pertussis) and meningococcal infection.
- **Viruses** – Viruses can only grow and reproduce inside other living cells. Viruses cause diseases such as the common cold, flu, gastroenteritis, chickenpox (varicella), and measles.
- **Fungi** – Most fungi do not cause disease in humans. However, some can cause skin and soft-tissue infections such as tinea corporis (ringworm), tinea pedis (athlete's foot) and candida (thrush). Some fungi may also cause serious infections in people with severely compromised immune systems.
- **Parasites** – Parasites are organisms that live off or in another organism. Parasites can be harmful to humans and can cause diseases. Most parasites that cause disease in humans come from one of 3 categories:
  - Protozoa are single-celled organisms. Those that cause gastroenteritis usually live in water (for example, cryptosporidium and giardia).
  - Ectoparasites live on the surface of the human body (for example, infestations of scabies and head lice). These parasites can cause a local reaction that leads to itching.
  - Helminths are parasitic worms (for example, pinworm and roundworm). They can cause intestinal infections in humans.

Bacteria, viruses, fungi and parasites live in humans, animals and the environment. These can all be sources of infection.

Generally, people are most infectious when they are sick and showing symptoms (for example, sneezing, coughing, having diarrhoea). But not all people with infection show signs of illness. They may be infectious before they become sick, during their illness or after they have recovered.

An example is gastroenteritis. Children, educators and other staff who no longer have diarrhoea may still shed diarrhoea-causing germs in their faeces for some time. Although this means they are still a potential source of the germ, the spread of disease should be prevented if everyone in the education and care service follows good infection control processes.

Spread

Germs spread in several ways.

Germs first get out of their current host – for example, through saliva or cuts in the skin. They then travel to a new host. The ways that germs travel are known as their modes of transmission. Several modes of transmission are likely in education and care services.

- **Exposure to coughing or sneezing (droplet transmission)** – When an infected person sneezes or coughs, tiny droplets spray from their nose and mouth. These droplets can spread up to 2 metres before dropping to the ground. The droplets may land on the mouth or nose of another person if they are within 2 metres of the source, or a person may touch a surface contaminated with the

droplets, then touch their mouth, eyes or nose. Droplets help spread many viral illnesses such as the common cold, and bacterial diseases such as whooping cough and meningococcal infection.

- **Breathing contaminated air (airborne transmission)** – Airborne (or aerosol) transmission is due to germs in very small particles that are so light they remain suspended in the air for a long time. These particles are created when an infected person breathes, talks, sings, coughs or sneezes. The particles can be carried in the air for long distances, so they can infect people who have not had close contact with the source. Examples of airborne germs include COVID-19, the measles virus and the chickenpox (varicella) virus.
- **Direct contact (contact transmission)** – Some germs or parasites can spread through touching. These include fungal infections of the skin (skin-to-skin contact), and head lice (head-to-head contact). Germs and parasites can also spread through contact with body secretions, such as mucus, saliva, vomit, blood, urine and faeces. They can enter the body by contact with eyes, nose, mouth or broken skin.
- **Indirect contact** – Surfaces such as benches, tables, door handles, toys and toilets can be contaminated when a person with an infectious disease touches them, or coughs or sneezes on them. If a person touches a contaminated surface and then touches their mouth, eyes or nose, they can become infected.
- **Animals** – Contact with animals can spread disease. Germs can be present on the skin, hair, feathers and scales of animals, and in their faeces, urine and saliva. These germs may not cause disease in the animal, but they may cause disease in humans. Some germs can multiply in insects such as mosquitoes, fleas and ticks and spread through the insect's bite. Insects that carry the germs are known as 'vectors'.
- **Food** – Food can be contaminated when a person with an infectious disease touches, coughs or sneezes on it. If the food is not stored or heated or chilled properly, the germs can multiply in the food and spread to people who eat it, causing disease.

New host

When the germ has reached another person, it may enter the body through the mouth, nose, eyes or broken skin. Whether a person becomes sick after the germ has entered the body depends on both the type of germ and the person's immunity.

People with weakened immune systems may get severe illnesses from germs that may be harmless or cause mild infections in people with normal immune systems.

Vaccination can make a person immune to the disease they have been immunised against, even if the germ enters their body (see section 2.1 Immunisation). Ensuring vaccinations are up to date gives the best protection against these germs.

How infections spread in education and care services

The way that children interact with each other and with adults in education and care services means that diseases can quickly spread. Children, especially younger children, have close contact with other people through playing or cuddling. They often put objects in their mouths, and they do not always cover their mouth and nose when coughing or sneezing. Because some harmful germs can survive on surfaces, children may touch a contaminated surface, then put their hands in their mouth and become infected.

It is important to be aware of how infections can spread in education and care services, and to take steps to break the chain of infection.

1.2 Breaking the chain of infection

The most important steps to break the chain of infection and stop the spread of diseases are:

- personal strategies – actions you can take for yourself or in interactions with other people (see Part 2 Preventing infection)
  - immunisation
  - hand hygiene
  - respiratory hygiene
  - wearing masks and gloves
  - nappy changing and toileting
  - safely dealing with wounds and body fluids
  - taking care with animals
  - protecting pregnant staff and visitors
- environmental strategies – actions you can take to improve the environment (see Part 3 A healthy environment)
  - ventilation
  - cleaning
  - food safety
- exclusion – action to limit infection sources (see Part 4 Managing infection).

Figure 1.2 Examples of ways to break the chain of infection

For many diseases, you may need to use several control measures to reduce the risk of spreading. For example, for respiratory viruses, measures that could reduce the risk of spreading infection in a service include all the recommended personal strategies plus good ventilation and frequent cleaning of surfaces, kitchens and bathrooms. Mask use may be mandated or recommended by public health authorities if there is an outbreak of specific diseases.

Always following all the steps to break the chain of infection, and using extra protection when required, is the best way to prevent spread of infections in education and care services.

These are practices that everyone can follow to reduce the risk of infection for themselves and those around them, but children or infants may not be able to maintain hygiene standards on their own. Educators and other staff must help children with toileting, hand hygiene and respiratory hygiene.

Staff should also be aware of their own hygiene practices so they can model safe behaviours to children. Early childhood education and care settings provide great opportunities to teach or reinforce good hygiene habits in children and give them lifelong habits that will reduce the spread of infection in our communities.

Part 2 Preventing infection

This section guides you through the actions you can take for yourself or in interactions with other people. Good personal habits are a key way to reduce the spread of infection.

2.1 Immunisation

Immunisation is an effective way to prevent some infections. Immunisation uses a vaccine – often a dead or modified version of the germ – to trigger an immune response against a specific disease.[1] This means the person's immune system responds in a similar way to how it would if they had the disease, but with less-severe symptoms. If the person comes in contact with that germ in the future, their immune system can rapidly respond to prevent the person becoming sick.

A note about the terms:

- Immunisation is the process of inducing immunity to an infectious agent by giving a vaccine.
- Vaccination in the administration of a vaccine. If vaccination is successful, it results in immunity.

Immunisation can also protect people who are not immunised, such as children who are too young to be immunised, or people whose immune systems did not respond to the vaccine. This is because the more people who are immunised against a disease, the lower the chance that a person will ever meet someone who has the disease. The chance of an infection spreading in a community decreases as more people are immunised. Immune people will not become infected, and this protects vulnerable people – this is known as 'herd immunity'.

In certain situations, including outbreaks of some diseases in childcare centres, a vaccine can be offered to people after they have been exposed to the disease to reduce the risk of them getting the disease. Your local public health unit can offer specific guidance if this occurs. However, this is only used in special circumstances – in general, immunising people before they come into contact with a disease is far more effective.

Immunisation for children

The National Immunisation Program Schedule provides a list of the vaccines currently recommended for all children. Additional vaccines are recommended for Indigenous children in specific jurisdictions and for children with specific medical conditions.

The Australian Technical Advisory Group on Immunisation (ATAGI) also recommends annual immunisation against influenza for all people over 6 months of age to prevent influenza infection and its complications.[2]

Educators should ask all parents and carers to provide a copy of their child's immunisation records when they are enrolled in the service. If the child has an immunisation record, make sure they have received all the vaccinations recommended for their age group.

It is a good idea to check the National Immunisation Program Schedule and your state or territory health department's website regularly (for example, once a year) for any changes to the immunisation schedule.

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1 Department of Health and Aged Care (2018). Fundamentals of immunisation, in the Australian Immunisation Handbook, Australian Government, Canberra.

2 ATAGI (Australian Technical Advisory Group on Immunisation) (2022). Statement on the administration of seasonal influenza vaccines in 2022, Australian Government, Canberra.

Children who are not fully immunised

Children may be defined as not fully immunised because they:

- have not received any vaccinations under the National Immunisation Program Schedule
- have not received all recommended doses of a vaccine appropriate to their age according to the National Immunisation Program Schedule
- have only been naturopathically or homeopathically vaccinated (this is sometimes called 'not medically vaccinated'). This is because naturopathic or homeopathic vaccinations are not effective.

Under the national No Jab No Play, No Jab No Pay policies, children must be fully immunised if the family is to receive family tax benefits or child care assistance.

In some jurisdictions, children must be fully immunised or have a medical reason not to be immunised to attend education and care services. Check the No Jab No Play, No Jab No Pay policies for the rules in your state or territory.

If children who are not fully immunised are able to attend child care in your state or territory, they should still be excluded from the service during outbreaks of some infectious diseases (such as measles and whooping cough). Discuss with the parents or carers that their child may need to be excluded during such events, even if their child is well, because they may be at risk of infection.

Include clear statements about the rules around immunisation and exclusion in your service's immunisation policy (see Involving parents and carers in section 4.3).

Encourage immunisation

You can encourage parents and carers to immunise their children by:

- putting up wall charts about immunisation in rooms
- putting a message about immunisation at the bottom of receipts and newsletters.

When enrolling children, education and care services should make a note of when the child will need updates to their vaccinations. At least annually, check for children who are behind in their vaccinations, discuss with their parents or carers and update their records.

Refer parents and carers to their doctor, the Australian Immunisation Handbook and the No Jab No Play, No Jab No Pay policies if they have any concerns.

Managing symptoms after immunisation

Vaccinations can cause several common side effects in the hours and days after vaccination, which you may see in children in your care. These are usually mild and do not last long. Treatment is not usually necessary.

The Australian Immunisation Handbook provides an up-to-date comparison of the effects of diseases and the side effects of vaccines on the National Immunisation Program.

Managing injection site discomfort

Many vaccine injections can cause soreness, redness, itching, swelling or burning at the injection site for 1–2 days. Paracetamol can ease this discomfort. Sometimes a small, hard lump may persist for weeks or months. This should not cause concern and does not need treatment.

Managing fever after immunisation

If a child develops a fever after a vaccination, give them extra fluids to drink and do not overdress them if they are hot. It is not generally necessary to give children paracetamol at the time of vaccination, but it may be needed if a child has a fever and discomfort after being vaccinated. Follow the instructions on the label carefully.[3]

Immunisation for adults

It is vital that educators and other staff are up to date with their vaccinations

Immunisation protects not only staff, but also the young children they work with, who may be highly vulnerable to vaccine-preventable disease[4]. Check the National Immunisation Program Schedule and your state or territory health departments' website regularly for any changes to the vaccinations available for adults.

All educators and other staff should be vaccinated according to the recommendations outlined in the Australian Immunisation Handbook. This includes additional vaccines recommended for people at occupational risk, including those working in childhood education and care.

This is based on the Australian Infection Control Guidelines, which recommend:

'that all healthcare workers to be vaccinated in accordance with the recommendations for healthcare workers in the Australian Immunisation Handbook. Note: The advice reflects recommended practice supported by strong evidence. Healthcare facilities must also consider relevant state, territory and/or Commonwealth legislation regarding mandatory vaccination programs for healthcare workers'. (p14)

Service requirements

Approved providers and service leaders have a duty of care to ensure the workplace health and safety of educators, other staff and others in the workplace such as children and parents, as far as is reasonably practical. This includes managing their risk of exposure to diseases that can be prevented by vaccination and other control measures. Immunisation of educators and other staff is an effective way to manage the risk of exposure because many diseases are infectious before the onset of symptoms.

Employers should:

- develop a staff immunisation policy, in consultation with staff, that states the immunisation requirements for educators and other staff
- require all new and current staff to provide a copy of their Immunisation History Statement, which is available from the Australian Immunisation Register (AIR), and update as required
- provide staff with information about vaccine-preventable diseases – for example, through in-service training and written material, such as fact sheets
- refer staff to the Australian Immunisation Handbook for further information, or to their general practitioner to discuss any concerns they have about vaccination

[3] MedicineWise (2022). Treating my child's pain or fever – paracetamol or ibuprofen? National Prescribing Service, Canberra.

[4] Department of Health and Aged Care (2022). About immunisation, Australian Government, Canberra.

- take all reasonable steps to encourage staff who are not vaccinated according to the National Immunisation Program to be vaccinated. Advice given to educators and other staff, and any refusal to comply with vaccination requests, should be documented.

If any educators and other staff are not vaccinated according to the National Immunisation Program, they increase the risk that children – especially younger ones – may be infected with a vaccine-preventable disease.

If educators or other staff refuse reasonable requests for vaccination, there may be consequences for their employment. All staff should be advised of potential consequences. These include:

- being restricted to working with children over 12 months old
- having to take antibiotics during outbreaks of bacterial diseases that are vaccine preventable, even if the educator is not sick
- being excluded from work during outbreaks of vaccine-preventable diseases.

Recommended vaccinations for staff

Some occupations are associated with an increased risk of some vaccine-preventable diseases. The Australian Immunisation Handbook recommends that all people who work in childhood education and care are vaccinated against:

- **whooping cough (pertussis)**. Whooping cough vaccination using a dTpa vaccine is especially important for educators and other staff who care for children who are too young to receive all their recommended whooping cough vaccines. Even if the adult was vaccinated in childhood, booster vaccination is necessary because immunity to whooping cough decreases over time.
- **measles, mumps and rubella**. Measles–mumps–rubella (MMR) vaccination is important for educators and other staff born during or since 1966 who do not have vaccination records of 2 doses of the MMR vaccine, or do not have antibodies against rubella (a blood test can check antibody levels).
- **chickenpox (varicella)**. Chickenpox vaccination is important for educators and other staff who have not previously had chickenpox (a blood test may be required to confirm previous infection).
- **hepatitis A**. Hepatitis A vaccination is important because young children can be infectious even if they are not showing symptoms.
- **flu (influenza)**. Annual flu vaccinations are important because young children can be at higher risk from flu. Some staff may be eligible for a free flu vaccine because of pregnancy, older age or underlying conditions. They should check their state or territory health department website for further information.

Additional vaccinations are recommended for special categories of educators and other staff:

- **hepatitis B** for educators and other staff who care for children with developmental disabilities. Although the risk is low, seek advice about hepatitis B immunisation if the children are not immunised. Immunisation of the children should be encouraged.
- **Japanese encephalitis** for educators and other staff who work in areas of Japanese encephalitis transmission. Ask your local public health unit for current recommendations.

Educators and other staff who are pregnant or immunocompromised (that is, who have a weakened immune system either from a disease or treatment that affects their immune system) should seek advice from their doctor about vaccinations. Some vaccinations are recommended in immunocompromised people and in pregnancy to protect both mother and baby, while others are not recommended.

Scenario 2.1

There were several cases of COVID-19 in the education and care service. Parvati, an educator, became sick several days after the first case was diagnosed. She had to take time off work to recover from the illness. Parvati checked the state health department website to find the most up-to-date recommendations for people who are sick with COVID-19. There were no exclusion recommendations, so Parvati referred to her service policy, which stated she could return to work when her symptoms had resolved.

What should Parvati have done?

- COVID-19 is a vaccine-preventable disease – if Parvati had been up to date with her vaccinations when she began working at the service, her chances of getting sick from COVID-19 would have been much smaller. Not catching COVID-19 would have saved her time and money, because she would not have had to take time off.

What can Parvati's employer do?

- All education and care service employers should have accurate records of their staff members' immunisations and when any boosters are due, and should review these records regularly to keep them up to date.
- Parvati's employer should have a clear policy for the education and care service about immunisations for staff and make sure that all staff are aware of this policy.
- Parvati's employer can also remind educators and other staff and parents and carers of the service's policy on COVID-19 infections when an outbreak occurs and remind people where to find further information.

2.2 Hand hygiene

Hand hygiene is a general term that refers to any action that cleans hands, such as washing hands with soap and water or using hand sanitiser.

Many harmful germs can spread easily to other people or onto surfaces via contaminated hands. Hands are an important step in several chains of infection including direct contact, indirect contact, animals and food (Figure 2.1). Effective hand hygiene can break all these chains of infection.

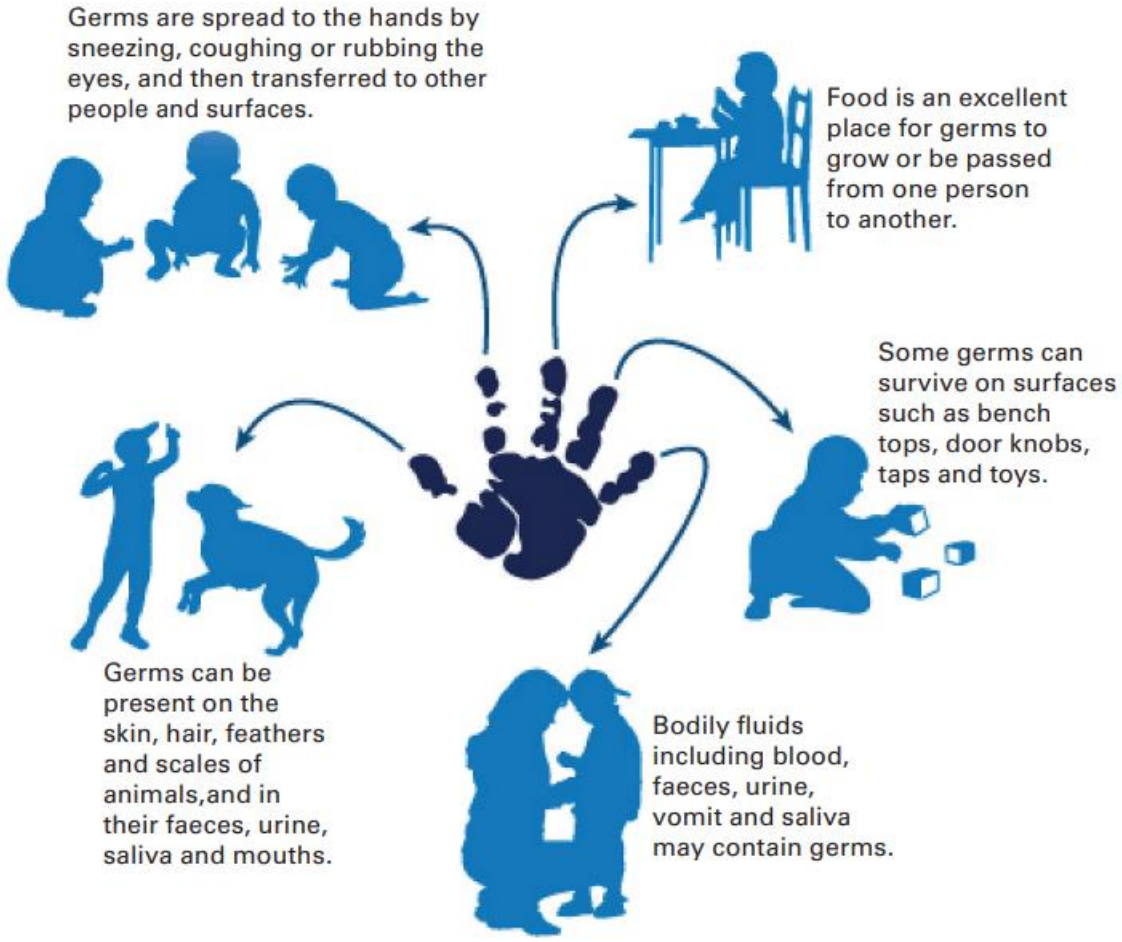

Figure 2.1 The role of hands in the spread of infection

Effective hand hygiene is important for everyone in the education and care service to help prevent disease.[5,6] Hand hygiene for children also helps them to develop good hygiene habits. For younger children, you may need to wash or sanitise their hands or help them wash or sanitise their own hands.

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5 Staniford LJ & Schmidtke KA (2020). A systematic review of hand hygiene and environmental disinfection interventions in settings with children, *BMC Public Health* 20:195.

6 Luby SP, Agboatwalla M, Feikin DR, Painter J, Billheimer W, Altak A & Hoekstra RM (2005). Effect of handwashing on child health: a randomised controlled trial, *Lancet* 366(9481):225–223.

Hand hygiene has no disadvantages or negative effects. Regular hand hygiene does not weaken immune systems or interfere with normal development of a child's immune system.[7,8]

When to do hand hygiene

All educators and other staff and children should perform hand hygiene regularly.

Think about the chain of infection when you think about hand hygiene. Perform hand hygiene before touching anything that should stay clean (such as before eating or preparing food) and after touching anything that might contaminate hands (such as after using the toilet or wiping a child's nose).

Examples of when educators and other staff and children should perform hand hygiene are shown in Table 2.1.

Table 2.1 When to perform hand hygiene

Who	Before	After
Educators and other staff	• Starting work, so harmful germs are not introduced into the service • Eating or handling food • Giving medication • Putting on gloves • Applying sunscreen or other lotions to children • Going home, so harmful germs are not taken home with you	• Eating or handling food • Using the toilet • Helping children use the toilet • Taking off gloves • Changing a nappy • Cleaning the nappy change area • Wiping a child's nose or your own nose • Cleaning up faeces, vomit or blood • Handling garbage • Coming in from outside play • Applying sunscreen or other lotions to children • Touching animals
Children	• Starting the day at the service; parents and carers can help with this • Eating or handling food • Going home, so harmful germs are not taken home with them	• Eating or handling food • Using the toilet • Touching mucus (snot) • Coming in from outside play • Touching animals

[7] Rook GAW & Bloomfield SF (2021). Microbial exposures that establish immunoregulation are compatible with targeted hygiene, *Journal of Allergy and Clinical Immunology* 148(1):33–39.

[8] Bloomfield SF, Rook GA, Scott EA, Shanahan F, Stanwell-Smith R, Turner P (2016). Time to abandon the hygiene hypothesis: new perspectives on allergic disease, the human microbiome, infectious disease prevention and the role of targeted hygiene. *Perspectives in Public Health* 136(4):213–224.

How to do hand hygiene

More information on procedures for hand hygiene can be found on the Hand hygiene posters.

With soap and water

Washing hands with soap and water is the best option if you have visible dirt, grease or food on your hands.

Washing your hands with soap and running water loosens, dilutes and flushes off dirt and germs. Soap alone cannot remove dirt or kill germs – it is the combination of running water, rubbing your hands and the detergent in the soap that helps loosen the dirt, remove the germs and rinse them off your skin.

Warm water is recommended because soap lathers (soaps up) better with warm water. However, soap and cold water can be used if warm is not available.

You do not need to use antibacterial soap[9] – any soap is effective for hand hygiene if used properly.

There are 5 steps to washing hands:

1. Wet hands with running warm water.
2. Apply soap to hands.
3. Lather soap and rub hands thoroughly, including the wrists, the palms, between the fingers, around the thumbs and under the nails. If you wear rings or other jewellery on your hands, move the jewellery around your finger while you rub to ensure that the area underneath the jewellery is clean. Rub hands together for at least 20 seconds (for about as long as it takes to sing 'Happy birthday' twice).
4. Rinse hands thoroughly under running water.
5. Dry hands thoroughly (see Hand drying).

With hand sanitiser

Hand sanitisers (also known as alcohol-based hand rubs, antiseptic hand rubs or waterless hand cleaners) can reduce the number of harmful germs on your hands and should contain 60–80% alcohol.

Hand sanitisers are recommended when your hands are not visibly dirty.[10] Hand sanitisers are also useful when soap and water are not available, such as when in the playground or on excursion. However, even if your hands are visibly dirty, using hand sanitiser is better than not cleaning your hands at all.

There are 3 steps to using hand sanitiser:

1. Apply the amount of hand rub recommended by the manufacturer to palms of dry hands.
2. Rub hands together, making sure you cover in between fingers, around thumbs and under nails.
3. Rub until hands are dry (alcohol-based sanitisers are self-drying, so you do not need a paper towel or hand towel).

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9 Hand Hygiene Australia (2022). FDA ruling on over-the-counter antibacterial soaps, HHA, Melbourne.

10 Hand Hygiene Australia (2022). Alcohol-based handrubs, HHA, Melbourne.

It is a good idea to place hand sanitiser at the entrance to the education and care service. This can help remind parents, carers and children (as well as educators and other staff) to have clean hands when they enter the service.

Hand sanitisers are safe to use as directed, but children may be at risk if they eat or drink the cleaner, inhale it or splash it into their eyes or mouth. Hand sanitisers should be kept well out of reach of children and only used with adult supervision.

Hand drying

Effective hand drying after washing your hands with soap and water is just as important as thorough hand washing. Damp hands pick up and transfer more bacteria than dry hands.[11] Drying your hands thoroughly also helps remove any germs that may not have been rinsed off. Make sure you dry under any rings or other jewellery, because they can be sources of future contamination if they remain moist.

Using disposable paper towel is preferable for hand drying in education and care services. Cloth towels, if used, should be used by one person (that is, not shared) and hung up to dry between uses. Cloth towels should be laundered regularly to reduce the risk of spreading harmful germs.

Warm air dryers can also be useful, but they take longer to dry hands than using paper towel, can only serve one person at a time, and are often not used for long enough to ensure dry hands.

Hand care

Skin that is intact (that is, has no cuts, scratches, abrasions, cracks or dryness) provides a barrier against germs. Frequent hand hygiene can cause some people's skin to become damaged (known as dermatitis) and allow harmful germs to enter the body.

The most common form of dermatitis is irritant contact dermatitis. Symptoms may include dryness, irritation, itching, cracking and bleeding. Symptoms can range from mild to severe. Irritant contact dermatitis is mainly due to frequent and repeated use of hand hygiene products – especially soaps, other detergents and paper towels – which cause the skin to dry out.

Allergic contact dermatitis is rare and is caused by an allergy to one or more ingredients in a hand hygiene product.

Hand hygiene products containing soothing ingredients (emollients) are readily available and can reduce irritant contact dermatitis.[12] Hand sanitisers contain moisturisers, so can be gentler on the skin. Regularly moisturising hands can also help reduce dryness and irritation.

To avoid causing or increasing dermatitis:

- DO
  - use warm (not hot) water for hand washing
  - wet hands before applying soap
  - use moisturiser if you are prone to dry skin
- DO NOT
  - use products containing fragrances and preservatives

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[11] Huang C, Ma W & Stack S (2012). The hygienic efficacy of different hand-drying methods: a review of the evidence, *Mayo Clinic Proceedings* 87(8):791–798.

[12] Hand Hygiene Australia (2022). Hand care issues, HHA, Melbourne.

- wash hands with soap and water immediately before or after using hand sanitiser
- put on gloves while hands are still wet from hand washing or using hand sanitiser
- use rough paper towels to dry your hands.

When buying hand sanitisers, soaps and moisturising lotions for the service, make sure they are chemically compatible. This will minimise skin reactions and ensure that the hand hygiene products work effectively together. It is a good idea to buy hand hygiene and hand care products from a range made by a single manufacturer, because this may help to ensure that the products are compatible. If you have a materials supplier, speak to them for advice on chemically compatible products.

Staff members with significant skin problems may be at higher risk of infection. If a staff member has significant skin problems, they should see their doctor.

2.3 Respiratory hygiene

Respiratory hygiene is about limiting airborne germs and the transmission of respiratory diseases.

Coughing and sneezing

Many harmful germs can be spread through the air by droplets. By covering your mouth and nose when you cough or sneeze, you reduce how far the droplets travel and stop them from reaching other people and contaminating surfaces.

In the past, people were encouraged to cover their coughs and sneezes with their hands. But if you do not clean your hands immediately, germs stay on your hands and can be transferred to any surfaces you touch.

The correct way is to cough or sneeze into your inner elbow or use a tissue to cover your nose and mouth. Put all used tissues in the rubbish bin straight away and clean your hands with either soap and water or hand sanitiser.

Mucus

If someone is sick, their mucus (snot) can contain harmful germs, even if they do not have a runny nose.

Washing your hands every time you wipe a child's nose will reduce the spread of colds and other diseases. If you cannot wash your hands after every nose wipe, use hand sanitiser.

It is not necessary to wear gloves when wiping a child's nose. If you do wear gloves, you must remove your gloves and wash your hands or use hand sanitiser afterwards.

Dispose of used tissues and gloves immediately.

2.4 Wearing gloves and masks

Physical barriers, such as gloves and masks, can help prevent the transmission of germs.

Gloves

Gloves provide a protective barrier against germs. Using gloves correctly reduces the spread of harmful germs, but does not eliminate it completely.

If gloves are not used appropriately, they can pose a risk of spreading germs and putting others at risk. When a person wears gloves, they may come into contact with germs which can then be transferred to other objects or their face.

Types of gloves

Disposable (that is, single-use only) gloves are made of nitrile, natural rubber latex or vinyl.

- Nitrile gloves are recommended for education and care services. They must be used by educators and other staff who have latex allergies, or with children who have latex allergies.
- Latex gloves are not recommended because they cause skin dermatitis, asthma and other allergies in children, educators and other staff. If no other gloves are available and latex gloves are used, powder-free gloves should be used, because powdered gloves may further contribute to latex allergies in children, educators and other staff.[13]
- Vinyl gloves are not recommended.[14]

Utility (reusable) gloves are made of heavy-duty rubber and should be worn during general cleaning activities.

When to wear gloves

Gloves prevent contamination of the hands and exposure to damaging substances.

Wear disposable gloves if you are likely to come in contact with body fluids – for example, when changing dirty nappies or cleaning up vomit or blood. If you are unlikely to come in contact with body fluids, there is no need to wear gloves.

Wear utility gloves when using damaging chemicals or cleaning.

Table 2.2 shows when you should wear disposable gloves and when you should wear utility gloves.

[13] National Health and Medical Research Council (2023). *Australian guidelines for the prevention and control of infection in healthcare*, NHMRC, Canberra.

[14] Rego A & Roley L (1999). In-use barrier integrity of gloves: latex and nitrile superior to vinyl, *American Journal of Infection Control* 27(5):405–10.

Table 2.2 When to wear and how to maintain gloves

Type of gloves	When to wear them	How to maintain them	Examples
Disposable gloves	When there is a chance you may come in contact with body fluids, including faeces, urine, saliva, vomit or blood	No maintenance – use them once and throw them away; do not reuse	Changing nappies Managing cuts and abrasions Cleaning spills of body fluids
Utility (reusable) gloves	When cleaning the education and care service When preparing bleach solutions	Clean according to the manufacturer's instructions Hang up to dry after use, preferably outside Store dry between uses Replace when showing signs of wear	General cleaning duties

Washing hands before and after wearing gloves

Wearing gloves does not replace the need to wash your hands, and you should perform hand hygiene before putting gloves on and after taking them off.

Wash your hands before putting on gloves so that you remove as many harmful germs as possible from your hands. Otherwise, when you reach into the box of gloves, you can contaminate the other gloves in the box.

When you have finished a procedure that requires you to wear gloves, it is important to wash your hands thoroughly after removing the gloves. This is because:

- any germs on your hands may have multiplied significantly while you were wearing the gloves
- there may be tiny tears or holes in the gloves that can allow germs to contaminate your skin
- you may contaminate your hands with the dirty gloves when taking them off.

Using disposable gloves

Disposable gloves should never be reused or washed for reuse. They must be thrown away as soon as you have finished the activity that requires gloves.

Always wash your hands before and after wearing disposable gloves. Wear gloves on both hands:

- when changing nappies – there are billions of harmful germs in faeces and sometimes in urine; see Nappy changing and toileting for more details
- when cleaning up faeces, urine, blood, saliva or vomit, including when it is on clothes.

If you have cuts or sores, cover these with a waterproof dressing before putting on disposable gloves.

Remember that the outside of the glove is dirty and the inside of the glove is clean. Avoid touching the inside of a glove with the outside of another glove and avoid touching bare skin or clean surfaces while wearing or removing contaminated gloves.

How to remove disposable gloves

- Pinch the outside of one glove near the wrist and peel the glove off so it ends up inside out.
- Keep hold of the peeled-off glove in your gloved hand while you take off the other glove. Put 1 or 2 fingers of your ungloved hand inside the wrist of the other glove. Peel off the second glove from the inside, and over the first glove, so you end up with the 2 gloves inside out, one inside the other.
- Put the gloves in a plastic-lined, hands-free lidded rubbish bin and wash your hands. If such a bin is not available, put the gloves in a bucket or container lined with a plastic bag, then tie up the bag and take it to the outside garbage bin.

Masks

Masks reduce transmission of respiratory viruses, especially in crowded, poorly ventilated spaces. However, masks can be uncomfortable to wear for a long time. There is also a concern that mask use prevents children from learning to identify human facial expressions.

For these reasons, masks are not generally recommended for use in education and care services. However, masks may be mandated or recommended by public health authorities if there is an outbreak of certain diseases (see section 4.5 Disease outbreaks). Keep up to date with any requirements in your state or territory.

There are 2 types of masks available.

In general, education and care services should use surgical masks (if masks are required). Surgical masks are designed as barriers to fluids. These masks prevent transmission of larger droplets and reduce contact of potentially contaminated hands with the mouth and nose. They are not air filters and do not effectively reduce transmission of small particles – when you breathe while wearing a surgical mask, air leaks around the sides. For this reason, surgical masks are useful to prevent the spread of germs spread by respiratory droplets (for example, flu, common cold) but not germs spread through contaminated air.

P2/N95 respirators (often referred to as masks) provide a stronger seal around the mouth and nose and are made of less-porous material. They are designed to filter out the very small particles that carry germs spread by contaminated air (for example, COVID-19, measles and chicken pox). Respirators are not usually required in education and care services, but staff may be directed to use them in an outbreak of one of these diseases.

Other protective equipment

Face shields and protective eyewear (including goggles and safety glasses) are usually not required in early education and care services.

Some education and care services may recommend protective equipment in some circumstances. For example, protective eyewear may be recommended if there is a risk that droplets or splashes of body fluids may go into the eyes of educators or other staff. This can occur when managing blood noses, dental injuries or bleeding wounds.

Public health units may also recommend the use of protective equipment in some circumstances (for example, during a disease outbreak).

2.5 Nappy changing and toileting

Faeces (and sometimes urine) contain billions of harmful germs such as bacteria and viruses. Hygienic nappy changing and toileting is important to prevent these germs from spreading disease to staff and other children.

Children in education and care services may have disposable or cloth nappies. Either can be used safely, if you follow appropriate care and cleaning procedures. Use flushable, disposable liners with cloth nappies.

Correct storage and disposal of nappies is also critical to preventing the spread of harmful germs.

Nappy changing

Infection control principles should be used when children's nappies are changed.

Change nappies when they have faeces in them, and at routine intervals throughout the day. This will minimise the amount of time that urine and faeces are in contact with the child's skin.

Wash your hands or use hand sanitiser:

- before preparing the nappy change area
- after changing the nappy
- after cleaning the nappy change area.

Nappy changing procedure

Preparation

- Bring your supplies to the changing area. This includes a clean nappy, wipes, baby cream labelled with the child's name (if applicable), gloves, a plastic or waterproof bag for soiled clothing, and extra clothes.
- Perform hand hygiene. It is very important to wash your hands or use hand sanitiser when changing a nappy, even if you are going to use gloves. This is so that when you have finished changing the child, you can remove the dirty gloves and dress the child without needing to interrupt the nappy changing procedure to clean your hands before dressing the child.
- Put on disposable gloves. This is recommended, especially if the nappy contains faeces. However, changing a wet nappy without gloves is low risk, if you have performed hand hygiene. Follow your service's procedures.
- Place paper towel or plain paper on the change table, if desired, to reduce mess.
- If the child can walk, walk with them to the changing area. If the child cannot walk, pick them up and carry them to the changing area. If there are faeces on the child's body or clothes, hold the child away from your body if you need to carry them.

Changing

- Place the child on the change table and unfasten the nappy.
- Clean the child's bottom with disposable nappy wipes. Always wipe front to back.
- For disposable nappies, place dirty wipes in the nappy, remove the nappy from the child and put it in a plastic bag. Place the bag in the designated bin.

- For cloth nappies, put the liner in the toilet and the disposable wipes in the designated bin. Put the used nappy in a plastic bag and put it in the sealed container that you have for that child.
- Remove the paper from the change table and put in the designated bin.
- Remove your gloves (if used) and dispose of them so you will not touch the clean child with dirty gloves. For details on how to remove gloves properly, see Using disposable gloves.
- Place a clean nappy under the child and apply nappy cream if needed before fastening the nappy.
- Dress the child.
- Wash your hands and the child's hands before placing the child back into a supervised area.

Cleaning

- After every nappy change, clean the nappy change surface (see Nappy change area in section 3.2 for details on the best methods of cleaning for this area).
- Perform hand hygiene using soap and water or hand sanitiser. If your hands are visibly dirty or you have just removed gloves, wash your hands with soap and warm water.

Nappy change area

It is important to have a separate, dedicated nappy change area that is positioned away from the food preparation area and close to a warm water tap, sink and paper towels.

The supplies you need should be ready and within reach. The nappy change area should have baby wipes, clean nappies, disposable gloves, baby cream labelled with the child's name (if applicable), paper for the change table, and storage for used nappies and for soiled clothes.

Nappy change surface

The nappy change surface may be a change mat or a waterproof sheet over a mattress on a change table. Ensure that the nappy change surface is:

- waterproof
- in good condition
- smooth and easily cleaned (germs can survive in cracks, holes, creases, pleats, folds and seams)
- cleaned after every nappy change.

It is a good idea to change surfaces during the day to help prevent spread of germs. For example, you can have 2 change mats and swap them, or cover a change mat with a waterproof sheet and remove it halfway through the day.

If possible, do not share the same nappy change surface with children from another room, if possible. Having separate change mats for each room can help limit the spread of an infection and contain it to a single room. If this is not possible, take extra care to ensure that the change mat is thoroughly cleaned after each nappy change, especially if a child is known to have an infection (see Nappy change area in section 3.2).

Nappy change paper

It is a good idea to use disposable paper on the nappy change surface during nappy changes. Every time a child has their nappy changed, germs get onto the change surface. Placing paper on the surface before you place the child prevents many of these germs from reaching the surface itself.

Any type of new, clean, plain paper that can absorb leaks can be used for this (for example, paper towel or large sheets of paper). Remove the paper in the middle of the nappy change, before putting the child's clean nappy and clothes on, and put the paper and the germs in the bin.

If an education and care service does not wish to use paper on the change table, staff must take extra care when cleaning the change mat between nappy changes.

Nappy storage and disposal

Always store and dispose of soiled nappies correctly to minimise the spread of harmful germs.[15]

Keep soiled nappies in a container that is waterproof and that can contain smells. Do not keep containers for soiled nappies in areas used for preparing or eating food, or where children play.

For disposable nappies:

- Remove the nappy.
- Put the dirty nappy in a plastic bag and tie the bag.
- Put the bag in a **designated bin** that is used only for used nappies. The bin should have a lid and be lined with a plastic bag.

For cloth nappies:

- Put the flushable, disposable nappy liner in the toilet.
- Remove the nappy.
- Do not rinse the nappy; put it in a plastic bag and tie the bag.
- Put the bag in a **sealed container**, which can be a lidded bucket or 'wet bag'. Have one container for each child who is using cloth nappies, marked with the child's name. Keep the container where it can be securely left for the child's parent or carer to collect it.

Waste management for disposable nappies:

- Have lined bins in the nappy changing areas.
- Do not overfill bins – when they are three-quarters full, tie the lining bag up and put it into the main waste bin.
- Have a schedule for emptying the bins during the day and at the end of the day.
- Clean all bins according to the specified cleaning schedule.
- Wear disposable gloves when collecting waste and emptying bins.
- When you are finished, remove gloves and perform hand hygiene.

Toilet training

Ask parents or carers to supply a clean change of clothing for all children, including those who are toilet training. If a child has got faeces on their clothes, dispose of faeces in the toilet and place the soiled clothes in a plastic bag. Keep these bags in a designated place until the parents or carers can take them home that day.

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[15] Health Protection Scotland (2018). Infection protection and control in day childcare settings, NHS National Services Scotland, Glasgow.

For children who are toilet training:[16]

- Help the child use the toilet (potty chairs are not recommended because they increase the risk of spreading infection).
- Encourage children, especially girls, to wipe front to back, to reduce the chance of introducing bowel bacteria to the urinary tract.
- After they have finished toileting, guide younger children to the handwash basin and help them wash their hands.
- Ask older children if they washed their hands.
- Explain to the child that washing their hands and drying them properly will stop germs that might make them sick.
- Always wash your own hands after helping children use the toilet.

[16] Australian Children's Education & Care Quality Authority (2016). Effective toileting and nappy changing procedure, ACECQA, Canberra.

2.6 Safely dealing with wounds and body fluids

Education and care services routinely deal with wounds and body fluids that include blood, vomit, urine, faeces and mucus (snot).

Follow your service's procedures to safely deal with body fluids, and to help prevent spills. You will also need to know how to safely deal with any spills (see How to clean spills of body fluids in section 3.2).

Wounds

Children must be supervised at all times to ensure they play safely. If a child is bleeding from an injury, bites from other children or a nosebleed, you must:

- look after the child
- allow the first-aid officer to dress the wound (if needed)
- check that no-one else has come in contact with the blood
- clean up the blood.

Looking after the child

- Avoid contact with the blood.
- Comfort the child and move them to safety, away from other children.
- Put on gloves, if available.
- Apply pressure to the bleeding area with a bandage or paper towel.
- Elevate the bleeding area, unless you suspect a broken bone.
- Send for the first-aid officer (if needed).
- When the wound is covered and no longer bleeding, remove your gloves, put them in a plastic bag or alternative, seal the bag and place it in the rubbish bin.
- Wash your hands thoroughly with soap and running warm water.

If at all possible, do not touch the wound if you do not have gloves. If you do not have gloves, get someone wearing gloves to take over from you as soon as possible. Then wash your hands and go back to your other duties.

It is a good idea to wear a face shield or protective eyewear if there is a chance that blood could enter your eyes or mouth (for example, if the child has a mouth wound and is coughing).

Dressing the wound

The first-aid officer should do this, if needed.

- Put on gloves, if there is time.
- Dress the wound with a bandage or suitable substitute and seek assistance.
  - In an emergency, call 000 for an ambulance.
  - If the situation is not urgent, follow the service's procedures about notifying the parent or carer.
- Remove your gloves, put them in a plastic bag, seal the bag and place it in the rubbish bin.
- Wash your hands thoroughly with soap and running warm water.

Checking for contact with blood

Ask the adults and children near the spill if they have come into contact with the blood. If they have, remove any blood from the person with soap and water and make sure they wash their hands thoroughly.

Body fluids

Strategies to prevent spills of body fluids include:

- regularly toileting children (changing their nappy or taking them to the toilet)
- excluding children with vomiting or diarrhoea
- encouraging children to blow their noses, especially any who have a runny nose, and disposing of tissues appropriately
- making sure children play safely.

When a spill occurs, clean it up as soon as possible. If possible, place a safety sign around the spill to keep people away until it can be cleaned.

When cleaning up a spill of blood, faeces, vomit or urine, wear gloves and wipe up the spill with paper towels. Next, clean the surface with warm water and detergent, and allow to dry. In some cases, you may need to follow this with cleaning using disinfectant. See Figure 3.1 When to use disinfectant in section 3.2, to help you decide when to use detergent and warm water and when to use disinfectant.

Wash your hands thoroughly with soap and running warm water after you have cleaned any spills of body fluids.

Staff wound hygiene

Use waterproof dressings to cover open cuts or sores on the skin.

The skin is a natural barrier that stops germs entering the body. When the skin is damaged, germs can enter and lead to infections at the site of the cut or through the rest of the body. Placing a waterproof dressing (like a bandaid) over the cut stops germs from entering the cut and helps the skin heal more quickly.

See also Hand care for tips on how to prevent skin irritation.

2.7 Contact with animals

Animals can be a source of joy and stimulation for children. However, all animals carry germs that can cause infections if a person is bitten or scratched. Animal faeces also carry germs.

Contact with animals can spread disease. Germs can be present on the skin, hair, feathers and scales of animals, and in their faeces, urine and saliva. These germs may not cause disease in the animal, but they may cause disease in humans. Some harmful germs can multiply in insects such as mosquitoes, fleas and ticks and spread through the insect's bite. Insects that carry germs are known as disease 'vectors'.

Animals

Some simple measures will minimise the health risk from contact with animals:

- Hygiene and child care
  - Make sure that adults and children wash their hands with soap and water (or use hand sanitiser if soap and water are not available) after touching animals or cleaning an animal's bedding, cage or tank.
  - Supervise children when they have contact with animals. Do not allow children to play with animals while they or the animals are eating. Do not let children put their faces close to animals.
- Animals and animal care
  - Choose appropriate animals. Avoid bringing in or keeping ferrets, reptiles (including lizards, iguanas, snakes, turtles and other reptiles) and psittacine birds (birds of the parrot family). This is because these animals can carry germs that can be dangerous to humans (for example, reptiles often carry Salmonella).
  - Ensure that animals are flea-free, worm-free and immunised as appropriate. Animals that are sick should be treated promptly by a veterinarian and kept away from children until the animal is well – an animal that is irritable because of pain or illness is more likely to bite or scratch.
  - Do not allow animals in sandpits, and do not allow them to urinate or defecate on soil, in pot plants or in vegetable gardens.
- Cleaning
  - Always wear gloves when handling animal faeces, emptying litter trays and cleaning cages.
  - Dispose of animal faeces and litter daily. Place faeces and litter in a plastic bag or alternative and put it out with the rubbish.
  - Pregnant women, in particular, must avoid contact with cat faeces to minimise their risk of toxoplasmosis (see Toxoplasmosis fact sheet for more information).
  - If you have a birdcage, wet the floor of the cage before cleaning it to avoid inhalation of powdered, dry bird faeces.

Insects and arachnids

Education and care services should try to prevent insects (especially flies and mosquitoes) and arachnids (spiders and ticks) from entering indoor areas. Screening windows and doors is a key way to prevent insects from entering. Barrier sprays can also be used. Remove or kill (with an appropriate spray or swatter) any insects or arachnids that come in.

If a child is bitten by an insect or arachnid while in care, monitor them for any reaction or illness and treat appropriately.

- If there is an allergic reaction or you know the child is allergic to the type of bite (for example, bees or ticks), contact the parents or carers and seek medical care if needed.
- If there does not seem to be a reaction, let the parents or carers know about the bite at pick-up.
- If a child is bitten by a spider, contact the parents or carers and seek medical care if needed.
- For tick bites where the tick is still embedded in the child's skin, kill and remove the tick using an ether spray (see the HealthDirect recommendations).

Fleas can infest animals and humans, and flea bites cause irritation and inflammation of the skin. Treat animals, their bedding (that is, where they usually rest) and their immediate environment with a flea treatment to destroy adult and immature fleas. Always follow the manufacturer's instructions.

Bat bites and scratches

Australian bats may carry a lyssavirus that is very similar to the rabies virus. Treatment of bat bites or scratches can require several vaccine injections and injection of protective antiserum into the wound area.

Do not approach or handle bats, including sick or injured animals, because there is a high likelihood of being scratched or bitten. Bats that are not in direct contact with people (for example, bats in trees) pose no risk of transmitting lyssavirus. Only professional animal handlers wearing suitable protective equipment should attempt to move bats.

If you or a child is scratched or bitten by a bat, immediately clean the wound with soap and running water for 5 minutes and see a doctor or local hospital emergency department as soon as possible.

Fish and marine animals

Fish and fish tanks can carry harmful germs. If you need to reach into a fish tank, wear gloves or use a net. If you do use your bare hands and arms, wash your hands and arms thoroughly with soap and water afterwards. Never clean an aquarium in a kitchen sink or food preparation area. Use a laundry sink for cleaning and disposal of aquarium water.

Scratches from fish and marine animals, including coral, can cause unusual and serious infections. If an injury caused by a fish, or a wound contaminated by sea water, pond water or aquarium water, looks like it may have become infected, see a doctor promptly and explain how the injury occurred.

Scenario 2.2

You have invited a local reptile zoo to provide an interactive reptile show for the children at your service as part of an end-of-year celebration. The reptile show will include a group presentation to educate children and increase their awareness about reptiles and a chance for children to touch some of the reptiles. The celebration will conclude with a barbecue lunch. The reptile zoo is bringing 2 staff members to conduct the presentation and interactive show.

On the morning of the celebration, Lucy's mum calls to advise that Lucy has a sore throat and a mild cough and will not be attending the service that day. Lucy's mum asks if Lucy can attend for the reptile show only and then go home.

Actions to take:

- Advise Lucy's mum that it is best for Lucy to stay home because she is showing signs of a respiratory illness.
- Refer to the Respiratory symptoms fact sheet and offer to email a copy to Lucy's mum.
- Make sure the reptile display is set up in a section of the service that is away from the food preparation area.
- Make sure that all children, educators and other staff, parents and carers perform hand hygiene before and after touching animals. It may be useful to have hand sanitiser available during the interactive session.
- Supervise children when they touch the reptiles. Separating the children into small groups may make this easier.
- Make sure all children and adults perform hand hygiene at the end of the activity and before the barbecue lunch begins.

2.8 Protecting pregnant staff and visitors

Educators and other staff who are pregnant, as well as pregnant visitors to the service such as family members, should be aware of how some infections can affect an unborn child. If a staff member is pregnant, it is even more important than usual for the education and care service to make sure that all staff follow good infection control practices.[17]

The diseases listed in Table 2.4 can cause pregnancy risks and may occur in education and care services. Risks vary depending on the disease. For most diseases, good hand and respiratory hygiene are the main ways to prevent infection, and wearing gloves and masks may be useful in some cases. Immunisation is also effective and recommended for protection against some diseases. For some diseases, pregnant staff or visitors may need to avoid exposure.

If any of these diseases occur in the education and care service, alert pregnant staff and visitors so they can take appropriate precautions.

Education and care services are strongly recommended to seek advice from local public health authorities if they are concerned about risks to pregnant staff and visitors from an infectious disease diagnosed in a child or staff member.

For more information about these diseases, see the relevant fact sheets. If a case of the disease occurs in the service, provide a printout of or a link to the fact sheet to all pregnant staff members and all families.

Table 2.4 Diseases that may occur in education and care services and which have an increased risk of harm for pregnant women and their unborn babies, and actions to take

Disease	Risk	Action
Chickenpox (varicella)	Birth defects in the child; this risk is highest in the first 3 months of the pregnancy Increased risk of maternal complications	Immunisation before conception Immunity caused by previous infection (immunity can be confirmed by a blood test) Pregnant staff or visitors who are exposed to varicella should seek medical advice within 96 hours to check whether post-exposure treatment is needed
COVID-19	Premature birth; this is very rare and mainly in unvaccinated people Increased risk of maternal complications	Immunisation (this significantly reduces risk) Good hand and respiratory hygiene Wearing masks
Cytomegalovirus (CMV)	Birth defects in the child; this risk is highest in the first half of the pregnancy	Good hand and respiratory hygiene, especially after contact with body fluids Using gloves

[17] Radauceanu A, Bouslama M (2020). Risks for adverse pregnancy outcomes and infections in daycare workers: an overview of current epidemiological evidence and implications for primary prevention. *International Journal of Occupational and Environmental Health* 33(6):733–756.

		Reduced exposure (e.g. a pregnant educator who usually works with infants might be reassigned to work with older children)
Fifth disease (slapped cheek syndrome, erythema infectiosum, human parvovirus B19)	Infection of the baby; usually mild but in rare cases can cause miscarriage Risk to the child is highest in the first half of the pregnancy	Good hand and respiratory hygiene
Flu (influenza)	Miscarriage and premature birth; this is very rare and mainly in unvaccinated people Increased risk of maternal complications	Immunisation (this significantly reduces risk) Good hand and respiratory hygiene Wearing masks
Hand, foot and mouth disease	Miscarriage; this is extremely rare Infection of the baby; usually mild but in rare cases can affect organ development	Good hand and respiratory hygiene Using gloves
Measles	Premature birth; this is very rare and mainly in unvaccinated people Increased risk of maternal complications	Immunisation before conception
Rubella (German measles)	Birth defects Risk is highest in the first 20 weeks of the pregnancy	Immunisation before conception Immunity is often confirmed through a blood test early in pregnancy
Toxoplasmosis	Birth defects	Immunity caused by previous infection (can be confirmed by a blood test) Avoiding contact with soil (e.g. gardening) or cat faeces (e.g. cleaning litter boxes)
Whooping cough (pertussis)	Transmission to newborns; severe disease and potential death of babies Risk is highest late in the pregnancy	Immunisation (recommended during the second or third trimester to reduce the risk of pertussis in infants)

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Part 3 A healthy environment

This section details the actions you can take to improve the environment at your education and care service and prevent the transmission of infection through the air, on surfaces and in food.

3.1 Ventilation

The germs that cause some diseases spread through tiny particles that are so light they remain suspended in the air. Diseases such as COVID-19, measles and chickenpox spread when people breathe in air contaminated with these particles. This is called airborne transmission.

Ventilating indoor spaces with fresh air reduces the risk of airborne transmission.[18] Frequently bringing in fresh, clean air dilutes the concentration of the tiny particles and they can no longer spread disease to other people.

There are 3 ways to improve ventilation:[19]

- natural – bringing in outside air by opening windows and doors
- mechanical – using air-conditioning and heating systems to bring outside air in (air-conditioning systems that recirculate air but do not bring in outside air are not mechanical ventilation)
- augmented – using air purifiers with HEPA (high-efficiency particulate air) filters to clean the air.

Use natural ventilation wherever possible. Mechanical methods may be useful when natural methods are not practical due to the weather or if the building design does not encourage airflow.

Some education and care services may have air purifiers, which can be helpful when natural methods are not practical. Air purifiers are effective at removing airborne germs but must be used correctly and maintained properly to stay effective.

Using outdoor areas as much as possible can also help minimise the spread of airborne infections.

[18] Murdoch Children's Research Institute (2021). Research brief: COVID-19 in early childhood education and care and schools, MCRI, Melbourne.

[19] Education.vic.gov.au (2023). School operations: ventilation and air purification, Victorian Government, Melbourne.

3.2 Cleaning

Some harmful germs can survive for a while in the environment, usually on surfaces such as benchtops, doorhandles and toys. How long a germ can survive on a surface depends on the type of germ, the type of surface, and how often the surface is cleaned. Regular cleaning reduces the number of germs in the environment and breaks the chain of infection.

Routine cleaning should be performed daily and when surfaces are visibly soiled.

Cleaning with specific products should be performed after any spills of body fluids (urine, faeces, vomit, blood).

Cleaning equipment and products

You should have ready access to cleaning equipment and products, even if an external provider usually cleans your service.

Cleaning equipment

Appropriate cleaning equipment for education and care services includes:

- disposable cloths or cloths you can wash
- utility gloves
- buckets
- mops with detachable heads (so you can wash them in a washing machine using hot water)
- a vacuum cleaner (a vacuum fitted with HEPA filters is recommended, but if this is not available, try to finish vacuuming before children enter rooms to allow time for dust to settle)
- a dishwasher
- a washing machine that uses hot water
- a clothes line or dryer.

Keep cleaning equipment well maintained, clean, and stored in a way that allows it to dry between uses.

Consider colour-coding the cloths and sponges for each area so that it is easier to keep them separate. For example, you might use blue in the bathroom and yellow in the kitchen.

Wear utility gloves when cleaning. Wash your hands after taking the gloves off and hang them outside to dry.

Cleaning products

Cleaning products suitable for use in education and care services include:

- detergent for general cleaning
- disinfectants (including sanitisers and bleach)
- dishwashing liquid
- dishwashing tablets, if a dishwasher is used
- washing powder or liquid, if laundry is done on the premises.

When choosing cleaning products, always consider the product's effectiveness against harmful germs. Appropriate cleaning products for education and care services are those that are specifically labelled and intended for cleaning. These cleaning products have consistent and standardised ingredients that are effective against germs.

Do not use kitchen products such as vinegar or bicarbonate of soda as cleaning products – they are not as effective against germs.[20]

Always use the products at the right strength (that is, diluted appropriately) to ensure they are effective. Follow the instructions on product labels and use the product correctly and for the correct purposes.[21]

Store all cleaning products appropriately, away from children.

Environmental sustainability

Education and care services can consider environmental sustainability in their service.[22] For the *Staying healthy* guidelines, this is most relevant in cleaning procedures.

Single-use products such as cleaning cloths are the safest to use to break the cycle of infection. But multiple-use products can also be effective, if they are washed and dried properly between uses.

Services can buy sustainable supplies, such as:

- forest-friendly or recycled paper products (for example, paper towels)
- eco-friendly cleaning and disinfecting products – but only if they are sold as effective cleaning products (for example, not vinegar or bicarbonate of soda)
- bulk supplies to minimise packaging waste.

When to clean

Clean up any spills immediately.

Clean these types of areas frequently:

- Horizontal surfaces and frequently touched surfaces. Particles produced by coughing and sneezing contain germs and fall towards the ground, landing on horizontal surfaces. Hands also transfer germs onto surfaces that children and all staff frequently touch (for example, doorhandles, toys). Clean horizontal and frequently touched surfaces at least once a day. Clean them again if they become visibly dirty or contaminated with blood or other body fluids.
- 'Wet areas' in the education and care service. This means the kitchen/food preparation area and the toilet and nappy changing area. Many germs thrive in wet or damp conditions, so wet areas are likely to become contaminated with germs and be sources of germs that spread to other areas. For this reason, keeping kitchens and bathrooms clean is a most important step to break

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[20] Rutala WA, Barbee SL, Aguiar NC, Sobsey MD & Weber DJ (2000). Antimicrobial activity of home disinfectants and natural products against potential human pathogens, *Infection Control & Hospital Epidemiology* 21(1):33–38.

[21] Department of Health and Aged Care (2023). Appropriate use of disinfectants: information for consumers, health professionals and healthcare facilities, Australian Government, Canberra.

[22] Australian Children's Education and Care Quality Authority (2016). Sustainability in children's education and care, ACECQA, Canberra.

the chain of infection. Clean these areas at least once a day. Clean them again if they become visibly dirty or contaminated with blood or other body fluids.

Table 3.1 shows how often to clean various surfaces and areas.[23] If a separate organisation provides or supervises cleaning services for your service, tell its cleaning staff about the requirements in Table 3.1.

Table 3.1 When to clean various surfaces and materials

Surface or area	Wash daily and when visibly dirty	Wash weekly and when visibly dirty	Wash occasionally and when visibly dirty or obviously contaminated
Bathrooms – wash tap handles, toilets and doorknobs; check the bathroom during the day and clean if visibly dirty	✓		
Toys and objects children put in the mouth	✓		
Surfaces that children touch frequently (for example, benchtops, taps, cots and tables)	✓		
Doorknobs	✓		
Floors		✓	
Beds, stretchers, linen and mattress covers	If children **do not** use the same items every day ✓	If children **do** use the same items every day ✓	
Sofas, soft chairs, beanbags, cushions			✓
Low shelves			✓
Other surfaces not often touched by children			✓

How to do routine cleaning

Routine cleaning (also called environmental cleaning) is regular cleaning that reduces the number of harmful germs that survive on surfaces in the education and care service.[24] Spills of any body fluids need extra cleaning.

[23] Centers for Disease Control and Prevention (2022). When and how to clean and disinfect a facility, CDC, Atlanta, US.

[24] Sehulster L, Chinn RY, Arduino MJ, Carpenter J, Donlan R, Ashford D, Besser R, Fields B, McNeil MM, Whitney C (2003). Guidelines for environmental infection control in health-care facilities: recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee. *Morbidity and mortality weekly report recommendations and reports* 52:1–42.

How to clean hard surfaces effectively

'Hard' surfaces are surfaces that are waterproof or impermeable to liquid. They include tables, hard floors, taps and basins. A surface that is waterproof but feels soft (such as a vinyl sofa) is a 'hard' surface for cleaning purposes. Hard surfaces are recommended for education and care services to make cleaning easier.

Routine cleaning with detergent and water, followed by rinsing and drying, is the most useful method to remove harmful germs from hard surfaces.

- Detergents help loosen the germs so that clean water can rinse them away.
- Mechanical cleaning (scrubbing the surface) physically removes germs.
- Rinsing with clean water removes loosened germs and detergent residue from the surface.
- Drying the surface makes it harder for germs to survive or grow.

Basic steps for effective routine cleaning of hard surfaces

- Put on utility gloves.
- Mix detergent and warm water in a clean bucket or basin. Follow the manufacturer's instructions on how much detergent to use.
- Wet a clean cloth or paper towel with the detergent mixture.
- Vigorously rub the surface with the cloth or paper towel to physically remove germs. Repeat scrubbing if needed – first rinse the cloth in the detergent mixture, or get a new paper towel and wet it in the mixture.
- Once the surface appears clean, empty the bucket, place any cloths to be washed in a plastic bag and discard any paper towels.
- Rinse the bucket or basin and wash your hands.
- Add clean water to the bucket or basin.
- Wet a new clean cloth or paper towel with the clean water. Wipe the surface to remove detergent. Repeat if needed.
- Dry the surface with a clean paper towel.

Some education and care services wipe tables and other areas associated with food with food-grade sanitiser after are cleaned with detergent. This is not required to stop the spread of infection – but follow the procedures for your service.

Make up fresh detergent and water every day in a clean, dry container. Label the container with the time and date of mixing and the type of detergent. Empty out any mixture from the previous day and rinse the container before refilling. Do not 'top up' the container with water during the day because this dilutes the detergent mixture, making it less effective.

If you are using the mixture in a spray bottle, spray the surface heavily and rub it. Spraying a surface with a fine mist and then wiping it dry with a cloth or paper towel is not enough to dislodge germs.

Warm water is recommended when cleaning because this makes it easier to remove dirt from a surface. However, cold water and a little extra scrubbing can also clean effectively.

Start the cleaning process in the cleanest areas and finish in the dirtier areas. This method helps to prevent cross-infection because it decreases the risk of contaminating a clean room with germs from a dirty room.

Disinfectants are only needed if you know a surface is contaminated with something that might be infectious (see When to use disinfectant).

How to clean soft materials effectively

'Soft' materials can absorb water and other liquids, and are usually made of some form of cloth.

Common soft materials used in education and care services include sheets, towels and tea towels. Wash these every day (see also When to clean).

Wherever possible, other soft materials in the service should be removeable to allow laundering. For example, items such as sofas, soft chairs and beanbags should be made of impermeable materials or have removable cloth covers that are laundered regularly.

Effective laundering involves:

- washing with detergent in a machine on a hot setting (≥60 °C)
- drying in sunlight **OR** drying in a tumble dryer on a hot setting (≥ 40 °C)
- drying items completely before storing them or using them again.

You do not need to wash contaminated cloth items separately as long as the water is at the correct temperature and he correct amount of detergent is used. This applies to cloth items used by a child who is sick or that are contaminated with body fluids. Examples include bed linen used by a child with a respiratory infection or gastroenteritis, or a towel with blood or vomit on it.

For more on cleaning specific soft items, see the relevant sections in Special considerations:

- Clothing
- Linen
- Carpets, mats and curtains
- Cushions
- Toys and books.

How to clean spills of body fluids

Accidental spills of body fluids – including blood, vomit, urine and faeces – are common in education and care services. Promptly removing the spilled substance and cleaning the area reduces the risk of infecting other children and staff.[25]

When a spill occurs, clean it up as soon as possible. Place a safety sign around the spill to keep people away until it can be cleaned.

[25] National Health and Medical Research Council (2019). Australian guidelines for the prevention and control of infection in healthcare, NHMRC, Canberra.

Have a spill kit handy for educators and other staff to use. The spill kit can be a bucket filled with all the necessary equipment to clean up a spill, including:

- disposable gloves (such as you would use for nappy changing)
- utility gloves (heavy-duty gloves, used for cleaning)
- paper towel
- disposable cloths or sponges
- a disposable scraper and pan
- detergent
- disinfectant.

Avoid direct contact with body fluids when you are cleaning the spill. Cover any cuts or abrasions on your hands with waterproof dressings, and wear gloves. You do not need to use protective equipment (for example, face shields or eyewear) when cleaning, but eyewear is recommended if body fluids may splash into your eyes.

Cleaning and using disinfectant

How to clean, and whether to use disinfectant, depends on whether the spill is likely to be infectious, and the size of the spill (see also When to use disinfectant).

To decide whether the spill is from a person who might be infectious, consider their symptoms (see section 4.3 Identifying the need for exclusion). If you do not know whether the person is infectious or not, treat the spill as if they were infectious.

Cleaning ordinary (non-infectious) spills

If the person is **NOT** known or suspected to have an infectious disease, detergent and water are enough for cleaning.

- Put on disposable gloves.
- Wipe up the spill immediately with a damp cloth, tissue or paper towel. If the spill is larger, cover it with an absorbing agent such as kitty litter or large disposable pads. Use a disposable scraper and pan to scoop up the absorbent material and any unabsorbed body fluids.
- Put the cloth, tissue, paper towel, absorbing agent and scraper into a plastic bag. Seal the bag and put it in the rubbish bin.
- Remove disposable gloves and put them in the rubbish bin. This is because they may have become contaminated when you wiped up the spill.
- Put on clean utility gloves, wash the surface with detergent and warm water (see Basic steps) and dry with paper towels.
- Wash your hands with soap and water.

Cleaning infectious spills

If the person **IS** known or suspected to have an infectious disease, first follow the steps to clean a non-infectious spill.

The next steps depend on the size of the spill:

- Small (less than the size of a 50-cent coin) – wipe the area with disinfectant and allow to dry.

- Medium (up to the size of the palm of your hand) – wipe the area with disinfectant and allow to dry.
- Large (more than the size of the palm of your hand) – wipe the area with diluted bleach and allow to dry.

Disinfectants

Disinfectants are chemical substances used to destroy harmful germs. Each disinfectant has an active ingredient that attacks germs.

To kill germs, any disinfectant must be:

- effective against those specific germs
- used at the right concentration
- applied to a surface that has already been cleaned with detergent and water, and dried.

Clean first, then disinfect

It is more important to make sure that all surfaces have been cleaned with detergent and warm water than to use a disinfectant.

If you do need to use a disinfectant, you must clean first. It is harder for the disinfectant to reach and kill germs if you have not cleaned the surface first.[26]

Which disinfectant to use

Education and care services should have 2 types of disinfectant available:

- a commercially available general-purpose disinfectant
- bleach.

Do not use kitchen products, such as vinegar, as cleaning products or disinfectants.

General-purpose disinfectants can be a liquid disinfectant or a disinfectant wipe. If using liquid disinfectant, follow the manufacturers' instructions for diluting and using. In general, dilute just before use and do not store in spray bottles.

You do not need bleach for routine disinfection, but it is recommended if you are cleaning spills from people with bloodborne or gastrointestinal viruses in your service. When deciding whether to use bleach, consider the risk of disease transmission (see Figure 3.1), and the type of surface being cleaned (for example, bleach may damage some surfaces).

Some disinfectants combine the active ingredient with cleaning agents to allow for cleaning and disinfecting at the same time. These are common in hospitals but are not used in many education and care services. If they are used in your service, you can use them without cleaning the surface first with detergent and warm water.

[26] Holm SM, Leonard V, Durrani T & Miller MD (2019). Do we know how best to disinfect child care sites in the United States? A review of available disinfectant efficacy data and health risks of the major disinfectant classes, *American Journal of Infection Control* 471(1):82–91.

When to use disinfectant

Disinfectants are usually only necessary if a surface is contaminated with potentially infectious body fluids, including blood and faeces.

Most germs do not survive for long on clean surfaces when exposed to air and light. Routine cleaning with detergent and water should be enough to reduce germ numbers. However, you might use disinfectants after routine cleaning during an outbreak of, for example, a gastrointestinal disease.[27]

Figure 3.1 will help you decide if you need to use disinfectant and which type of disinfectant to use.

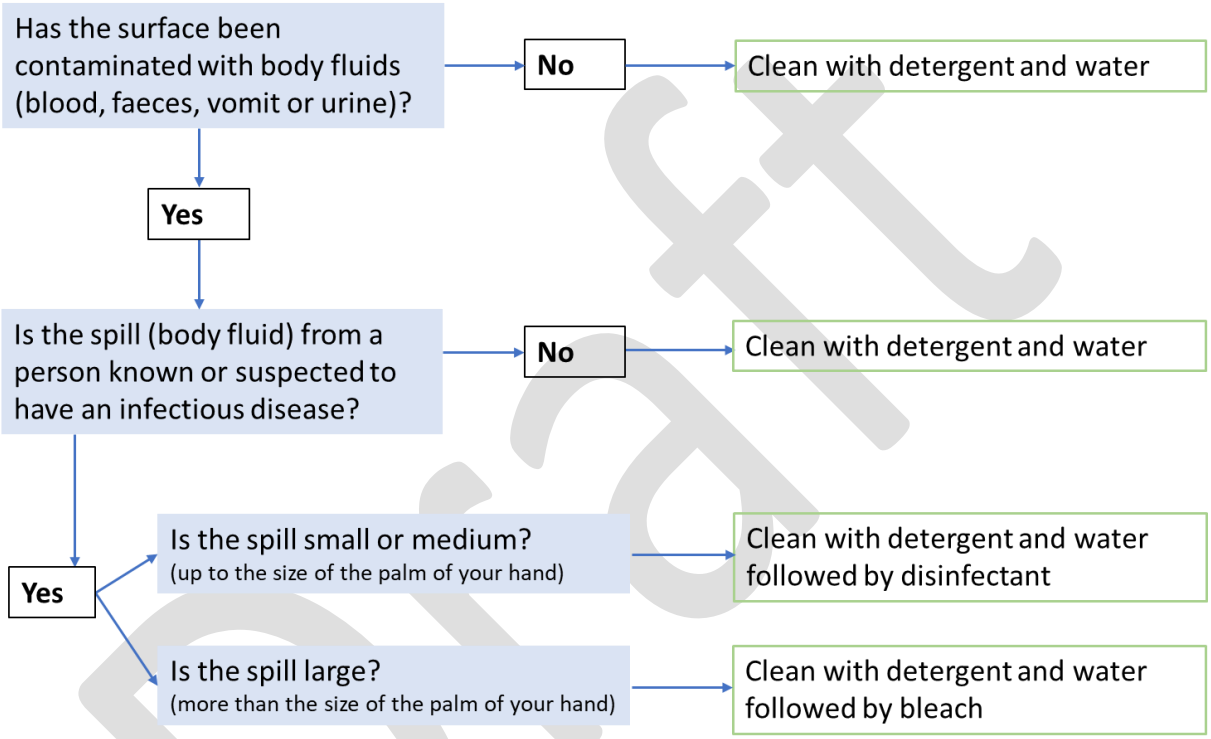

Figure 3.1 Decision tree – when to use disinfectant

If there are 2 or more cases of gastroenteritis in the education and care service, refer to your state or territory public health guidelines for the management of gastroenteritis outbreaks in childcare or contact your local public health unit who will provide further advice.

Preparing bleach solutions

Always prepare bleach solutions according to the manufacturer's instructions. You can also use the online Chlorine dilutions calculator, which tells you how much bleach to dilute with water to get the desired concentration of solution (parts per million).

Because bleach loses strength over time, always make up new dilutions of bleach every day. Discard any diluted bleach that is not used within 24 hours of preparation.

[27] Sattar SA, Jacobsen H, Rahman H, Cusack TM & Rubino JR (1994). Interruption of rotavirus spread through chemical disinfection. *Infection Control and Hospital Epidemiology* 15(12):751–756.

Safe use of bleach

Always:

- Read and follow the safety and handling instructions on the label.
- Dilute bleach in a clean bucket or other container, according to the manufacturer's instructions.
- Wear gloves when handling and preparing bleach.
- Check the use-by date before using bleach, because it can lose effectiveness during storage.
- Make up a new batch of bleach each time you disinfect – it loses its effectiveness quickly once it has been diluted.

Never use bleach in a spray bottle. Do not use hot water to dilute bleach, and do not mix bleach with any other chemicals. Bleach is corrosive, so do not use it on metals other than stainless steel.

Special considerations

Some areas and items in education and care services need special consideration to prevent the spread of infectious diseases.

Areas

Bathrooms and toilets

Clean bathrooms and toilets at least once a day, and more often if they are visibly dirty.

Nappy change area

This is the recommended method to keep the nappy change table clean:

- After each nappy change and at the end of each day, wash the nappy change surface well with detergent and warm water. Rub with paper towel or a cloth as you wash. After each nappy change, put the paper towel in the bin, or put the cloth into a laundry hamper for washing. There will be many harmful germs on this cloth, and it cannot be used again until it has been washed. Rinse then dry the change surface.
- If body fluids from a child known or suspected to have an infectious disease get on the nappy change surface (for example, diarrhoea or vomit from a child with gastroenteritis), use a disinfectant on the surface after cleaning it with detergent and warm water (see When to use disinfectant).
- Change surfaces during the day to help prevent germs. For example, you can have 2 change mats and swap them, or cover a change mat with a waterproof sheet and remove it halfway through the day. Clean the morning change mat or waterproof sheet with detergent and water and leave it to dry, preferably outside in the sun.
- Always wash your hands after cleaning the nappy change area.

For more details on nappy changing procedures, see section 2.5 Nappy changing and toileting.

Outdoor areas

Clean plastic and metal surfaces that are frequently touched (such as grab bars, play structures and railings) with detergent and water when visibly dirty.

Spraying cleaning products or disinfectants in outdoor areas (such as on footpaths), is not necessary or effective.[28]

Cleaning and disinfection of wooden surfaces (such as wooden play structures, benches, tables) and groundcovers (such as mulch) is not recommended.

After playing outside, children should wash their hands with soap and water when coming back inside the service.

Sandpits

Sandpits can be a source of fun and stimulation, but they are also a potential source of infection. Keep them clean and well maintained.

Cover sandpits with a tight-fitting animal- and vermin-proof cover when the education and care service is unattended. This prevents contamination from animal faeces and protects them from accumulating sharp or dangerous objects, such as large sticks and broken glass. Rake sand every day and expose it to the sun to help kill harmful germs.

The sand should be deep enough so you can easily rake it over before each use (at least 500 mm[29]). Raking helps with screening for foreign objects and contamination.

Remove any sand that is contaminated by:

- food
- human or animal faeces
- blood
- body fluids (for example, urine).

Use a shovel and dispose of the sand in a plastic bag. If the sand has been extensively contaminated, such as through a large spill of body fluids, replace all the sand.

Dig deeply through sandpits at least once a month to reduce moisture in the sand and allow exposure to sunlight.[30] Replenish the sand when the level drops 100 mm below the top edge of the sandpit.

Items

Carpets, mats and curtains

Carpets and mats should be vacuumed daily and steam cleaned at least every 6 months. Curtains should be washed every 6 months and when they are visibly dirty. Spot-clean carpets, mats and curtains if a small area is visibly dirty.

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28 Centers for Disease Control and Prevention (2022). When and how to clean and disinfect a facility, CDC, Atlanta, US.

29 Kidsafe (2021). Sandpits, Child Accident Prevention Foundation of Australia, Canberra.

30 MidCentral Public Health Service NZ (2010). Cleaning and disinfecting guidelines for early childhood education centres, New Zealand.

Clothing

Clothing can carry harmful germs, so regular laundering of staff clothing, aprons and children's dress-up clothes is recommended. All items should be laundered as soon as possible if there is a disease outbreak.

Cots

Follow this procedure to clean a child who has got body fluids on themselves and a cot.

- Wash your hands and put on gloves.
- Clean the child.
- Remove your gloves.
- Dress the child and wash the child's hands and your hands.
- Put on gloves.
- Clean the cot.
  - Remove most of the soiling or spill with absorbent paper towels.
  - Place the soiled linen in a plastic-lined, lidded laundry bin.
  - Remove any visible soiling of the cot or mattress by cleaning thoroughly with detergent and warm water.
- Remove your gloves and wash your hands.
- Once the mattress is dry, make up the cot with clean linen.

Crockery and cutlery

All crockery, cutlery and serving utensils should be washed after every use. No special treatment is needed for items that have been used by people who are sick, if the water is at the correct temperature.

If the service has a dishwasher, all items should be washed on a hot setting (≥60 °C) and dried before using again.

If the service does not have a dishwasher, all items should be washed in hot water with dishwashing liquid, and dried completely before storage or reuse. They can be dried on a drying rack or using a clean tea towel. The tea towel should be washed and dried every day.

Cushions

Make sure that all cushions, including large floor cushions, have removable cushion covers. Change and wash these occasionally, as well as when they are visibly dirty (see Table 3.1).

Dummies

Never let children share dummies. When not in use, store dummies in individual plastic containers labelled with the child's name. Store dummies out of children's reach, and do not let a dummy touch another dummy or toy.

Linen

Wash linen (such as sheets and towels) in detergent and hot water. Do not carry used linen against your own clothing or coverall – take it to the laundry in a basket, plastic bag or alternative carrier.

Treat linen with faeces on it as you would a dirty nappy, and wear gloves. If washed at the education and care service, linen with faeces on it should be:

- soaked to remove most of the contamination
- washed in hot water with laundry detergent
- dried in the sun or on a hot cycle in the clothes dryer.

Play dough

Play dough has a high salt content, which discourages harmful germs from living and multiplying. The following steps reduce the risk of spreading infections when using play dough:

- Children and adults should wash their hands with soap and water or use hand sanitiser before and after using play dough.
- Make a new batch of play dough each week and take out enough play dough for each day. Store the remaining play dough in an airtight container away from children.
- If a child puts play dough in their mouth, remove the dough and dispose of it in the bin.
- If play dough is contaminated (visible dirt, sticks, sand), dispose of it in the bin.

Toothbrushes

Never let children share toothbrushes. Each toothbrush should be labelled with the child's name.

Because bacteria can grow on wet toothbrushes, expose the bristles to the air and allow to dry after each use. Do not let toothbrushes drip on one another. Store them out of the reach of children, but do not store them in individual containers, because this stops them from drying. [31]

Toys and books

Washing toys effectively is very important to reduce the spread of disease.[32] Toys must be washed at the end of every day, especially those in rooms with younger children. Wash toys in warm water and detergent, and rinse them well. If they are made of suitable materials, you can clean toys in a dishwasher, but not at the same time as dishes. All toys, including cloth toys and books, can be dried by sunlight.

Only buy washable toys. Throw away nonwashable (soft) toys that are for general use. Individual soft toys may be assigned to a child and kept in the child's cot for their use only. Check individual soft toys for visible dirt. Clean by wiping with a moist cloth with detergent on it, and allowing to dry. Keep damp or wet toys out of use until they are dry.

Check books for visible dirt. Clean by wiping with a moist cloth with detergent on it, and allowing to dry. Keep damp or wet books out of use until they are dry.

Remove toys for washing during the day. Start a 'toys to wash' box out of reach of children and place toys in it during the day if you see a child sneeze on a toy or put a toy in their mouth, or if the toy has

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[31] Nelson-Filho P, Pereira MSS, de Rossi A, da Silva RAB, de Mesquia KSF, de Queiroz AM & da Silva LAB (2014). Children's toothbrush contamination in day-care centers: how to solve this problem? *Clinical Oral Investigations* 18:1969–1974.

[32] Ibfelt T, Engelund EH, Schultz AC & Andersen LP (2015). Effect of cleaning and disinfection of toys on infectious diseases and micro-organisms in daycare nurseries, *Journal of Hospital Infection* 89(2):109–115.

been used by a child who is unwell. You can split toys into 2 lots and rotate them between washing one day and in use the next.

In the nappy change area, have a box of clean toys and a box of toys to be washed. Give a child a clean toy if they need one while being changed. Immediately after the nappy change, place the toy in the 'toys to wash' box.

3.3 Food safety

Some harmful germs grow readily in food – in the right conditions, the number of bacteria in food can double every 30 minutes. Germs that are common on our skin and in the environment can cause food poisoning if they grow to large numbers in food. Germs that do not grow in food can still be passed from person to person in food.

For these reasons, food safety is an important part of infection control in education and care services. The best ways to prevent diseases spreading through food are:

- hand hygiene, particularly after toileting and just before eating
- not sharing food, plates or utensils
- preparing and storing food properly
- keeping food preparation areas clean – the kitchen should be clean, fly-proof and vermin-proof.

Education and care services must prepare and provide food in a way that is safe for the children in their care, to reduce the risk of spreading infectious diseases through food. Standard 3.3.1 of the Australian New Zealand Food Standards Code states that education and care services must have a documented food safety program.

Food safety is monitored by each state and territory. Check with your local authority for specific food safety requirements:

- Australian Capital Territory – ACT Health Protection Service
- New South Wales – NSW Food Authority
- Northern Territory – Northern Territory Department of Health
- Queensland – Queensland Health, Food Safety Policy and Regulation Unit
- South Australia – Department of Health and Wellbeing
- Tasmania – Tasmanian Department of Health
- Victoria – Victorian Department of Health
- Western Australia – Western Australian Department of Health.

It is recommended that the person who prepares and serves food should, wherever possible, not be the person who changes nappies or helps children go to the toilet. If this is not possible, staff should take extra care with hand hygiene before preparing food.

This section highlights the basic principles of food preparation. For more detailed advice on food safety, please refer to your education and care service's food safety plan.

Basic food safety for meals and snacks

Before the meal or snack

- Always wash and dry your hands with soap and warm water before handling food, even if you will be using gloves. Gloves are not a substitute for clean hands. There is no need to wear gloves when preparing food if your hands are clean and dry and your skin is not broken.

- Clean the surfaces that will come in contact with the food with detergent and hot water and allow to dry. You do not need to routinely use disinfectant in food preparation areas if you have thoroughly cleaned surfaces with detergent in hot water and allowed them to dry.
- Clean the utensils that are going to be used for the meal.
- Check that all children have washed their hands or used hand sanitiser before they eat or drink.

During the meal or snack

- Do not allow children to share individual eating or drinking utensils or take food from other children's plates or bowls.
- If children are taking food from a common bowl or plate, make sure they understand that they must use tongs, spoons or other appropriate utensils to take the food they want to eat, and they cannot put food back. Remind them that they cannot touch shared food because this can spread germs that might make them or other children sick.
- Teach children to turn away from food and cough or sneeze into their elbow when they need to, and then to wash and dry their hands.
- Use a separate spoon for each baby you feed.
- If you are interrupted to care for another child while preparing food or spoon-feeding a baby, wash and dry your hands again before you continue.

Preparing and storing food

Always wash and dry your hands before handling food. Education and care services must have a hand basin (separate from the kitchen sink), and soap and disposable towels in the kitchen so that educators and other staff who are preparing food can easily wash their hands. Check your state or territory's food safety legislation for any other requirements.

All staff working in the kitchen should have clean clothing. Staff should wear a clean apron or overalls when working in the kitchen.

Storage of food at correct temperature

The 'temperature danger zone' for food safety is between 5 °C and 60 °C. Bacteria cannot grow easily at temperatures outside of this zone.

Store food that must be kept cold at or below 5 °C to prevent the growth of bacteria that cause food poisoning. Keep a non-mercury thermometer in your fridge so that you can check that the temperature is below 5 °C.

Store frozen food at –15 °C or colder and defrost it in the fridge, not on the kitchen bench.

Food does not become unsafe immediately when it is in the danger zone (between 5 °C and 60 °C). It should be safe at these temperatures for up to 4 hours, because it takes more than 4 hours for bacteria to multiply to dangerous levels.[33] However, remember to add up the total time the food has been at that temperature (for example, if the food has been taken in and out of the fridge). Throw out any food if you are not sure how long it has been in the temperature danger zone.

[33] Food Standards Australia and New Zealand (2021). Temperature control, FSANZ, Canberra.

For pregnant or immunocompromised people you need to be more careful, even with food stored in the fridge. Follow any special recommendations from their healthcare provider.

Warming and cooling food

Australia's food safety standards state that reheated food should reach 60 °C or above.[34] Heating to this temperature will destroy germs that may have grown in the food since it was cooked. As an extra precaution in education and care services, it is recommended that food is reheated until it reaches 70 °C, and it should stay at this temperature for 2 minutes. This is because you may not know whether the prepared food has been within the temperature danger zone (5 °C to 60 °C).

> Warm food or milk for bottles **once only**. Do not allow it to cool and then reheat it – this can allow harmful germs to grow.

Use a food thermometer to ensure that cooked or reheated food reaches the correct temperature.

Check that food has cooled before giving it to a child. Remove a small piece of food with a spoon to another plate and test the temperature of the food with your hand. Throw this piece of food away and wash the spoon.

Throw out all leftovers. Tell parents and carers what food their child left, but do not return the leftover food to the parents or carers.

Separating raw and cooked foods

Do not let raw meat come in contact with cooked food, because the raw meat may have germs in it.

To prevent cross-contamination between raw and cooked foods:

- keep raw and cooked foods separate, even in the fridge
- keep cooked food above raw food in the fridge
- use separate utensils (such as cutting boards and knives) for raw and cooked food.

Preparing and storing bottles

The Infant Feeding Guidelines provide evidence-based advice for healthcare workers about breastfeeding and infant feeding. The information here has been adapted from these guidelines to be most relevant for educators and other staff working in early education and care services.

Bottles of breastmilk and formula must be carefully prepared, stored and warmed. The same guidelines apply when you are preparing to give a baby a bottle as when you are preparing food for older children.

Preparing bottles

When preparing formula, always wash your hands first, and ensure that work surfaces, bottles and other equipment are clean. Wash bottles thoroughly with hot soapy water, then rinse and sterilise them before use.

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[34] Food Standards Australia New Zealand (2023). Safe food Australia: a guide to the food safety standards. FSANZ, Canberra.

Follow your service's procedures carefully to sterilise bottles. Sterilisation methods include:

- boiling
- use of chemicals
- steaming.

Follow the formula manufacturer's instructions carefully to prepare a bottle of formula.

Storing bottles

Bottles of formula or breastmilk must be refrigerated at 5 °C or below, or frozen. Keep a non-mercury thermometer in your fridge so that you can check the temperature. All bottles need to be labelled with the child's name and the date the bottle was prepared or brought in by the parent.

Formula

It is best to make up fresh formula for each feed and give it to the child as soon as it is ready. If this is not possible, the freshly made formula should be stored in the back of the refrigerator (where it is coldest).

Discard any made-up formula at the end of the day.

If a baby has drunk from a bottle but not finished it, do not store the remainder for later. Throw away any formula that is left over. Do not freeze or rewarm leftover made-up formula.

Breastmilk

Breastmilk can be stored in several ways:

- Refrigerated for 72 hours at 5 °C or lower (5 °C is the typical temperature of a standard fridge). Always store breastmilk at the back of the refrigerator, not in the door.
- Frozen in a separate freezer section of a refrigerator for up to 3 months. If your freezer is a compartment inside the refrigerator, rather than a separate section with its own door, then only store the breastmilk for 2 weeks.
- Frozen in a deep freeze (–20 °C or lower) for 6 to 12 months.

When thawing frozen breastmilk, always use the oldest milk first. Frozen breastmilk can be thawed in the refrigerator and used within 24 hours. Alternatively, you can stand the bottle in a container of lukewarm water and use it straight away.

Never refreeze thawed breastmilk.

Warming bottles

Warm bottles **once only**. Do not allow a bottle to cool and then reheat it – this can allow harmful germs to grow.

Do not warm bottles of breastmilk or formula in the microwave.[35] Microwave ovens distribute heat unevenly. Water in the milk can turn to steam that collects at the top of the bottle, and there is a danger that the baby could be scalded.

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[35] World Health Organization & Food and Agriculture Organization of the United Nations (2007). Safe preparation, storage and handling of powdered infant formula: guidelines, WHO, Geneva.

To warm bottles:

- Stand the bottle in a container of warm water for no more than 15 minutes.[36]
- Before feeding the baby, check the temperature of the milk by letting a little drop onto the inside of your wrist – it should feel comfortably warm or even a little bit cool.

Discard any warmed milk that has not been used.

Children's cooking classes

Many children love to cook. Cooking is a safe and enjoyable activity for children in education and care services, provided you take a few simple precautions.

- Make sure children wash and dry their hands before and after the cooking class.
- Always be aware of the dangers of heat.
- Tie up any long hair.

To reduce the chances of harmful germs spreading through food, children should only prepare food that will be cooked afterwards – any germs in the food will be destroyed when the food is cooked. Foods suitable for cooking classes include cooked biscuits, fresh pasta, soups and pizza.

Foods not suitable for cooking classes include biscuits or slices that do not need cooking and are therefore not exposed to high temperatures. Refrigeration does not kill germs.

However, if the food will not be cooked, the risk of spreading germs can be lowered if each child only prepares food that they will eat themselves.

Children who have had diarrhoea and vomiting may return to child care if they have not had these symptoms for 24 hours, but should not participate in any cooking activities until they have not had these symptoms for 48 hours. If your service has recently had, or is currently experiencing, an outbreak of gastrointestinal disease, do not hold children's cooking activities. Check with your local public health unit before resuming cooking activities.

Celebration cakes and blowing out candles

On their birthday, many children love to blow out the candles on a cake while their friends are singing 'Happy birthday'. Cakes and candles may also be brought into the education and care service for other special occasions.

Although germs can be transmitted by blowing out candles, the risk is very low. If there are concerns (such as if the birthday child has recently been sick), other options for celebrations include:

- using a separate cupcake with a candle for the birthday child to blow out, and providing enough cupcakes for all the other children or a large cake that can be cut and shared
- 'clapping' (rather than blowing) out the candle.

[36] National Health and Medical Research Council (2012). Infant feeding guidelines: information for health workers, NHMRC, Canberra.

Part 4 Managing infection

This section describes the actions to take if you think a child or a staff member is sick and if a notifiable disease occurs in the education and care service. It includes considerations and procedures for excluding sick children, educators or other staff, and covers the role of public health units when disease outbreaks occur.

4.1 If a child is sick

This section contains information on monitoring children who become sick while in the education and care service. This includes sickness from common infectious diseases and adverse effects following immunisation (see also section 2.1 Managing symptoms after immunisation). The section also describes how to keep health records.

Watching for symptoms in children

Because you care for the children in your group every day, you are familiar with the way each of them looks and behaves when they are well.

Watch for signs of sickness in every child in your care, especially if you know someone in the family or a carer is sick. If you notice signs of sickness, consider these questions:

- Does the child need medical attention immediately? If a child has any of the severe symptoms or several of the concerning symptoms listed in Identifying severe sickness, call a parent or carer and consider calling an ambulance (000).
- Does the child have symptoms that suggest they must go home or be separated from others immediately? See What to do if a child seems sick.
- Does the child have symptoms that require medical attention to make a more specific diagnosis? Discuss any symptoms with the parents or carers and give them details that will help them decide about care and whether the child needs to see a doctor. Take care to tell the parent or carer if the symptoms are severe or if they developed rapidly.

Identifying severe sickness

Educators and other staff should understand the signs and symptoms that suggest that a young child may be very sick and need urgent medical attention.[37] Remember that sickness in babies and young children can progress very quickly.

Serious symptoms

If a child has any of the following serious symptoms, call an ambulance (000) immediately:

- **Breathing difficulty** – the child may be breathing very quickly or noisily, or be pale or blue around the mouth. The child may be working hard at breathing, with the muscles between the ribs or at the base of the neck being drawn in with each breath.
- **Drowsiness or unresponsiveness** – the child is less alert, sleepier than normal or difficult to wake from sleep, or they are not responding as they usually do (for example, making less eye contact than usual, or less interested in their surroundings than usual).
- **Poor circulation** – the child looks very pale, and their hands and feet feel cold or look blue.

Concerning symptoms

Other symptoms may be concerning but do not necessarily mean that a child is severely sick. These symptoms may also occur in combination with the serious symptoms listed above.

[37] Healthdirect (2021). Symptoms of serious illness in babies and children, Healthdirect, Canberra.

The more of these concerning symptoms you see, the more likely it is that the child is severely ill.

If you see several of these symptoms, monitor the child carefully. If symptoms progress quickly or multiple symptoms develop, contact their parent or carer and recommend that the child sees a doctor.

Concerning symptoms include:

- **Lethargy and decreased activity** – the child wants to lie down or be held rather than participate in any activity, even activities that would normally interest them.
- **Fever** – fever by itself is not necessarily an indicator of severe sickness. However, a fever (temperature more than 38.0 °C) in a young child is usually a sign of infection and may need to be investigated. Children less than 3 months of age with a fever of more than 38.0 °C should see a doctor. See the Fever fact sheet for more information.
- **Poor feeding** – the child has reduced appetite and eats and drinks much less than usual.
- **Poor urine output** – the child is going to the toilet less often or not at all; for babies, there are fewer wet nappies than usual.
- **Pain** – a child may or may not tell you they are in pain. Facial expression is a good indicator of pain in small babies or children who do not talk. General irritability or reduced physical activity may also indicate pain in young children.
- **A stiff neck, irritability (excessive or high-pitched crying) or sensitivity to light** – this may indicate meningitis.
- **New red or purple rash** – rashes may be caused by viral infections and other causes (for example, nappy rash). Rapidly developing rashes may be a sign of more serious illnesses. Monitor the child carefully if the rash develops rapidly or if it is combined with other concerning symptoms.

What to do if a child seems sick

Separate the sick child from the other children. If the child is not well enough to participate in activities, contact their parent or carer and send them home. A child who is feeling sick is better off at home with close supervision from a parent or carer.

Follow your service's policy for contacting parents, carers or emergency contacts. Tell them that the child is sick and must be taken home.

While waiting for the parent or carer to arrive, keep the child away from the main group of children if possible. For example, they could lie on a floor cushion or mat in a corner of the room where you can still comfort and supervise them.

If the child has a fever, see the Fever fact sheet for more information.

Monitor the child to make sure their condition does not get worse. If a child develops any serious symptoms, call an ambulance (000).

When caring for a sick child, remember the main ways to break the chain of infection:

- Remind a child who is coughing or sneezing to cough or sneeze into their elbow. If the child covers their mouth with their hands, ask them to wash their hands or use hand sanitiser.
- If you wipe a child's nose, dispose of the tissue in a plastic-lined rubbish bin then wash your hands or use hand sanitiser.

- If you touch a child who might be sick, avoid touching other children until you have washed your hands or used hand sanitiser.

When the parent or carer picks up the child, talk with them about the child's symptoms. Make sure you provide all the details that will help the parent or carer make decisions about care and whether the child needs to see a doctor. For example, describe the severity of the symptoms, how rapidly they developed and progressed, and how unwell the child seemed. If appropriate, give them a fact sheet about the symptoms.

After the child leaves, clean the areas where the child was, and the mattress or floor cushion where they were resting, before using them again. Some harmful germs can persist on surfaces and may cause infection even if an object looks clean or is wiped clean. See more information on cleaning in Part 3 A healthy environment.

Scenario 4.1

Tabitha is an 18-month-old who attends your education and care service.

About 2 hours after arriving, you notice Tabitha's face is flushed and warm to touch. She refuses her morning tea, does not want to play with the other children and seems quite miserable. Before lunch, she has diarrhoea, which escapes her nappy. She has 2 similar episodes in the next 2 hours.

You call Tabitha's parents to ask them to take her home, and reach Tabitha's dad. He says neither parent can get there for at least 2 hours.

What do you do?

Points to discuss with Tabitha's dad include:

- Tabitha is sick and needs to be with someone who can give her one-to-one care.
- If he cannot pick Tabitha up, is someone else available, such as a grandparent or emergency contact?

While you are waiting for Tabitha's dad to collect her:

- Keep Tabitha away from the other children as much as possible. She can rest on a mattress in the room, but away from the others; this way, you can still supervise her. Remove the mattress linen and launder it when Tabitha leaves (see section 3.2 How to clean soft materials effectively).
- Offer Tabitha small amounts of fluids regularly.
- Print the Diarrhoea and vomiting fact sheet for Tabitha's parents or send them the online link.
- Advise Tabitha's dad that Tabitha will be excluded until 24 hours after her diarrhoea has stopped.

Keeping records

Keep records of any sickness in children, educators or other staff at the education and care service. Templates to record sickness and medicine use are available on the ACECQA website.

Record information with as much detail as you can, such as:

- symptoms you see
- the time you first noticed the sickness
- action taken (for example, exclusion or review of nappy-changing practices)
- which area of the education and care service the child or staff member was in for most of the day

- doctor's diagnosis, if there is one.

If the illness is one that the service must notify public health authorities about, record when and where the notification was sent, and which staff member made the notification (see Notifiable diseases).

Keeping health records helps prevent the spread of infection – records show when your approach to infection control is working. Further, parents or carers and the child's doctor may find written information on the child's sickness useful.

In some circumstances, the records may help identify the cause of an outbreak and how to control it.

4.2 If a staff member is sick

Educators and other staff should stay home whenever they have a disease that may be infectious, even if they do not feel very sick.

Educators and other staff should notify their supervisor or service manager as soon as possible if they feel sick and think they may have an infectious disease (see also Responsibilities of management and staff in the Introduction).

If symptoms of the infectious disease appear while they are still at home, they should call the service and stay home.

If symptoms of the infectious disease appear while they are at work, they should go home as soon as possible. If they need to wait to be collected, they should isolate themselves from children and other staff and continue to practice good hand hygiene and respiratory hygiene.

Contact their emergency contact person if the staff member is not well enough to drive home. Call an ambulance (000) for urgent medical attention if needed.

Provide the staff member with a copy of, or a link to, the relevant fact sheet.

Use appropriate cleaning procedures after the staff member has left the service (see section 3.2 Cleaning).

Staff members should not return to the service until symptoms have resolved. Follow the exclusion periods for symptoms (Table 4.1) and specific conditions (Table 4.2).

Scenario 4.2

Sam (one of the kitchen staff) becomes unwell after preparing and serving morning tea in Tabitha's room. He has vomited once and had diarrhoea.

Points to consider:

- Sam is sick and must go home to rest.
- If he is not able to drive home, call his emergency contact to collect him.
- Because Sam prepares and serves food, he must be excluded until 48 hours after he stops vomiting or having diarrhoea.

You ask Sam if he can drive himself home or if he would like you to call someone to take him home. Sam asks you to call his partner to drive him home. Sam's partner comes to pick him up and you remind them about the exclusion recommendations.

Because you have 2 cases (that is, Tabitha and Sam), of diarrhoea and/or vomiting (possible gastroenteritis) at your service, you may be required to notify your local public health unit.

4.3 Excluding children and adults

The aim of exclusion is to reduce the spread of infectious disease. The less contact there is between people who have an infectious disease and others, the less chance the disease has of spreading.

Excluding children, staff and parents who are at risk of transmitting infection to others is an effective way to limit the spread of infection in education and care services.

Identifying people who are at risk of transmitting infection to others will generally be based on symptoms. Although some infections can be spread before the person becomes sick, people are usually most infectious when they have symptoms. For this reason, it is best to exclude children, parents and carers, and staff from education and care services when they are sick.

By excluding anyone who is sick, you can protect many other people from becoming sick.

Educators and other staff and children who show signs of infectious disease should be excluded from the service.

The exclusion procedure

Education and care services should be mindful of the circumstances of each family. Services should work with families to make arrangements that minimise the spread of disease while limiting the impact of care needs on employment and other requirements, if possible.

The need for exclusion and the length of time a person is excluded depend on:

- the type of infection
- if symptoms are present and how severe they are
- how easily the infection or disease can spread
- how long the person is likely to be infectious
- how severe the infection or disease can be.

As soon as you have identified that a person may have an infectious disease, the person should leave the education and care service and not return until they are well (see Returning to the service).

- **Children** – keep the child separated from other children until their parent or carer can pick them up (see What to do if a child seems sick).
- **Educators and other staff** – they should leave as soon as they start to feel sick.
- **Parents, carers and other people who make short visits to the service** – ask them not to attend the service if they are sick. If it cannot be avoided (for example, if no-one else is available to pick up a child), minimise risk by meeting the parent outside or restricting their movement in the service.

Provide the parent, carer or staff member with a copy of, or a link to, the relevant fact sheets for the symptom or disease.

Identifying the need for exclusion

To determine when a person should be excluded, check whether the symptoms or diagnosed sickness have an exclusion period. Table 4.1 lists the recommended minimum exclusion periods for symptoms, and Table 4.2 lists periods for diagnosed conditions.

The minimum exclusion periods recommended here aim to reduce the spread of infectious diseases between children, educators and other staff, and families visiting early education and care services. The exclusion periods are based on how long a person with a specific disease is likely to be infectious.

Sometimes people who have been in contact with a person infected with a specific condition may also need to be excluded (see Table 4.2).

The recommendation 'Not excluded' means that exclusion is not required. However, the person with symptoms or a condition can still be infectious. Encourage staff to help prevent the spread of disease by staying home whenever they are sick. Encourage parents and carers to keep a sick child at home, even if the child is not very unwell or if the disease is not serious (for example, if they have a cold).

Tables 4.1 and 4.2 are designed to be used as support tools and are not intended to replace clinical assessment, management or judgement. They should be used together with any medical management plans provided by a doctor (for example, for an immunocompromised child). See the fact sheets for more information about each of the symptoms and conditions.

Contact your local public health unit if you have any questions about the recommended exclusion periods.

Exclusion based on symptoms

In most cases, exclusion will be based on symptoms (Table 4.1). Symptoms are the most obvious triggers for action.

Education and care services must use their best judgement about excluding people based on symptoms. Exclusion is designed to minimise the spread of infectious disease. Therefore, you will need to assess whether the symptoms indicate that the person probably has an infectious disease.

There are several general principles to be followed when assessing symptoms:

- Assess whether the symptoms have a known cause that is not infectious. For example, if a child has chronic asthma, they may have a cough but not be infectious.
- Assess whether symptoms are new. Symptoms that have been present for a long time or that recur are likely to have a non-infectious cause.
- Assess symptoms together, rather than separately. For example, a child with a cough would not usually be excluded, but a child with a cough who also had a fever and runny nose should be excluded until the symptoms have resolved or until the sickness is diagnosed.
- Assess general wellness as well as specific symptoms. For example, a child with a cough who is unhappy and lacks energy is more likely to be sick than a child who has a cough but is happily playing (see Identifying severe sickness for lists of serious and concerning symptoms).

Follow these principles and the guidance in Table 4.1 to decide on exclusion periods for individual cases. Communicate clearly with parents and carers about exclusion periods and when the child can return to the service.

In all cases when a medical professional has diagnosed a specific condition, use the exclusion periods in Table 4.2.

People in the service who have been in contact with a person with symptoms do not need to be excluded. Contacts should only be excluded for specific conditions once the sickness is diagnosed (Table 4.2).

Table 4.1 Recommended minimum exclusion periods based on symptoms

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Symptom	Should the child or staff member go home as soon as the symptom appears	Exclusion of person who is sick
Diarrhoea and vomiting	Yes, go home as soon as possible	Exclude until there has not been any diarrhoea or vomiting for 24 hours If the diarrhoea and vomiting are confirmed to be due to norovirus, exclude for 48 hours Staff members with these symptoms should not handle food until they have not vomited or had diarrhoea for 48 hours (they can be assigned to other duties after 24 hours, or stay away from the service for 48 hours) Check if your state or territory has different requirements for gastroenteritis
Eye discharge (pus or severe wateriness)	Yes, go home as soon as possible	Exclude until discharge from the eyes has stopped (unless a doctor has diagnosed a non-infectious cause for the eye discharge)
Fever	Yes, go home as soon as possible	Exclude until the temperature is normal, unless the fever has a known non-infectious cause Fever on its own may not be cause for concern, but fever is usually combined with other symptoms If a doctor later diagnoses the cause of the child's fever, follow the exclusion guidance for that disease
Rash	No, stay at the service unless: • it develops rapidly • it is combined with fever or other concerning symptoms	Rash on its own may not be cause for concern, but rash can often be combined with other symptoms In cases of rapidly developing rash or when rash is combined with other concerning symptoms, exclude until the concerning symptoms have gone
Respiratory symptoms (cough, runny or blocked nose, sore throat)	No, stay at the service unless the symptoms are getting worse or are combined with concerning symptoms such as fever, rash, vomiting, severe tiredness or difficulty in breathing or speaking	Exclude based on symptoms; otherwise not excluded If a person has respiratory symptoms (cough, sneezing, runny or blocked nose, sore throat), exclude them if: • the respiratory symptoms are new and getting worse (more frequent or severe), **or** • they also have concerning symptoms (fever, rash, tiredness, pain, poor feeding) A person can often have an ongoing cough after they have recovered from a respiratory infection. If their other symptoms have gone and they are feeling well, they can return to the service

Scenario 4.3

Tommy, a child in the kinder room, has a runny nose and is not engaged with the morning lesson. He eats lunch and then says he is really tired and would like to have a nap. Tommy does not normally have a nap during the day. When he lies down for a nap, he starts coughing.

Points to consider:

- Tommy is not behaving like his usual self.
- Tommy is eating and drinking normally.
- Tommy has several respiratory symptoms including a runny nose and appears significantly more tired than usual.

You call Tommy's parents and get through to his mum, who says she can come to collect him in 20 minutes.

Points to discuss with Tommy's mum:

- His symptoms – runny nose and severe tiredness.
- Exclusion recommendations based on his symptoms.

When Tommy's mum arrives, you provide the Respiratory symptoms fact sheet and explain that he can return to the service after his concerning symptom (severe tiredness) has resolved.

Exclusion based on a diagnosed condition

If a medical practitioner has diagnosed a specific condition, use the exclusion periods for that condition (Table 4.2).

Contact your local public health unit for information and support if you have a disease outbreak, or a case of a notifiable or concerning disease.

Table 4.2 Recommended minimum exclusion periods for specific diagnosed conditions

Not excluded | Excluded in some cases | Excluded

Condition	Exclusion of person who is sick	Exclusion of contacts (people who have been in contact with the person who is sick, but who have no symptoms; if they have symptoms, they should follow the same guidance as the person who is sick)
Asthma	Not excluded	Not excluded
Bronchiolitis	Exclude based on symptoms; otherwise not excluded If a person has respiratory symptoms (cough, sneezing, runny or blocked nose, sore throat), exclude them if: • the respiratory symptoms are new and getting worse (more frequent or severe), **or** • they also have concerning symptoms (fever, rash, tiredness, pain, poor feeding) A person can often have an ongoing cough after they have recovered from a respiratory infection. If their other symptoms have gone and they are feeling well, they can return to the service	Not excluded
Bronchitis	Exclude based on symptoms; otherwise not excluded If a person has respiratory symptoms (cough, sneezing, runny or blocked nose, sore throat), exclude them if: • the respiratory symptoms are new and getting worse (more frequent or severe), **or** • they also have concerning symptoms (fever, rash, tiredness, pain, poor feeding) A person can often have an ongoing cough after they have recovered from a respiratory infection. If their other symptoms have gone and they are feeling well, they can return to the service	Not excluded

Campylobacter infection	Exclude until there has not been any diarrhoea or vomiting for 24 hours Staff members with these symptoms should not handle food until they have not vomited or had diarrhoea for 48 hours (they can be assigned to other duties after 24 hours, or stay away from the service for 48 hours) Check if your state or territory has different requirements for gastroenteritis	Not excluded
Chickenpox (varicella)	Exclude until all blisters have dried – this is usually at least 5 days after the rash first appeared in unvaccinated children, and less in vaccinated children	Not excluded Any child who is immunocompromised is at high risk of developing severe disease if exposed. Talk to the parents about the child's potential risk and exposure and follow the child's agreed action plan (see Plans for immunocompromised children)
Cold sores (*herpes simplex*)	Not excluded if the person can maintain hygiene practices to minimise the risk of transmission If the person cannot maintain these practices (for example, because they are too young), exclude until the sores are dry Cover sores with a dressing, if possible	Not excluded
Common cold	Exclude based on symptoms; otherwise not excluded If a person has respiratory symptoms (cough, sneezing, runny or blocked nose, sore throat), exclude them if: • the respiratory symptoms are new and getting worse (more frequent or severe), **or** • they also have concerning symptoms (fever, rash, tiredness, pain, poor feeding) A person can often have an ongoing cough after they have recovered from a respiratory infection. If their other symptoms have gone and they are feeling well, they can return to the service	Not excluded
Conjunctivitis	Exclude until discharge from the eyes has stopped (unless a doctor has diagnosed non-infectious conjunctivitis)	Not excluded

COVID-19	Refer to state or territory advice Exclude based on symptoms; otherwise not excluded If a person has respiratory symptoms (cough, sneezing, runny or blocked nose, sore throat), exclude them if: • the respiratory symptoms are new and getting worse (more frequent or severe), **or** • they also have concerning symptoms (fever, rash, tiredness, pain, poor feeding) A person can often have an ongoing cough after they have recovered from a respiratory infection. If their other symptoms have gone and they are feeling well, they can return to the service	Not excluded Refer to state or territory advice
Croup	Exclude based on symptoms; otherwise not excluded If a person has respiratory symptoms (cough, sneezing, runny or blocked nose, sore throat), exclude them if: • the respiratory symptoms are new and getting worse (more frequent or severe), **or** • they also have concerning symptoms (fever, rash, tiredness, pain, poor feeding) A person can often have an ongoing cough after they have recovered from a respiratory infection. If their other symptoms have gone and they are feeling well, they can return to the service	Not excluded
Cryptosporidiosis	Exclude until there has not been any diarrhoea or vomiting for 24 hours Staff members with these symptoms should not handle food until they have not vomited or had diarrhoea for 48 hours (they can be assigned to other duties after 24 hours, or stay away from the service for 48 hours) Check if your state or territory has different requirements for gastroenteritis	Not excluded
Cytomegalovirus (CMV) infection	Not excluded	Not excluded
Ear infection	Not excluded unless associated with other concerning symptoms	Not excluded

Fifth disease (slapped cheek syndrome, erythema infectiosum, human parvovirus B19)	Not excluded	Not excluded
Flu (influenza)	Exclude based on symptoms; otherwise not excluded If a person has respiratory symptoms (cough, sneezing, runny or blocked nose, sore throat), exclude them if: • the respiratory symptoms are new and getting worse (more frequent or severe), **or** • they also have concerning symptoms (fever, rash, tiredness, pain, poor feeding) A person can often have an ongoing cough after they have recovered from a respiratory infection. If their other symptoms have gone and they are feeling well, they can return to the service	Not excluded
Fungal infections of the skin or nails (ringworm, tinea, athlete's foot)	Exclude until the day after starting appropriate antifungal treatment	Not excluded
Giardia infection (giardiasis)	Exclude until there has not been any diarrhoea or vomiting for 24 hours Staff members with these symptoms should not handle food until they have not vomited or had diarrhoea for 48 hours (they can be assigned to other duties after 24 hours, or stay away from the service for 48 hours) Check if your state or territory has different requirements for gastroenteritis	Not excluded
Glandular fever (Epstein–Barr virus, infectious mononucleosis)	Not excluded	Not excluded
Hand, foot and mouth disease	Exclude until all blisters have dried	Not excluded
Head lice	Not excluded, as long as effective treatment begins before the next attendance at the service The child does not need to be sent home immediately if head lice are detected	Not excluded

Hepatitis A	Exclude until at least 7 days after jaundice starts, or if there is no jaundice, until 2 weeks after onset of other symptoms	Not excluded Talk to your public health unit for advice
Hepatitis B	Not excluded	Not excluded
Hepatitis C	Not excluded	Not excluded
Hepatitis E	Exclude until at least 7 days after jaundice starts, or if there is no jaundice, until 2 weeks after onset of other symptoms	Not excluded Talk to your public health unit for advice
Hib (*Haemophilus influenzae* type b)	Exclude until the person has received appropriate antibiotic treatment for at least 4 days	Not excluded Talk to your public health unit for advice
HIV (human immunodeficiency virus)	Not excluded	Not excluded
Human metapneumovirus	Exclude based on symptoms; otherwise not excluded If a person has respiratory symptoms (cough, sneezing, runny or blocked nose, sore throat), exclude them if: • the respiratory symptoms are new and getting worse (more frequent or severe), **or** • they also have concerning symptoms (fever, rash, tiredness, pain, poor feeding) A person can often have an ongoing cough after they have recovered from a respiratory infection. If their other symptoms have gone and they are feeling well, they can return to the service	Not excluded
Impetigo (school sores)	Exclude until appropriate antibiotic treatment has started Cover any sores on exposed skin with a watertight dressing	Not excluded
Measles	Exclude for 4 days after the rash appeared	Vaccinated and immune contacts are not excluded For unvaccinated contacts, talk to your public health unit for advice Exclude all immunocompromised children until 14 days after the rash appears in the last case at the service
Meningitis (viral)	Exclude until person is well	Not excluded

Meningococcal infection	Exclude until the person has completed appropriate antibiotic treatment	Not excluded Talk to your public health unit for advice about antibiotics and/or vaccination for people who were in the same room as the case
Molluscum contagiosum	Not excluded	Not excluded
Mosquito-borne diseases (Barmah Forest virus, Chikungunya virus, Dengue virus, Zika virus, Japanese encephalitis, malaria, Murray Valley encephalitis virus, Ross River virus, West Nile virus – including Kunjin virus)	Not excluded Talk to your public health unit for advice	Not excluded
Mumps	Exclude for 9 days or until swelling goes down (whichever is sooner)	Not excluded
Norovirus infection	Exclude until there has not been any diarrhoea or vomiting for 48 hours	Not excluded
Pneumococcal disease	Exclude until person has received antibiotic treatment for at least 24 hours and feels well	Not excluded
Pneumonia	Exclude based on symptoms; otherwise not excluded If a person has respiratory symptoms (cough, sneezing, runny or blocked nose, sore throat), exclude them if: • the respiratory symptoms are new and getting worse (more frequent or severe), **or** • they also have concerning symptoms (fever, rash, tiredness, pain, poor feeding) A person can often have an ongoing cough after they have recovered from a respiratory infection. If their other symptoms have gone and they are feeling well, they can return to the service	Not excluded
Roseola (exanthum subitum, sixth disease)	Not excluded	Not excluded

Rotavirus infection	Exclude until there has not been any diarrhoea or vomiting for 24 hours Staff members with these symptoms should not handle food until they have not vomited or had diarrhoea for 48 hours (they can be assigned to other duties after 24 hours, or stay away from the service for 48 hours) Check if your state or territory has different requirements for gastroenteritis	Not excluded
RSV (respiratory syncytial virus)	Exclude based on symptoms; otherwise not excluded If a person has respiratory symptoms (cough, sneezing, runny or blocked nose, sore throat), exclude them if: • the respiratory symptoms are new and getting worse (more frequent or severe), **or** • they also have concerning symptoms (fever, rash, tiredness, pain, poor feeding) A person can often have an ongoing cough after they have recovered from a respiratory infection. If their other symptoms have gone and they are feeling well, they can return to the service	Not excluded
Rubella (German measles)	Exclude until the person has fully recovered or for at least 4 days after the rash appears	Not excluded
Salmonella infection (salmonellosis)	Exclude until there has not been any diarrhoea or vomiting for 24 hours Staff members with these symptoms should not handle food until they have not vomited or had diarrhoea for 48 hours (they can be assigned to other duties after 24 hours, or stay away from the service for 48 hours) Check if your state or territory has different requirements for gastroenteritis	Not excluded
Scabies and other mites causing skin disease	Exclude until the day after starting appropriate treatment	Not excluded

Shigella infection (shigellosis)	Exclude until there has not been any diarrhoea or vomiting for 24 hours Staff members with these symptoms should not handle food until they have not vomited or had diarrhoea for 48 hours (they can be assigned to other duties after 24 hours, or stay away from the service for 48 hours) Check if your state or territory has different requirements for gastroenteritis	Not excluded
Shingles (zoster infection)	Exclude children until blisters have dried and crusted Adults who can cover the blisters are not excluded (they are excluded if blisters cannot be covered)	Talk to your public health unit for advice about pregnant women and anyone who is immunocompromised
Staph infection (*Staphylococcus aureus*)	Exclude until the person has received antibiotic treatment for at least 24 hours and feels well	Not excluded
Streptococcal sore throat	Exclude until the person has received antibiotic treatment for at least 24 hours and feels well	Not excluded
Thrush (candidiasis)	Not excluded	Not excluded
Toxoplasmosis	Not excluded	Not excluded
Trachoma (*Chlamydia trachomatis* eye infection)	Exclude until appropriate antibiotic treatment has started AND Talk to your local public health unit for advice	Talk to your public health unit for advice
Tuberculosis (TB)	Talk to your local public health unit for advice about exclusion	Talk to your public health unit for advice about screening, antibiotics and TB clinics
Typhoid and paratyphoid fever	Exclude until cleared by the local public health unit	Not excluded Talk to your public health unit for advice
Warts	Not excluded	Not excluded
Whooping cough (pertussis)	Exclude until 5 days after starting appropriate antibiotic treatment, or for 21 days from the onset of coughing if they don't receive antibiotics	Talk to your public health unit for advice about excluding unvaccinated contacts
Worms	Not excluded	Not excluded

1 Note that exclusion advice is consistent with the Communicable Diseases Network Australia Series of National Guidelines
2 (SoNGs), if available.

3

Returning to the service

Following all the steps to break the chain of infection at all times should minimise the chance of disease spreading, as long as sick people stay at home until they are better.

The exclusion periods in Tables 4.1 and 4.2 are the minimum exclusion periods. People may need to stay home for longer to be well enough to return to the education and care service. For some diseases, additional public health recommendations and exclusion periods may apply. Contact your local public health unit as indicated and follow their guidance.

For most conditions, once symptoms have gone, the person can return to the service.

If there are mild ongoing symptoms (for example, occasional cough after acute respiratory infection and fever have resolved) and the person otherwise feels well, the person can return to the service.

In some cases, the person may still be infectious once symptoms have gone (see Part 1 Understanding infection). For this reason, the person should pay close attention to hand and respiratory hygiene when they return to the service.

Use the information in *Staying healthy* to decide on your service's response to a sickness (for example, the required exclusion time).

Tell the parents or carer when the child can return to the education and care service. If it is an educator or other staff member who is sick, tell them when they can safely return to work.

If a sick child has been diagnosed and treated by a doctor, your service can still make the decision about when the child can return, based on your own criteria and judgement. Services are not required to follow letters from doctors stating that the child can return to care. Services should also not require 'clearance' from a doctor to allow the child back to the service.

Your local public health unit can also help you if you are in doubt about exclusion.

Involving parents and carers

Clear policies can help avoid conflict

When the child enrols, provide parents and carers with a copy of your service's policies on exclusion, hand and respiratory hygiene, immunisation and medication.

Encourage parents and carers to discuss these policies with you. The exclusion policy is the policy most likely to cause concern. Make sure parents understand why the service has an exclusion policy.

It is also important that parents and carers support the service's policies on hygiene and infection control. Ask parents to encourage their children to wash hands or use hand sanitiser when they arrive at your service, and when they leave.

Written policy

Parents and carers may find an exclusion ruling difficult because of work, study or other family commitments. Some parents and carers may put pressure on educators to vary the exclusion rules. This may lead to stress and conflict between parents and carers and educators.

The best way to avoid conflict is to have a written policy that clearly states the exclusion criteria. This includes:

- the minimum exclusion periods (Tables 4.1 and 4.2)
- a statement that additional public health recommendations and exclusion periods may apply for some diseases and outbreaks
- discussion of the principles that will be used to exclude someone based on symptoms (see Exclusion based on symptoms)
- any other conditions or exclusion periods that your education and care service may have.

Give a copy of the policy to all parents and carers, educators and other staff when they first join your service, and regularly remind them about the policy.

Plans for immunocompromised children

If a child who is immunocompromised attends your service, talk to the parents or carers about their needs. The parents or carers and the child's doctor can develop a written medical management plan that includes specific decisions in advance about whether the child should stay at home during disease outbreaks. The doctor may decide to modify the general exclusion recommendations (Tables 4.1 and 4.2) for an immunocompromised child.

Scenario 4.4

Millie, a child in the toddlers' room, has a confirmed case of measles. A public health nurse has contacted the education and care service, asking for the vaccination status of all staff and children who spent at least an hour in the same room as Millie.

One educator (John) is immunocompromised, and one child (Sebastian, 2 years old) who attended on the same day as Millie has not been vaccinated.

The public health nurse advises John to see his GP and receive immunoglobulin,[38] even if he is up to date with his vaccinations.

The nurse advises that Sebastian must be excluded for 14 days from his last contact with Millie. All other children in the room are up to date with their vaccinations, so the public health nurse does not recommend any other action.

You contact Sebastian's mum to come and pick him up. She is very upset and wants to know why Sebastian must be excluded – he is well, and she cannot take time off from her full-time job to stay home with him.

How do you respond?

Points to discuss with Sebastian's mum include:

- You are not singling out Sebastian. Measles can cause serious sickness in young children and Sebastian is at higher risk of being infected because he is not vaccinated.
- You are following best-practice public health advice.
- You understand the difficulties she faces by taking time off work.

[38] Department of Health and Aged Care (2021). Post-exposure prophylaxis needed within 72 hours of 1st exposure for people exposed to measles, in Immunisation Handbook, Australian Government, Canberra.

- By excluding Sebastian, you are protecting him. There may be other children who have measles but have not yet developed symptoms, and you want to prevent him from being exposed and getting sick.
- You are also protecting the other children in the education and care service. Sebastian may develop symptoms and spread the infection to children too young to be vaccinated or whose immune systems did not respond well to the vaccine.
- The education and care service has a policy on excluding unvaccinated children at times when vaccine-preventable diseases may be in the service.

4.4 Public health units

Public health units are run by departments of health in each state and territory. Public health staff play a critical role in protecting people from infectious diseases and preventing harm from hazards involving chemicals, poisons or radiation. Public health units conduct disease surveillance and control initiatives, including responding to disease outbreaks. They also make sure that public health laws are followed.

Public health unit support for education and care services

Public health units are valuable resources for education and care services. They can provide support and information about diseases that may occur in your service.

Public health staff can provide general advice and support about infectious diseases, infection control practices and public health issues. Contact your local public health unit with any questions.

Most importantly, public health staff can provide valuable advice, support and resources that can help manage cases or outbreaks of infectious diseases. Some of the important diseases that public health units can provide advice on and help to control are hepatitis A, Hib *(Haemophilus influenzae* type b), measles, meningococcal disease, tuberculosis, typhoid and paratyphoid infection, whooping cough and outbreaks of gastroenteritis.

If there is a case of one of these diseases in your service, staff from public health units can help to explain to educators and other staff:

- symptoms to watch out for and what to do if children or staff develop those symptoms
- how to control further spread of the infection (for example, vaccination, exclusion, environmental cleaning, and education such as written information for parents, carers and staff).

Additionally, some of these diseases can cause concern among parents and carers and sometimes interest from the media. If this occurs, your local public health unit can provide information and support.

Contacting your public health unit

Public health units are based in each region – larger states and territories have several units and the Australian Capital Territory (ACT) and Tasmania each have one unit.

If you want to talk to a public health unit, you will need to identify the unit for your region. Visit your state or territory health website to find contact details for your local unit:

- ACT — ACT Health Directorate – Health Protection Service
- New South Wales — NSW Health – Public Health Division
- Northern Territory — Northern Territory Department of Health – Centre for Disease Control
- Queensland — Queensland Health – Public health units
- South Australia — SA Health – Communicable Disease Control Branch
- Tasmania — Tasmanian Department of Health – Public and Environmental Health Service
- Victoria — Victorian Department of Health
- Western Australia — Western Australian Department of Health – Public health units.

4.5 Disease outbreaks

Disease outbreaks are when there is a sudden increase in the number of cases of a disease in a specific region or area. The definition of 'sudden increase' depends on the disease and how many cases normally occur in a population. For some rare diseases, a single case can be considered an outbreak.

An outbreak can occur within the education and care service, in the local area or more widely.

If a disease outbreak occurs within your service, you may need to be more stringent about exclusion periods and criteria. You may even need to close the service for a short time, to break the cycle of disease. You may need to make your cleaning practices more intense (a 'deep' clean) or more frequent.

Contact your local public health unit for further information and guidance if you suspect an outbreak or are experiencing an outbreak. Some states and territories require notification if you suspect an outbreak of gastroenteritis (see Notifiable diseases and reporting requirements).

If you are aware of outbreaks in your local area, contact your local public health unit for further information and guidance. If an outbreak is occurring, your public health unit will often provide local information and fact sheets about specific diseases.

4.6 Notifiable diseases

Education and care services may need to act if you have a case of a notifiable disease or a disease that causes community concern.

A notifiable disease is any disease that is required by law to be reported to government agencies. The reporting allows the authorities to monitor the disease and prevent its spread.

Your local public health unit may contact you if a notifiable disease occurs in your service. They will tell you if there is action you should take to help prevent further cases.

Each state and territory has a list of diseases that your local public health unit must be told about if they occur. Most notifiable diseases are the same across the country (see the National Notifiable Diseases Surveillance System), but some are only notifiable in a few jurisdictions.

In most cases, it is doctors and laboratory staff who are responsible for the reporting. However, education and childcare services must report some diseases in some states. Check Table 4.3 to find out the reporting requirements for your state or territory.

Table 4.3 Notifiable disease reporting requirements for education and care services in each state and territory

State or territory	Action required
Australian Capital Territory	Notify the Disease Surveillance Unit if you have 2 or more cases of gastroenteritis among children or staff in 24 hours
New South Wales	Notify your local public health unit if a child or staff member at your service has one of the following diseases or has come into contact with a person who has one of the following diseases: • diphtheria • gastroenteritis (if 2 or more people are affected and you suspect an outbreak) • Hib (*Haemophilus influenzae* type b) • measles • meningococcal disease • mumps • poliomyelitis • rubella (German measles) • tetanus • whooping cough (pertussis)
Northern Territory	Notify your local public health unit if a child or staff member at your service has one of the following diseases: • Campylobacter infection (if 2 or more people are affected) • diarrhoea (if 2 or more people are affected) • Hib (*Haemophilus influenzae* type b) • hepatitis A • measles • meningococcal disease • mumps • rubella (German measles) • tuberculosis (TB) • whooping cough (pertussis)
Queensland	Notify your local public health unit if you have 2 or more cases of gastroenteritis among children or staff
South Australia	No reporting requirements
Tasmania	Notify your local public health unit if you suspect an outbreak of gastroenteritis
Victoria	Notify your local public health unit if you suspect an outbreak of gastroenteritis
Western Australia	Notify your local public health unit if you suspect an outbreak of gastroenteritis

Glossary

This section provides definitions of terms used in the *Staying healthy* guidelines.

airborne droplets	Small droplets, often invisible to the naked eye, that are propelled from a person's mouth or nose when they cough, sneeze, talk or spit. These droplets can contain germs from the person's nose and throat; if another person breathes in the droplets, they can become infected. The droplets can also contaminate surfaces. Many diseases are spread in this way.
airborne transmission	The spread of a disease through airborne droplets.
air purifiers	Devices that remove contaminants from the air in a room to improve indoor air quality.
antibiotic	A substance that kills bacteria or slows their growth. Antibiotics may be prescribed to treat a bacterial infection; they are not effective against viruses.
antibodies	Proteins that protect the body against invading germs by helping the immune system to kill them. The body makes antibodies in response to an infection or a vaccine. Some antibodies can be injected to give immediate protection against diseases such as hepatitis A and B, measles and tetanus, but this protection is temporary.
augmented ventilation	The use of additional devices, such as air purifiers with HEPA (high-efficiency particulate air) filters, to clean the air in an indoor space.
bacteria	A type of germ that is not visible to the naked eye and consists of a single cell. Some bacteria can be beneficial to humans, some can cause disease and some can do both, depending on the circumstance.
body fluids	Fluids that come from inside the bodies of living people. These can include blood, vomit, urine, faeces, and mucus.
chain of infection	The process by which an infection spreads. The chain includes the following stages: 1. Source (where the germs live) 2. Spread (how the germs move to a new person) 3. New host (a person susceptible to the germs).
chemically compatible	Refers to hand hygiene and hand care products that work effectively when used together and reduce the risk of skin irritation and dermatitis. Ordering products from a single manufacturer can help to ensure chemical compatibility.

complication	Another disease or condition that develops, either directly or indirectly, as a result of an infection. For example, pneumonia is a common complication of measles; damage to an unborn baby is a complication of cytomegalovirus infection during pregnancy.
concerning symptoms	Fever, rash, tiredness, pain, poor feeding, poor urine output. Concerning symptoms may indicate serious illness.
contact	A person who has had the opportunity to catch a disease from someone while that person was infectious. The exact definition of a contact varies depending on how the disease spreads. Contact tracing involves identifying and monitoring these individuals to prevent further spread of the disease.
contagious	Able to be passed from one person to another.
cross-contamination	The transfer of harmful germs from one surface or food item to another, leading to the potential spread of disease. Prevent cross-contamination between raw and cooked foods by keeping them separate and using separate utensils and cutting boards.
deep clean	A thorough and comprehensive cleaning process that goes beyond routine cleaning practices. During a disease outbreak, education and care services may need to do a deep clean to break the chain of infection.
dermatitis	Any condition of the skin that involves inflammation (redness and swelling). Eczema is an example of dermatitis.
diarrhoea	An increase in the frequency, runniness or volume of faeces.
disease	Any condition that affects the body's normal functions. Diseases can be infectious or non-infectious. *See* infectious disease
disease outbreak	When the number of cases of a particular disease or illness in an area exceeds the usual or expected number. Outbreaks require immediate attention, investigation, and coordinated efforts to control the spread of the disease.
disease surveillance	The ongoing collection and analysis of data about diseases. Disease surveillance helps identify patterns, trends, and outbreaks, allowing for effective public health responses and preventive measures.
disinfectant	A chemical agent that kills germs outside the body (for example, on surfaces).
eczema	A type of allergy that causes dry, itchy and sensitive skin.

education and care service	Any service that provides, or is intended to provide, education and care on a regular basis for children up to school age. This includes day care, long day care, family day care, preschool and outside-school-hours care. It does not include full-time schools, special classes or services (for example, sport classes, dance classes, disability services, medical services), or personal arrangements.
educator	A person at the education and care service who works directly with children. *See* staff
emollient	A substance that soothes or softens the skin.
environmental cleaning	Removing dirt and germs from surfaces. The best way to do this is by rubbing or scrubbing the surface with warm water and detergent, followed by rinsing and drying.
exclusion	The temporary removal of a sick child or adult from an education and care service to prevent the spread of infectious diseases to others.
food handling	Preparing or cooking food for others.
fungus	A group of germs that includes yeasts, moulds and mushrooms. Some fungi can cause disease.
gastroenteritis	An inflammation of the stomach and intestines, often resulting in symptoms such as vomiting and diarrhea. Gastroenteritis is commonly caused by viral or bacterial infections and can be highly contagious.
germ	A microorganism (for example, bacteria, viruses, fungi, protozoa). Not all germs cause disease.
hand hygiene	Keeping your hands clean. This can be done using soap and water or an alcohol-based hand rub, and is one of the most effective ways to reduce the spread of germs.
hand sanitiser	A type of hand hygiene product that contains alcohol and can kill germs without using soap and water. Also known as alcohol-based hand rubs, antiseptic hand rubs or waterless hand cleaners.
hand washing	Refers to cleaning hands using soap and water, rather than using a hand sanitiser product.
hard surfaces	In the context of education and care services, hard surfaces are waterproof or impermeable to liquid (for example, tables, hard floors, taps, basins and so on).

herd immunity	The way that immunised people can protect non-immunised people in a community, because the more people who are immunised, the less chance a germ has to spread. *See* immune, immunisation.
immune	A person becomes immune as a result of immunisation against, or previous infection with, a particular germ. Immunity means that the next time the person is exposed to the germ, their body can quickly recognise and destroy the germ before the person has any symptoms. A person is immune to a disease if they have antibodies to the germ in their blood; this can be determined by a laboratory test.
immunisation	The process of making a person immune to a disease by giving them a vaccine. *See* immune, vaccine
immunocompromised	Refers to individuals with a weakened or compromised immune system, making them more susceptible to infections and less able to fight off germs effectively. Immunocompromised individuals may include those with certain medical conditions, undergoing medical treatments (for example, chemotherapy), or taking immunosuppressive medications.
incubation period	The time between a germ entering a person's body and the onset of the disease. Incubation periods can range from a few hours to several years, depending on the disease.
infection	The entry and multiplication of a germ in a human or animal. Infections may or may not cause disease—a person can be infected with a germ without it causing any damage to their body or any symptoms. *See* disease
infection control practices	Measures and protocols aimed at preventing the spread of infections within healthcare and educational settings. Infection control practices include hand hygiene, respiratory hygiene (covering coughs and sneezes), proper cleaning and disinfection procedures, and the use of personal protective equipment (PPE) when necessary.
infectious	(Of diseases), able to spread from one living thing to another.
infectious disease	Disease caused by a germ that can spread from one living thing to another. *See* disease
infectious period	The length of time a person who is infectious can spread the infection to others.

laundering	The process of washing and drying clothes or other fabric items, such as sheets, towels, and teatowels. Effective laundering involves washing with detergent in a machine on a hot setting (≥ 60 °C) and drying in sunlight or a tumble dryer on a hot setting (≥ 40 °C).
lethargy	A state of extreme tiredness or lack of energy where a child may appear drowsy, uninterested, or less active than usual.
medically vaccinated	When a person has received a vaccine that has been scientifically proven to be effective in preventing disease. *See* non-medically vaccinated, vaccine
meningitis	A serious illness that involves inflammation of the membrane that surrounds the brain and spinal cord.
mucous membrane	The thin lining of body passages and cavities such as the mouth, respiratory tract, genitourinary tract and eye. The glands in these linings produce mucus.
non-infectious	Refers to conditions or symptoms that are not caused by an infectious germ but have other underlying causes, such as chronic diseases or allergies.
non-medically vaccinated	When a person has received a treatment that is said to act as a vaccine but has not been scientifically proven to be effective (for example, homeopathic or naturopathic vaccination). *See* medically vaccinated, vaccine
notifiable disease	A disease that health professionals or pathology laboratories must report to government authorities. By collecting information about diseases, the government can monitor where a disease occurs and how many people have it – this can help with planning prevention strategies and provide early warning of outbreaks.
outbreak	A sudden increase in the number of people who have a particular disease.
parent	The person who has responsibility for the child – this could be a biological parent or legal guardian.
protozoan	A type of microscopic living thing that consists of one cell. They are often larger than bacteria and reproduce differently. Some protozoa, such as *Giardia* and *Toxoplasma*, are parasites that can cause disease.
public health unit	Part of a state or territory health department that investigates and provides advice on infectious diseases, including outbreak management, immunisation and other public health matters. Your local public health unit may be in your local area or in your capital city.

respiratory hygiene	This term refers to practices that help prevent the spread of diseases through the air, such as covering the mouth and nose with a tissue or your elbow when coughing or sneezing.
respiratory symptoms	Cough, runny or blocked nose, sore throat.
routine cleaning	Regular cleaning that reduces the number of harmful germs that survive on surfaces in the education and care service.
soiled	Dirty or unclean.
staff	Any person employed, appointed or engaged to work in, or as part of, an education and care service, whether as a family day care coordinator, an educator or otherwise. The term 'staff' includes the cook, administrator, gardener, housekeeper or cleaner. *See* educator
temperature danger zone	The temperature range between 5°C and 60°C in which bacteria can grow rapidly in food. To prevent foodborne illnesses, it is important to keep food either below 5 °C (for cold storage) or above 60 °C (for cooking and heating).
urine output	The amount of urine produced by an individual. Poor urine output refers to a person going to the toilet less often or not at all. It can indicate dehydration or other underlying health issues.
vaccine	A substance that contains live or dead germs, or parts or products of germs, that is given to a person to make their immune system respond. Once a person has received a vaccine, they are considered to be immunised. *See* immune, immunisation, medically vaccinated, non-medically vaccinated
vaccine-preventable diseases	Diseases for which effective vaccines exist. If a large portion of the population is vaccinated against these diseases, outbreaks can be prevented or controlled.
ventilation	The process of supplying a building or room continuously with fresh air, which helps prevent the spread of airborne diseases. This can be done through natural or mechanical means.
ventilation, mechanical	The use of mechanical systems, such as air conditioning or heating systems, to bring fresh air into an indoor space.
ventilation, natural	The process of supplying and removing air through an indoor space by natural means, such as through windows and doors.
virus	A type of germ, much smaller than bacteria, which can only multiply inside living cells. Some viruses can cause disease.

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