

Exclusion of sick children and staff

Excluding sick children and staff is one of the most important ways, together with good hygiene and immunisation, of limiting the spread of infection in the child care centre. The spread of certain infectious diseases can be reduced by excluding a person who is known to be infectious from contact with others who are at risk of catching the infection. Staff, as well as children, need to adhere to the centre's exclusion policy for infectious conditions (see page 5).

Immunisation

Child care staff may be exposed to diseases that are preventable by immunisation including hepatitis A, measles, mumps, rubella, varicella and pertussis. Staff that have not previously been infected with or immunised against these diseases are at risk of infection. All of these diseases can cause serious illness in adults. Some of these diseases, such as rubella and chickenpox, can cause serious damage to an unborn baby if a woman is infected during her pregnancy. Child care staff will normally be at minimal risk of hepatitis B. If advice on risk is needed, ask the local public health unit. Employers have an obligation to prevent or minimise the risk to childcare staff from exposure to diseases that are preventable by vaccination. Immunisation of staff is one effective way to manage the risk in childcare settings, as these diseases are usually infectious before the onset of symptoms.

The National Health and Medical Research Council (NHMRC) recommend that childcare staff should be immunised against:

- Hepatitis A.
- Measles-Mumps-Rubella (MMR).
Childcare staff born during or since 1966 who do not have vaccination records of two doses of MMR, or do not have antibodies for rubella, require vaccination.
- Varicella, if they have not previously been infected with chickenpox.
- Pertussis. An adult booster dose is especially important for those staff caring for the youngest children who are not fully vaccinated.
- Although the risk is low, staff who care for children with intellectual disabilities should seek advice about hepatitis B immunisation if the children are unimmunised.

Employers should:

- develop a staff immunisation policy; this would state the immunisation requirements for childcare staff at the centre;
- develop a staff immunisation record; this should document previous infection or immunisation for the relevant diseases (as listed above).
- provide staff with information about diseases that are preventable by immunisation, for example through in- service training and written material such as fact sheets; and
- take all reasonable steps to encourage non-immune staff to be vaccinated.

Hand washing

The principles of hand washing are detailed on page 3.

Pregnancy and infectious diseases

Child care staff who are pregnant need to be aware of how some infections can affect the unborn child. This is a good time for the centre to make sure that all workers are following good infection control practices.

Rubella (German measles)

Rubella is a vaccine-preventable disease. It is especially important for women of child bearing age to be protected against rubella. If a pregnant woman contracts rubella, her baby may be born deaf, blind or with heart and lung damage. If non-immune mothers catch rubella in the first 8-10 weeks of pregnancy, up to 90% of babies will have some rubella-associated problems. The risk decreases but continues until week 20 of pregnancy. Because rubella is difficult to diagnose, a past history of the disease is unreliable as a guide to immunity. A blood test will show whether or not you have had rubella. All child care staff born during or since 1966, either without vaccination records, or who have a negative blood test, should be vaccinated both for their own protection and to avoid the risk of transmitting rubella to pregnant colleagues.³⁶ (Rubella vaccine should not be given to a woman known to be pregnant, and pregnancy should be avoided for 28 days after vaccination.)

Cytomegalovirus (CMV)

CMV infection in early pregnancy may affect the unborn child. The infant may be unaffected, deaf or have multiple abnormalities. Whether the baby is affected depends on many factors. The two main factors are previous CMV infection and the stage of pregnancy. The risk is very low if the mother has had CMV infection before.

The risk of severe effects may be higher if the mother catches the disease in early pregnancy. People who have contact with young children and are exposed to children's urine and saliva are at risk of CMV infection.

Studies show that workers in child care centres are at a higher risk of contracting CMV than the general community, especially when caring for children younger than two years of age.

Child care staff may wish to have a blood test for CMV immunity before becoming pregnant. This would allow them to make an informed decision about work practices and to discuss these with their doctor.

Toxoplasmosis

Child care staff are not at greater risk of contracting toxoplasmosis than other people. Toxoplasma infection in pregnancy may lead to congenital abnormalities. There is no risk if the mother has had the disease before, but this is often unknown. Toxoplasmosis is acquired from contact with cat faeces (e.g. in soil or sandpits) or eating poorly cooked meat. If you are considering pregnancy, then a blood test will tell you if you have already had toxoplasmosis.

Parvovirus B19 (Erythema infectiosum, slapped cheek syndrome, fifth disease)

Parvovirus causes miscarriage or still-births in a small percentage of women infected during pregnancy. Malformations do not appear to occur in babies who survive this infection in the mother. The symptoms of this disease may include a 'slapped cheek' rash (red cheeks that look as though they have been slapped) or arthritis. If there is a case in the centre, or a pregnant woman develops these symptoms, she should consult with her medical practitioner.

Varicella (Chickenpox)

Most child care staff will probably have had chickenpox as a child and will be immune. A blood test will tell if a person is immune to *varicella*. If they are not immune, vaccination is recommended for child care staff. 38 (Chickenpox vaccine should not be given to a woman known to be pregnant, and pregnancy should be avoided for 28 days after vaccination.) Infection with chickenpox in the first three months of pregnancy may damage the unborn child. Pregnant women who are exposed to chickenpox at any stage of the pregnancy should see their doctor as soon as possible after exposure. The doctor may give varicella zoster immunoglobulin (VZIG) following varicella infection exposure if the pregnant woman does not have antibodies to varicella. VZIG must be given within 96 hours of exposure. VZIG is an injection of antibodies against chickenpox.