

Tocumwal Pre-School

SECTION: 2 – Children’s Health and Safety

POLICY NO: 2.5.7

POLICY: Infectious Diseases during pregnancy

REVIEW DATE: 13/9/2016

DATE OF APPROVAL:

Introduction

Educators and other staff who are pregnant need to be aware of how some infections can affect their unborn child. Diseases such as Cytomegalovirus (CMV), Hand, foot and mouth disease, Human parvovirus B19 (erythema infectiosum, fifth disease), Rubella (German measles), Toxoplasmosis and Varicella (chickenpox) can be transmitted to an unborn child. If a staff member is pregnant, it is even more important than usual for the centre to make sure that all staff are following good infection control practices.

Goals – What are we going to do?

The service benefits from talking to public health units about notifiable diseases because public health staff may be able to explain to educators and other staff:

- the consequences of an infection to those working in education and care services
- how to control further spread of the infection appropriate infection control measures (e.g. vaccination, exclusion, education, environmental cleaning).

The Centre follows all recommended guidelines from relevant authorities regarding the prevention of infectious diseases and provides all staff with information on immunisation, vaccines and recognised exclusion periods defined by the National Health and Medical Research Council.

National Quality Framework Standard 7.3 Administrative systems enable the effective management of a quality service

- 7.3.1 Records and information are stored appropriately to ensure confidentiality, are available from the service and are maintained in accordance with legislative requirements.
- 7.3.2 Administrative systems are established and maintained to ensure the effective operation of the service
- 7.3.5 Service practices are based on effectively documented policies and procedures that are available at the service and reviewed regularly

Strategies – How will it be done?

The Nominated Supervisor will:

- Provide relevant sourced materials to staff in their orientation handbooks when they commence at the Centre about the recommended immunisations for people working with children as per the Immunisation Handbook – 10th Edition (2013);
- Provide fact sheets regarding particular risks for pregnant staff of exposure to some infectious diseases.
- Recommend to female centre staff that they seek advice from their local doctor about immunisation needs before planning pregnancy.
- Encourage pregnant women to consider strategies to reduce their risk of infection, including regularly performing effective hand hygiene, and ensuring immunity to vaccine-preventable diseases either through recommended immunisations schedule, booster injections or blood tests to confirm status.
- Advise non-immune Educators that they should consult their doctor to determine if it is appropriate for them not to attend work during the outbreak of an infectious disease and discuss any issues relating to their immunisation or other medical management.

Educators will:

- Comply with the requirements in policy 4.4.1 Staff Immunisation
- Maintain their own immunisation status, and advise Nominated Supervisor of any updates to their immunisation status;
- Implement appropriate health and safety procedures, when tending to ill children
- Take active steps to reduce risk of specific infectious diseases that can have adverse impacts on pregnancy
- Seek advice from their doctor about vaccinations. Some vaccinations are not recommended during pregnancy, or if a person has a disease or is undergoing treatment that affects their immune system.

Specific diseases for which there is evidence for increased risk of exposure in child care and can have an adverse effect on pregnancy are:

Cytomegalovirus (CMV)

CMV infections can cause serious birth defects. The highest risk to the unborn child is during the first half of the pregnancy. CMV infection occurs in 1% or less of pregnancies and, of these cases, less than 10% of infants are likely to have severe illness. CMV can spread through infected urine and saliva. Women of childbearing age working with young children should pay particular attention to good hand hygiene after contact with body secretions, especially after changing nappies or assisting in toilet care.

Hand, foot and mouth disease

Hand, foot and mouth disease is rare in adults. It is not a serious illness; infection with the virus that causes it often produces mild symptoms or no symptoms at all. The risk associated with this disease during pregnancy is low; however, in extremely rare cases, it can cause miscarriage. If the mother becomes infected shortly before giving birth, she can pass the infection on to the baby. Most infants born with hand, foot and mouth disease have mild symptoms, but complications in very rare cases can affect the infant's organs. Pregnant women should consider strategies to reduce their risk of infection, including regularly performing effective hand hygiene.

Human parvovirus B19 (erythema infectiosum, fifth disease)

Infection with human parvovirus B19 generally causes a mild illness. However, if a pregnant woman is infected, the virus may be transmitted to her unborn baby.

In less than 5% of these cases, the virus may cause severe anaemia (low red blood cell count) in the baby, resulting in miscarriage. The risk of miscarriage is highest if the mother is infected during the first half of pregnancy. Infants who survive if the mother is infected do not have birth defects. Pregnant women should consider strategies to reduce their risk of infection, including regularly performing effective hand hygiene.

Listeriosis

Listeriosis is caused by bacteria (*Listeria monocytogenes*) and can be spread through foods such as soft cheeses and pre-cooked meat products (e.g. pâté and deli meats), along with many other types of food. It can cause a range of symptoms; if a pregnant woman is infected, it can cause miscarriage, stillbirth

or premature birth. Infants born to infected mothers can also suffer a range of complications. Pregnant women can reduce their risk of exposure to *Listeria* by avoiding raw or partially cooked foods, and ensuring that raw fruit and vegetables have been washed in clean water.

Rubella (German measles)

Rubella is a vaccine-preventable disease that usually causes mild illness in children. However, if expectant mothers are infected during the first 20 weeks of pregnancy, their infants may have severe birth defects. This risk is highest in early pregnancy. If non-immune mothers catch rubella in the first 10 weeks of pregnancy, their baby will have up to a 90% chance of having rubella-associated problems. Defects are rare if the mother is infected with rubella after the first 20 weeks of pregnancy. Anyone who works with children should be immunised against rubella, or be certain that they are immune to rubella by having a blood test.

Toxoplasmosis

Toxoplasmosis is a disease caused by a parasite. The disease can result in birth defects. If the mother becomes infected during pregnancy, the parasite can pass through the placenta to the developing baby. There is no risk to the baby if the mother has had the disease before pregnancy—a blood test will show if the mother is immune. If the mother is not immune, consider strategies to minimise the risk of infection, including regularly performing effective hand hygiene, washing and peeling fruit and vegetables before eating, and wearing gloves when gardening. Toxoplasmosis can be spread by mammals (especially cats) and birds; non-immune mothers should avoid contact with cats whose feeding history is unknown, and they should not clean cats' litter trays. Educators and other staff have the same risk of contracting toxoplasmosis as other people

Varicella (chickenpox)

Infection with varicella in the first 3 months of pregnancy may damage the unborn child. Pregnant women who are exposed to varicella at any stage of the pregnancy should seek medical advice within 48 hours. If the woman does not already have antibodies against the virus, the medical professional will give an injection of antibodies (known as varicella zoster immunoglobulin, or VZIG). Most people have had varicella as a child and will not get it again. Anyone who works with children and has not previously been infected with varicella should

be immunised, or be certain that they are immune to varicella by having a blood test. Varicella is a vaccine-preventable disease; however, varicella vaccination is not recommended during pregnancy, and pregnancy should be avoided for 1 month after having a varicella vaccination.

Statutory Legislation & Considerations

- National Quality Standard for Early Childhood Education and Care and School Age Care, Council of Australian Governments December 2011
- Education and Care Services National Amended Regulations 2014, Regulations 78-80, 85, 168(2)(b)
- Public Health Act, 1991

Sources

- NSW Department of Health - www.health.nsw.gov.au
- Staying Healthy Preventing Infectious Diseases in Early Childhood Education and Care Services, NHMRC, 5th Edition, 2012