

BEACONSFIELD KINDERGARTEN INC.

DEALING WITH INFECTIOUS DISEASES POLICY

Mandatory – Quality Area 2

PURPOSE

This policy will provide clear guidelines and procedures to follow when:

- a child attending Beaconsfield Kindergarten shows symptoms of an infectious disease
- a child at Beaconsfield Kindergarten has been diagnosed with an infectious disease
- managing and minimising the spread of infectious diseases, illnesses and infestations (including head lice)
- managing and minimising infections relating to blood-borne viruses
- managing and minimising infections relating to epidemics (refer to *Definitions*) and pandemics (refer to *Definitions*) (e.g. coronavirus (COVID-19)).

Note: This policy includes information on child immunisation.

POLICY STATEMENT

Values

Beaconsfield Kindergarten Inc. is committed to:

- providing a safe and healthy environment for all children, staff and any other persons attending the service
- responding to the needs of the child or adult who presents with symptoms of an infectious disease or infestation while attending the service
- adhering to evidence-based practice, infection prevention and control procedures
- preventing the spread of infectious and vaccine-preventable diseases
- complying with current exclusion schedules and guidelines set by the Department of Health (DH)
- complying with the advice of the Australian Health Protection Principal Committee (AHPPC), Victorian Chief Health Officer and DH
- providing up-to-date information and resources for families and staff regarding protection of all children from infectious diseases and blood-borne viruses, management of infestations and immunisation programs.

Beaconsfield Kindergarten supports the Immunise Australia Program and National Immunisation Program (NIP), which is currently recommended by the National Health and Medical Research Council (NHMRC) and supported by the Commonwealth Government. All early childhood teachers, educators and staff at Beaconsfield Kindergarten are committed to preventing the spread of infectious diseases through simple hygiene practices such as hand washing, effective cleaning procedures, assessing acceptable immunisation documentation and complying with recommended exclusion guidelines and timeframes for children, early childhood teachers, educators and staff.

Scope

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisors, Persons in day-to-day Charge, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Beaconsfield Kindergarten Inc., including during offsite excursions and activities.

RESPONSIBILITIES

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/guardians	Contractors, volunteers and students
R indicates legislation requirement, and should not be deleted					
Ensuring standard precaution practices (<i>refer to Definitions</i>) are carried out every day to minimise and, where possible, eliminate the risk of transmission of infection	R	√	√	√	√
Ensuring that where there is an occurrence of an infectious disease at the service, reasonable steps are taken to prevent the spread of that infectious disease (<i>Regulation 88(1)</i>)	R	√	√	√	√
Ensuring that where there is an occurrence of an infectious disease at the service, a parent/guardian or authorised emergency contact of each child at the service is notified of the occurrence as soon as is practicable (<i>Regulation 88(2)</i>)	R	√	√		
Ensuring that information from the DH about the minimum exclusion periods (<i>refer to Definitions</i>) is displayed at the service and is available to all stakeholders	R	√	√		
Ensuring that a child is excluded from the service in accordance with the minimum exclusion periods (<i>refer to Definitions</i>) when informed that the child is infected with an infectious disease (<i>refer to Definitions</i>) or has been in contact with a person who is infected with an infectious disease (<i>refer to Definitions</i>) as required under <i>Regulation 111(1) of the Public Health and Wellbeing Regulations 2019</i>	R	√	√	√	√
Contacting the Communicable Disease Section, DH (<i>refer to Definitions</i>) if there is an outbreak of two or more cases of gastrointestinal illness in a 48-hour period (<i>refer to Sources</i>)	R	√			
Ensuring obligations under No Jab No Play legislation (<i>Public Health and Wellbeing Act 2008</i>), including to request, assess and manage immunisation documentation, are met, and assisting parents/carers and families who may face difficulties in meeting the requirements (<i>refer to Enrolment and Orientation Policy</i>)	R	√	√		
Providing accurate, current and acceptable immunisation documentation of their child/ren when they enrol, and informing the service of any subsequent changes to this while they are enrolled at the service				R	
Ensuring, when directed by the Chief Health Officer, that a child who is at material risk of contracting a vaccine-preventable disease is excluded until the Chief Health Officer directs that attendance can be resumed (<i>Regulation 111(2)(4) of the Public Health and Wellbeing Regulations 2019</i>)	R	√	√	√	

Ensuring that a minimum of one educator with current approved first aid qualifications is in attendance and immediately available at all times the service is in operation (<i>refer to Administration of First Aid Policy</i>).					
As a demonstration of duty of care and evidence-based practice, Beaconsfield Kindergarten requires that all staff have current approved first aid qualifications and anaphylaxis management training and asthma management training.	R	√	√		
Notifying DE within 24 hours of a serious incident (<i>refer to Definitions</i>) via the NQAITS	R	√			
Conducting a thorough inspection of the service on a regular basis, and consulting with staff to assess any risks by identifying the hazards and potential sources of infection	R	√	√		√
Establishing and complying with good hygiene and infection prevention and control procedures (<i>refer to Hygiene Policy</i>) (<i>refer to Attachment 3</i>)	R	√	√	√	√
Observing for signs and symptoms of an infectious disease in children, and taking appropriate measures to minimise cross-infection and inform management		√	√	√	√
Providing appropriate and current information and resources to all stakeholders regarding the identification and management of infectious diseases, blood-borne viruses and infestations	√	√	√		√
Keeping informed of current legislation, information, research and evidence-based practice	√	√	√	√	√
Complying with the <i>Hygiene Policy</i> of the service and the procedures for infection prevention and control relating to blood-borne viruses (<i>refer to Attachment 3</i>)	R	√	√	√	√
Communicating changes to the exclusion table or immunisation laws to all stakeholders in a timely manner	R	√	√		√
Complying with the advice of the Australian Health Protection Principal Committee (AHPPC), Victorian Chief Health Officer and DH in an epidemic or pandemic event (<i>refer to Attachment 5</i>).	R	√	√	√	√
Notifying everyone at the service of any outbreak of infectious disease at the service including information about the nature of the illness, incubation and infectious periods, and the service's exclusion requirements for the illness, and displaying this information in a prominent position	R	√	√		
Advising parents/guardians on enrolment that the minimum exclusion periods will be observed in regard to the outbreak of any infectious diseases or infestations (<i>refer to: www2.health.vic.gov.au/public-health/infectious-diseases/school-exclusion/school-exclusion-table</i>).	R	√	√		
Providing information to staff and families about child and adult immunisation recommendations (<i>refer to Attachment 6</i>)	√	√			
Advising the parents/guardians of a child who is not fully immunised on enrolment and/or is undertaking the 16 weeks grace period that they will be required to keep their child at home when a vaccine-preventable disease is diagnosed at the service, and until there are	R	√	√		

no more occurrences of that disease and the exclusion period has ceased					
Ensuring that parents/guardians understand that they must inform the service as soon as practicable if the child is infected with an infectious disease or infestation, or has been in contact with a person infected with a condition for which the exclusion of contacts is specified (<i>Regulation 110, Public Health and Wellbeing Regulations 2019</i>)	R	R	R	R	
Providing information and resources to parents/guardians to assist in the identification and management of infectious diseases and infestations	√	√	√		
Regularly checking their child's hair for head lice or lice eggs, regularly inspecting all household members, and treating any infestations as necessary				√	
Notifying the service if head lice or lice eggs have been found in their child's hair and when treatment was commenced				√	
Providing a head lice action form (<i>refer to Attachment 1</i>) to the parents/guardians of a child suspected of having head lice	R	√	√		
Advising all parents/guardians when an infestation of head lice has been detected at the service (<i>refer to Attachment 2</i>)	R	√	√		
Maintaining confidentiality at all times (<i>refer to Privacy and Confidentiality Policy</i>)	R	R	R	√	√
Keeping their child/ren at home if they are unwell or have an excludable infectious disease or infestation (<i>refer to Definitions</i>)				√	
Informing service management as soon as practicable if their child has an infectious disease or infestation (<i>refer to Definitions</i>) or has been in contact with a person who has an infectious disease (<i>Regulation 110 of the Public Health and Wellbeing Regulations 2019</i>)					R
Complying with the minimum exclusion periods (<i>refer to Definitions</i>) or as directed by the approved provider or nominated supervisor after the Chief Health Officer directed them to exclude a child enrolled whom the Chief Health Officer has determined to be at material risk of contracting a vaccine-preventable disease (<i>Regulation 111(2) of the Public Health and Wellbeing Regulations 2019</i>)					R

BACKGROUND AND LEGISLATION

Background

Infectious diseases such as chicken pox, the common cold, measles and mumps are common in children, and adults may also be susceptible.

Children are at a greater risk of exposure to infections in a children's service than at home due to the amount of time spent with a large number of other children.

The DH publishes the *Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts* to assist in protecting the public by preventing, or containing, outbreaks of infectious conditions common in schools and other children's services and is regulated by the *Public Health and Wellbeing Regulations 2019*.

During an epidemic or pandemic, further instruction and guidance may be issued by the DH and the Australian Health Protection Principal Committee (AHPPC).

An approved service must take reasonable steps to prevent the spread of infectious diseases at the service, and ensure that the parent/guardian, authorised nominee or emergency contact of each child enrolled at the service is notified of the occurrence of an infectious disease as soon as possible. The service must have policies and procedures in place for dealing with infectious diseases (Regulation 88). The service has a duty of care to ensure that everyone attending the service is provided with a high level of protection during all hours that the service is in operation. Protection can include:

- notifying (as soon as practicable) children, families and educators/staff when an excludable illness/disease is detected at the service
- complying with relevant health department exclusion guidelines
- increasing educator/staff awareness of cross-infection through physical and close contact with others.

The Victorian Government offers an immunisation program for children to assist in preventing the spread of infectious diseases. There is also the Immunise Australia Program and National Immunisation Program (NIP), which is currently recommended by the National Health and Medical Research Council (NHMRC) and supported by the Commonwealth Government.

Early childhood education and care services that are regulated under the *Education and Care Services National Law Act 2010* have obligations under No Jab No Play legislation (*Public Health and Wellbeing Act 2008*), including to request, assess and manage immunisation documentation and to assist parents/carers and families who may face difficulties in meeting the requirements (refer to *Enrolment and Orientation Policy*).

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*
- *Family Assistance Legislation Amendment (Jobs for Families Child Care Package) Act 2017* (Cth)
- *Health Records Act 2001* (Vic)
- *National Quality Standard, Quality Area 2 and 6*
- *Occupational Health and Safety Act 2004* (Vic)
- *Privacy Act 1988* (Cth)
- *Privacy and Data Protection Act 2014* (Vic)
- *Public Health and Wellbeing Act 2008* (Vic)
- *Public Health & Wellbeing Amendment (No Jab No Play) Act 2015* (Vic)
- *Public Health and Wellbeing Regulations 2019*

DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Blood-borne virus (BBV): A virus that is spread when blood from an infected person enters another person's bloodstream. Examples include human immunodeficiency virus (HIV), hepatitis B, hepatitis C and viral haemorrhagic fevers. Where basic hygiene, safety, infection control and first aid procedures are followed, the risks of contracting a blood-borne virus are negligible.

Communicable Disease Section: Responsibility for communication and advice in relation to infectious diseases on behalf of the Secretary of the Victorian Department of Health.

Epidemic: An outbreak of a contagious disease that spreads rapidly and extensively, and affects many individuals simultaneously in an area or population.

Exclusion: Inability to attend or participate in the program at the service.

Illness: Any sickness and/or associated symptoms that affects the child's normal participation in the program at the service.

Immunisation status: The extent to which a child has been immunised in relation to the recommended immunisation schedule.

Infection: The invasion and multiplication of micro-organisms in bodily tissue.

Infestation: The lodgement, development and reproduction of arthropods (such as head lice), either on the surface of the body of humans or animals, or in clothing.

Infectious disease: An infectious disease designated by the Communicable Disease Section (refer to *Definitions*), Victorian Department of Health (DH) as well as those listed in Schedule 7 of the *Public Health and Wellbeing Regulations 2019*, the Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts.

Medication: Any substance, as defined in the *Therapeutic Goods Act 1989* (Cth), that is administered for the treatment of an illness or medical condition.

Minimum exclusion period: The minimum period for excluding any person from attending a children's service to prevent the spread of infectious diseases as specified in Schedule 7: Minimum Period of Exclusion from Primary Schools and Children's Services for Infectious Diseases Cases and Contacts of the *Public Health and Wellbeing Regulations 2019*. An infringement penalty for failure to exclude a child with, or exposed to, a specified infectious disease applies (applicable to a person in charge). The exclusion period table, published by the DH, can be accessed at <https://www2.health.vic.gov.au/public-health/infectious-diseases/school-exclusion/school-exclusion-table>.

Pandemic: An epidemic (refer to *Definitions*) occurring worldwide, or over a wide geographic area and affecting a large proportion of the population.

Pediculosis: Infestation of head lice that is transmitted by having head-to-head contact with another person who has head lice. Pediculosis does not contribute to the spread of any infectious diseases, and outbreaks of this condition are common in schools and childcare facilities.

Serious incident: A serious incident (regulation 12) is defined as any of the following:

- the death of a child while being educated and cared for at the service or following an incident at the service
- any incident involving serious injury or trauma while the child is being educated and cared for, which
 - a reasonable person would consider required urgent medical attention from a registered medical practitioner; or
 - the child attended or ought reasonably to have attended a hospital e.g. a broken limb*
- any incident involving serious illness of a child while that child is being educated and cared for by a service for which the child attended, or ought reasonably to have attended, a hospital e.g. severe asthma attack, seizure or anaphylaxis*.
 - *NOTE: In some cases (for example rural and remote locations) a General Practitioner conducts consultation from the hospital site. Only treatment related to serious injury or illness or trauma are required to be notified, not other health matters.

- any emergency for which emergency services attended. NOTE: This means an incident, situation or event where there is an imminent or severe risk to the health, safety or wellbeing of a person/s at an education and care service. It does not mean an incident where emergency services attended as a precaution.
- a child appears to be missing or cannot be accounted for at the service
- a child appears to have been taken or removed from the service in a manner that contravenes the National Regulations
- a child was mistakenly locked in or out of the service premises or any part of the premises.

Examples of serious incidents include amputation (e.g. removal of fingers), anaphylactic reaction requiring hospitalisation, asthma requiring hospitalisation, broken bone/fractures, bronchiolitis, burns, diarrhoea requiring hospitalisation, epileptic seizures, head injuries, measles, meningococcal infection, sexual assault, witnessing violence or a frightening event.

If the approved provider is not aware that the incident was serious until sometime after the incident, they must notify the regulatory authority within 24 hours of becoming aware that the incident was serious.

Notifications of serious incidents should be made through the NQT IT System portal (<http://www.acecqa.gov.au>). If this is not practicable, the notification can be made initially in whatever way is best in the circumstances.

NOTE: some of serious incidents above are also reportable incidents under the *Occupational Health and Safety Act 2004* and require notification to WorkSafe.

Standard precautions: work practices that achieve a basic level of infection prevention and control. Using standard precautions aims to minimise and, where possible, eliminate the risk of transmission of infection, particularly those caused by blood-borne viruses. Standard precautions include but are not limited to: hand hygiene, cleaning equipment and the environment, respiratory hygiene and cough etiquette and appropriate use of PPE.

SOURCES AND RELATED POLICIES

Sources

- Communicable Disease Section, Victorian Department of Health & Human Services (2019), *A guide to the management and control of gastroenteritis outbreaks in children's centres*. Victorian Government, Melbourne: <https://www2.health.vic.gov.au/about/publications/researchandreports/A-guide-to-the-management-and-control-of-gastroenteritis-outbreaks-in-childrens-centres>
- Department of Health, Victoria (2012) *Head lice management guidelines*: <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Head-lice-management-guidelines>
- *Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011* (2017), ACECQA: <https://www.acecqa.gov.au/sites/default/files/2018-01/NQF-Resource-02-Guide-to-ECS-Law-Regs.pdf>
- *Guide to the National Quality Framework* (2023), ACECQA: <https://www.acecqa.gov.au/sites/default/files/2023-03/Guide-to-the-NQF-March-2023.pdf>
- *Immunisation Enrolment Toolkit for early childhood services*: <https://www2.health.vic.gov.au/public-health/immunisation/vaccination-children/no-jab-no-play/immunisation-enrolment-toolkit>
- Information about immunisations, including immunisation schedule, DH: <https://www.health.gov.au/health-topics/immunisation/when-to-get-vaccinated/national-immunisation-program-schedule>
- Increase in gastroenteritis outbreaks in childcare: <https://www2.health.vic.gov.au/about/news-and-events/healthalerts/gastro-outbreaks-childcare>
- National Health and Medical Research Council (2013) *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th edition): <https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services>
- National Immunisation Program, Department of Health, Australian Government: <https://www.health.gov.au/initiatives-and-programs/national-immunisation-program>

- Statements Section for statements on health emergencies, AHPPC. Available at: <https://www.health.gov.au/committees-and-groups/australian-health-protection-principal-committee-ahppc>
- Victorian Department of Health & Human Services. *Disease information and advice*. Available at: <https://www2.health.vic.gov.au/public-health/infectious-diseases/disease-information-advice>
- WorkSafe, Victoria (2008) *Compliance code: First aid in the workplace*: <https://www.worksafe.vic.gov.au/resources/compliance-code-first-aid-workplace>

Service policies

- *Administration of First Aid Policy*
- *Administration of Medication Policy*
- *Child Safe Environment Policy*
- *Dealing with Medical Conditions Policy*
- *Enrolment and Orientation Policy*
- *Hygiene Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Inclusion and Equity Policy*
- *Occupational Health and Safety Policy*
- *Privacy and Confidentiality Policy*

EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider will:

- regularly seek feedback from educators, staff, parents/guardians, children, management and all affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- ensure that all information related to infectious diseases on display and supplied to parents/guardians is current
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (*Regulation 172(2)*).

ATTACHMENTS

- Attachment 1: Head lice action form
 - Attachment 2: Head lice notification letter
 - Attachment 3: Procedures for infection control relating to blood-borne viruses
 - Attachment 4: Minimum period of exclusion from primary schools and children's services for infectious diseases cases and contacts
 - Attachment 5: Actions for early childhood and care services in an epidemic or pandemic event
 - Attachment 6: Child and Adult Immunisation Recommendation
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AUTHORISATION

This policy was adopted by the Approved Provider of Beaconsfield Kindergarten Inc. on 17th March, 2014.

REVIEW DATE: 4/9/2023

REVIEW FREQUENCY: 2 years

NEXT REVIEW DUE: September 2025

ATTACHMENT 1
Head lice action form



Dear parents/guardians,

We have detected head lice or lice eggs on your child and it is very important for you to treat your child as soon as possible, using safe treatment practices. Please read the attached pamphlet *Treating and controlling head lice* from the Department of Health (DH). This contains guidelines regarding detecting and treating head lice and lice eggs.

Please note that while head lice do not spread disease, they are included in the *Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts* published by the DH which defines the minimum period of exclusion from a children's service for children with infectious diseases. According to this table, where a child has head lice, that child must be excluded until the day after appropriate treatment has commenced.

Please keep your child at home until appropriate treatment has commenced and use the form provided below to notify Beaconsfield Kindergarten, when your child returns to the service, of the action taken by you to treat the head lice/eggs.

Head lice treatment – action taken

Parent/guardian response form

To Beaconsfield Kindergarten

CONFIDENTIAL

Child's name: _____ Group: _____

I understand that my child must not attend the service with untreated head lice or lice eggs.

I have used the following recommended treatment for head lice or lice eggs for my child:

Treatment commenced on: _____

Signature of parent/guardian: _____ Date: _____

ATTACHMENT 2

Head lice notification letter



Dear parents/guardians,

It has come to our attention that head lice or lice eggs have been detected in your child's group at Beaconsfield Kindergarten and we seek your co-operation in checking your child's hair regularly throughout this week ~ _____.

Head lice are common in children and are transmitted by having head-to-head contact with someone who has head lice, but they do not transmit infectious diseases.

What can you do?

We seek your co-operation in checking your child's hair and, in instances where head lice or lice eggs are found, treating your child's hair.

We also ask that you ensure your child does not attend the service until the day after appropriate treatment has occurred in line with the Department of Health (DH) minimum period of exclusion required for head lice.

How do I treat my child for head lice?

Please read the attached pamphlet *Treating and controlling head lice* from the DHHS. This contains guidelines regarding detecting and treating head lice and lice eggs. Additional information is also available by contacting the service.

Who do I contact if my child has head lice?

If head lice or lice eggs are found in your child's hair, you must inform:

- the service, and use the attached form to advise when treatment has commenced
- parents/guardians and carers of your child's friends so that they can also check these children for head lice or lice eggs and commence treatment if necessary.

When can my child return to the service?

DH regulations require that where a child has head lice, that child must be excluded until the day after appropriate treatment has commenced.

Beaconsfield Kindergarten is aware that head lice can be a sensitive issue and is committed to maintaining your confidentiality.

Kind regards,

ATTACHMENT 3

Procedures for infection prevention and control relating to blood-borne viruses and body fluids

The use of standard precaution practice (*refer to Definitions*) is the best way to prevent transmission of blood borne viruses and body fluids.

The procedures are based on information available from the Department of Education, the Victorian Government's Better Health Channel and the National Health and Medical Research Council.

Important note on blood spills

A person responding to an incident involving blood at the service must first cover any cuts, sores or abrasions on their own hands and arms with waterproof dressings.

MANAGING EXPOSURES TO BLOOD AND/OR BODY FLUIDS

Exposures include sharps injuries (including needlestick) and splashes into or onto mucous membranes (such as eyes, nose, mouth) or non-intact skin (cuts, sores or abrasions).

- Remove contaminated clothing (if applicable) and thoroughly wash exposed area with soap and water.
- Affected mucous membranes should be flushed with large amounts of water.
- Eyes should be flushed gently (no soap).
- The exposed person must report any occupational exposures immediately.
- Seek medical attention for an assessment of the risk of infection and appropriate treatment.

PROVIDING FIRST AID FOR CHILDREN WHO ARE BLEEDING

Equipment (label clearly and keep in an easily accessible location)

- Disposable gloves
- Disposable plastic bags/zip lock bags/bio hazard container (if available)
- Waterproof dressings
- Disposable towels
- Detergent/bleach
- Access to warm water

Procedure

1. Before treating the child, you must cover any cuts, sores or abrasions on your hands and arms with waterproof dressings.
2. Put on disposable gloves.
3. When cleaning or treating a child's face that has blood on it, ensure you are not at eye level with the child as blood can enter your eyes/mouth if the child cries or coughs. If a child's blood enters your eyes, rinse them while open, gently but thoroughly for at least 30 seconds. If a child's blood enters your mouth, spit it out and then rinse the mouth several times with water.
4. Raise the injured part of the child's body above the level of the heart (if this is possible) unless you suspect a broken bone.
5. Clean the affected area and cover the wound with waterproof dressing.
6. Remove and place gloves and any other waste materials in an appropriate disposable plastic bag/zip lock bag (double-bag if using these), or bio hazard container/bag, seal, and place it in a rubbish bin inaccessible to children.
7. Wash hands in warm, soapy water and dry (follow the Handwashing guidelines in the *Hygiene Policy*).
8. Remove contaminated clothing and store in leak-proof disposable plastic bags (double-bag). Give these bags to the parent/guardian for washing when the child is collected from the service.

CLEANING AND REMOVAL OF BLOOD SPILLS AND BODY FLUIDS

Equipment (label clearly and keep in an easily accessible location)

- Disposable gloves
- Disposable plastic bags/zip lock bags/biohazard container (if available)
- Detergent/bleach
- Disposable towels
- Access to warm water

Procedure

1. Put on disposable gloves.
2. Cover the spill with paper towels.
3. Carefully remove the paper towel and contents.
4. Place the paper towels in an appropriate disposable plastic bag/zip lock bag/biohazard container.
5. Clean the area with warm water and detergent/bleach, then rinse and dry.
6. Remove and place gloves in an appropriate disposable plastic bag/zip lock bag/biohazard container, seal and place it in a rubbish bin inaccessible to children.
7. Wash hands in warm, soapy water and dry (follow the Handwashing guidelines in the *Hygiene Policy*).

NEEDLE STICK INJURIES

If you get pricked by a discarded needle and syringe (often referred to as 'needle stick injury') the following steps should be taken:

- Flush the injured area with flowing water.
- Wash the wound well with soap and warm water.
- Dry the wound and apply a waterproof dressing.
- Report the injury to the Approved Provider or Nominated Supervisor as soon as possible.
- For incidents involving a child, contact the parents/guardians as soon as is practicable and provide a report to DET within 24 hours (refer to 'serious incident' in the Definitions section of this policy).
- Seek medical attention for an assessment of the risk of infection and appropriate treatment.
- If the needle and syringe cannot be retrieved, mark the area so others are not at risk and contact the Disposal Helpline.

SAFE DISPOSAL OF DISCARDED NEEDLES AND SYRINGES

Equipment (label clearly and keep in an easily accessible location)

- Disposable gloves
- Long-handled tongs
- Disposable plastic bags
- 'Sharps' syringe disposal container, or rigid-walled, screw-top, puncture-resistant container available for free from local council, who may also provide free training to staff on the collection of sharps

Procedure

1. PUT ON DISPOSABLE GLOVES.
2. Do not try to re-cap the needle or to break the needle from the syringe.
3. Place the 'sharps' syringe disposal container on the ground next to the needle/syringe and open the lid.
4. Using tongs, pick the syringe up from the middle, keeping the sharp end away from you at all times.
5. Place the syringe, needle point down, in the 'sharps' syringe disposal container and close the lid securely on the container.
6. Repeat steps 3 to 5 to pick up all syringes and/or unattached needles.
7. If appropriate, clean the area with warm water and detergent/bleach, then rinse and dry.
8. Remove and place gloves in a disposable plastic bag, seal and place it in a rubbish bin inaccessible to children.
9. Wash hands in warm, soapy water and dry (follow the Handwashing guidelines in the Hygiene Policy).

Under no circumstances should children, work-experience students or volunteers be asked or encouraged to pick up needles/syringes.

If the needle/syringe is not accessible and cannot be collected, mark and supervise the area so that others are not at risk and contact the Syringe Disposal Helpline on 1800 552 355.

Advice on the handling and disposal of needles/syringes can be accessed from:

- the Syringe Disposal Helpline on 1800 552 355 (24 hours a day, 7 days a week) for the location of the nearest needle exchange outlet or public disposal bin
- the environmental officer (health surveyor) at your local municipal/council offices
- local general practitioners
- local hospitals.

Note: 'Sharps' syringe disposal containers and/or needles/syringes must not be put in normal waste disposal bins. To dispose of the container, take it to your local Needle and Syringe Program or council office or contact the Disposal Helpline (1800 552 355) for further advice

Minimum period of exclusion from primary schools and children's services¹ for infectious diseases cases and contacts

Public Health and Wellbeing Regulations 2019

Schedule 7

Column 1 Number	Column 2 Conditions	Column 3 Exclusion of cases	Column 4 Exclusion of Contacts
1	Chickenpox	Exclude until all blisters have dried. This is usually at least 5 days after the rash appears in unimmunised children, but may be less in previously immunised children	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded
2	Conjunctivitis	Exclude until discharge from eyes has ceased	Not excluded
3	Cytomegalovirus (CMV) infection	Exclusion is not necessary	Not excluded
4	Diarrhoeal illness*	Exclude until there has not been vomiting or a loose bowel motion for 24 hours	Not excluded
5	Diphtheria	Exclude until medical certificate of recovery is received following at least two negative throat swabs, the first not less than 24 hours after finishing a course of antibiotics and the other 48 hours later	Exclude family/household contacts until cleared to return by the Chief Health Officer
6	Glandular fever (Epstein-Barr Virus infection)	Exclusion is not necessary	Not excluded
7	Hand, Foot and Mouth disease	Exclude until all blisters have dried	Not excluded
8	Haemophilus influenzae type b (Hib)	Exclude until 48 hours after initiation of effective therapy	Not excluded
9	Hepatitis A	Exclude until a medical certificate of recovery is received, but not before 7 days after the onset of jaundice or illness	Not excluded
10	Hepatitis B	Exclusion is not necessary	Not excluded
11	Hepatitis C	Exclusion is not necessary	Not excluded
12	Herpes (cold sores)	Young children unable to comply with good hygiene practices should be excluded while the lesion is weeping. Lesions to be covered by dressing, where possible	Not excluded
13	Human immuno-deficiency virus infection (HIV)	Exclusion is not necessary	Not excluded
14	Impetigo	Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing	Not excluded
15	Influenza and influenza like illnesses	Exclude until well	Not excluded unless considered necessary by the Chief Health Officer
16	Leprosy	Exclude until approval to return has been given by the Chief Health Officer	Not excluded
17	Measles	Exclude for at least 4 days after onset of rash	Immunised contacts not excluded. Unimmunised contacts should be excluded until 14 days after the first day of appearance of rash in the last case. If unimmunised contacts are vaccinated within 72 hours of exposure with any infectious case, or received Normal Human Immunoglobulin (NHIG) within 144 hours of exposure of any infectious case, they may return to the facility
18	Meningitis (bacterial—other than meningococcal meningitis)	Exclude until well	Not excluded
19	Meningococcal infection	Exclude until adequate carrier eradication therapy has been completed	Not excluded if receiving carrier eradication therapy
20	Mumps	Exclude for 5 days or until swelling goes down (whichever is sooner)	Not excluded
21	Molluscum contagiosum	Exclusion is not necessary	Not excluded
22	Pertussis (Whooping cough)	Exclude the child for 21 days after the onset of cough or until they have completed 5 days of a course of antibiotic treatment	Contacts aged less than 7 years in the same room as the case who have not received three effective doses of pertussis vaccine should be excluded for 14 days after the last exposure to the infectious case, or until they have taken 5 days of a course of effective antibiotic treatment
23	Poliovirus infection	Exclude for at least 14 days from onset. Re-admit after receiving medical certificate of recovery	Not excluded
24	Ringworm, scabies, pediculosis (head lice)	Exclude until the day after appropriate treatment has commenced	Not excluded
25	Rubella (German measles)	Exclude until fully recovered or for at least four days after the onset of rash	Not excluded
26	Severe Acute Respiratory Syndrome (SARS)	Exclude until medical certificate of recovery is produced	Not excluded unless considered necessary by the Chief Health Officer
27	Shiga toxin or Verotoxin producing Escherichia coli (STEC or VTEC)	Exclude if required by the Chief Health Officer and only for the period specified by the Chief Health Officer	Not excluded
28	Streptococcal infection (including scarlet fever)	Exclude until the child has received antibiotic treatment for at least 24 hours and the child feels well	Not excluded
29	Tuberculosis (excluding latent tuberculosis)	Exclude until receipt of a medical certificate from the treating physician stating that the child is not considered to be infectious	Not excluded
30	Typhoid fever (including paratyphoid fever)	Exclude until approval to return has been given by the Chief Health Officer	Not excluded unless considered necessary by the Chief Health Officer

Regulation 111

A person in charge of a primary school, education and care service premises or children's services centre must not allow a child to attend the primary school, education and care service premises or children's services centre for the period or in the circumstances:

* specified in column 3 of the Table in Schedule 7 if the person in charge has been informed that the child is infected with an infectious disease listed in column 2 of that Table; or

* specified in column 4 of the Table in Schedule 7 if the person in charge has been informed that the child has been in contact with a person who is infected with an infectious disease listed in column 2 of that Table.

*Diarrhoeal illness includes instances where certain pathogens are identified including Amebiasis (*Entamoeba histolytica*), Campylobacter spp., Salmonella spp., Shigella spp. and intestinal worms, but is not limited to infection with these pathogens.

Further information

Please contact the Communicable Disease Prevention and Control Section on 1300 651 160 or visit www2.health.vic.gov.au/public-health/infectious-diseases/school-exclusion

¹ Children's services cover the terms 'education and care service premises' or 'children's services centre' used in the regulations. It includes centres such as childcare centres and kindergartens.

ATTACHMENT 5

ACTIONS FOR EARLY CHILDHOOD AND CARE SERVICES IN AN EPIDEMIC OR PANDEMIC EVENT

Early childhood education and care services should consider a variety of strategies to support physical distancing and good hygiene practices to reduce the risk of infection transmission within the practical limitations of an early learning environment.

RISK ASSESSMENT

In the event of an epidemic or pandemic, Beaconsfield Kindergarten will develop a comprehensive risk assessment which can be updated and modified as the situation progresses. This policy should be read in conjunction with any relevant risk assessment.

ACTIONS

The following actions are to be considered, adapted and implemented as necessary according to the education setting and the individual needs of the staff, children and the wider service community:

- Display educational materials, which can be downloaded and printed from the Department of Health's (DH) website
- Comply with National Health and Medical Research Council (NHMRC) guidance, Staying healthy: Preventing infectious diseases in early childhood education and care services
- Alert your approved provider about any child or staff absenteeism due to an infectious disease outbreak
- Keep parents and staff informed of the actions you are taking.
- All unwell staff and children must stay home. Perhaps the most important action early childhood services can take to reduce the risk of infection transmission is to ensure that any unwell staff and children remain at home.
- Staff or children most at risk of severe illness should individually assess appropriateness for on-site attendance at this time, with support from their medical practitioner. Parents/carers of children with complex medical needs (including those with compromised immune systems), should seek advice from the child's medical practitioner to support decision-making about whether on-site education and care is suitable, noting that this advice may change depending on the status of the pandemic in Victoria.
- It is important that visitors to early childhood services are limited to those delivering or supporting essential services and operations during a pandemic situation.
- Additional staff, including parent volunteers, should be discouraged from attending the service at this time. Ensure vigilance is maintained through the use of the visitor signing in and out record book including their contact details.
- Parent information sessions and interviews should meet physical distancing requirements of 1.5 metres between adults, or else be replaced with virtual alternatives.

HYGIENE

Everyone can protect themselves and prevent the spread of infection by continuing effective hand hygiene.

- All staff and children should undertake regular hand hygiene, particularly on arrival to the service, before and after eating, after blowing their nose, coughing, sneezing or using the toilet. Educators are a good role model for the children and their parents/carers, so it is important to actively talk about why everyone needs to wash their hands and the importance of everyone doing this.
- Make sure liquid soap and running water, or alcohol-based hand sanitiser, is available at the entrance of the facility and throughout.
- Tissues should be readily accessible with bins provided in each room and in outdoor areas for easy disposal.

- It is recommended that children do not drink directly from drinking fountains at this time. Children should bring their own water bottle for use (and refilling) at the service.
- Ensure the highest hygiene practices amongst food handlers as per NHMRC guidance [Staying healthy: Preventing infectious diseases in early childhood education and care services](#). Sharing of food should not occur.
- Use of mobile phones by staff should be discouraged. Staff should be reminded to clean their phones regularly.

ARRIVAL AND DEPARTURE

To assist in minimising the spread of infection, procedures to reduce close proximity between attendees at the service should be considered.

- Consider the arrival and departure procedures for children and, where possible, minimise opportunities for parents and carers to gather in groups, especially in foyers and in children's play areas.
- It may be possible, for example, for children to be dropped off and picked up in the service entrance or foyer.
- While staggered start and finish times occur naturally in some early childhood education and care services, other service types will have one arrival and pick up time. Consider how the arrival and pick up time could be spread out. One example may be to divide the group and allocate times, noting that it is not expected that session times are extended to accommodate additional arrival and departure procedures.
- Greeting parents and children at the front door in the morning and during pick up times will allow for one-on-one communication with families while practising physical distancing and providing opportunities to consider whether children are showing any signs of being unwell.

CONSIDERATIONS FOR TEACHING AND LEARNING ENVIRONMENTS

Maintaining a physical distance of 1.5 metres will not be practical in early childhood services. In the case of coronavirus (COVID-19) physical distancing is most important between adults.

Reducing mixing between different age or room groups is recommended as a precautionary measure to minimise risk of spread of transmission and aid containment.

- Consider small group play, staggered mealtimes and indoor/outdoor play opportunities whenever possible.
- Windows should be open during the day to promote air flow where possible.
- Consider the setup of the room and the placement of the activities and limit the number of whole group activities.
- Rather than having group times where everyone is sitting on the mat, consider using informal opportunities to engage with the children/read books/do storytelling with small groups of children at a time.
- For younger children, particularly consider the rotation of toys more often and increase the frequency of cleaning toys. Sharing of toys that have been placed in mouths should be monitored and avoided.
- Wherever possible and where you have enough staffing for adequate supervision, consider operating an indoor/outdoor program.
- A greater range of activities will encourage children and staff to spread out more broadly.
- Mixing of staff and children between rooms should be minimised where possible. It is acknowledged that staff may need to move between rooms to support breaks and, in these situations, staff should be reminded of the importance of hand hygiene.
- Where multiple staff are in a room, remind staff to maintain physical distancing from each other as much as practical.

CONSIDERATIONS FOR OFFICES AND STAFF FACILITIES

- Close proximity between staff should be avoided, where possible, and especially in offices and staff rooms.
- Workstations should be spaced out as much as possible, and the number of staff in offices limited. Where possible, staff should use separate offices.

- Remind staff to maintain physical distancing from each other as much as possible in the reception, staff room and offices.

CLEANING AND FACILITIES MANAGEMENT

- Environmental cleaning, coupled with regular hand hygiene, remains important to reduce the risk of infection transmission.
- Services should maintain full adherence to the NHMRC childcare cleaning guidelines, in addition:
 - clean and disinfect high-touch surfaces at least daily (e.g. play gyms, tables, hard-backed chairs, doorknobs, light switches, phones, remotes, handles, desks, toilets, sinks, kitchenware).
 - wash and launder play items and toys including washable plush toys, as appropriate, in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.
- Hand hygiene before and after use of shared equipment is recommended. (For example, prior to a new activity).
- Excursions should not be undertaken other than to local parks.

PROVISION OF ROUTINE CARE AND FIRST AID

Physical distancing is not practical when providing direct care. In this situation, standard precautions, including hand hygiene, are important for infection prevention and control.

- Standard precautions are advised when coming in to contact with someone for the purpose of providing routine care, assistance or first aid. Also see NHMRC guidance [Staying healthy: Preventing infectious diseases in early childhood education and care services](#).
- Always wash hands with soap and water or use a hand sanitiser before and after performing routine care or first aid.
- Additional personal protective equipment (PPE), for example face masks, is not required (unless specified otherwise from the Department of Health) to provide routine care or first aid (unless coming into contact with blood or body fluids) for children who are well.

MANAGEMENT OF AN UNWELL CHILD OR STAFF MEMBER

It is important that any staff member or child who becomes unwell while at an early childhood service returns home. Sensible steps services can take while a child awaits collection by a parent or carer as a precaution.

- Staff or children should be isolated in an appropriate space with suitable supervision and collected by a parent/carer as soon as possible.
- Where staff or children are experiencing compatible symptoms important actions to take include hand hygiene, physical distance and where possible putting a face mask on the person who is unwell. Staff caring for or supervising an unwell child should also wear a face mask.
- Face masks should not be used in situations where an individual is unable to safely or practically tolerate a mask (e.g. a child with complex medical needs, including existing respiratory needs, and younger children).
- Urgent medical attention should be sought where indicated.
- Health care plans, where relevant, should be updated to provide additional advice on monitoring and identification of the unwell child in the context of an epidemic or pandemic.
- If a staff member is unsure whether a child is unwell, it is advisable in the first instance to contact the parent/carer to discuss any concerns about the health status of the child and, taking a precautionary approach, request the parent/carer to collect their child if concerns remain. A trained staff member could take the temperature of the child, where appropriate, to support decision making.
- Staff or children experiencing compatible symptoms with the infection should be encouraged to seek the advice of a healthcare professional who can advise on next steps. A medical certificate is not required to return to an

early childhood setting after a period of illness, however staff and children should not return until symptoms resolve.

- Follow cleaning guidance according to the situation of the case. If a child spreads droplets (for example by sneezing, coughing or vomiting), clean surfaces immediately with disinfectant wipes while wearing gloves.

SOURCE

[Health and safety advice for early childhood education and care services in the context of coronavirus \(COVID-19\)](#),
Department of Education and Training and DH.

ATTACHMENT 6

CHILD AND ADULT IMMUNISATION RECOMMENDATION

Immunisations are an effective means of reducing the risk of vaccine preventable diseases. Early childhood education and care services which are regulated under the *Education and Care Services National Law Act 2010* and *Education and Care Services National Regulations 2011* have legislative responsibilities under the *Public Health and Wellbeing Act 2008* to only offer a confirmed place in their programs to children with an Australian Immunisation Register (AIR) Immunisation History Statement (*refer to Definitions*). To meet the Child Care Subsidy immunisation requirements, children must be immunised according to the National Immunisation Program Schedule (*refer to Sources*) set out by the Australian Government Department of Health.

Routine childhood immunisations help to protect children against:

- diphtheria
 - tetanus
 - whooping cough (pertussis)
 - polio
 - pneumococcal disease
 - meningococcal ACWY disease
 - hepatitis B
 - Haemophilus influenzae type b (Hib)
 - rotavirus
 - chickenpox (varicella)
 - measles
 - mumps
 - rubella (German measles)
 - influenza
- Aboriginal and Torres Strait Islander infants are also protected against meningococcal B disease.

For more information visit: <https://www2.health.vic.gov.au/public-health/immunisation>

People who work with children are at an increased risk of catching and passing on infectious diseases. Infected staff, especially people working in early childhood education and care, may transmit infections to susceptible people. This has potential for serious health outcomes. Many infectious diseases are highly infectious several days before symptoms appear. Vaccination can protect the staff member who is at risk of acquiring the disease, and also reduce the risk of disease transmission to people who the worker is in contact with.

These infections may include:

- influenza
- COVID -19
- rubella
- measles
- mumps
- varicella
- pertussis

All people who work with children are recommended to receive vaccines:

- influenza
- measles, mumps, rubella (MMR)
- pertussis (dTpa)
- vaicella

In addition to the vaccines for all people who work with children, hepatitis A vaccine is recommended for staff working in early childhood education and care. Additional vaccinations are recommended for special categories of educators and other staff:

- hepatitis B for staff who care for children with intellectual disabilities
- Japanese encephalitis for those who work in the outer Torres Strait islands for 1 month or more during the wet season.

For more information visit: <https://immunisationhandbook.health.gov.au/vaccination-for-special-risk-groups/vaccination-for-people-at-occupational-risk>

Under the Occupational Health and Safety Act 2004 employers must provide a working environment that is safe and without risks to health. Further, employers are required to take steps to eliminate risks so far as is reasonably

practicable. If it is not reasonably practicable to eliminate these, they are required to reduce those risks so far as is reasonably practicable.

To reduce the risk to employees of acquiring a vaccine-preventable disease or transmitting such a disease to other staff, children or their parents/guardians, employers should:

- develop a staff vaccination policy that states the vaccination requirements for educators and other staff
- develop a staff vaccination record that documents each staff member's previous infection or vaccination for the diseases listed previously in 'Vaccines – possible recommendations'
- require all new and current staff to complete the staff vaccination record
- regularly update staff vaccination records as staff become vaccinated
- provide staff with information about vaccine-preventable diseases – for example, through in-service training and written material, such as fact sheets
- take all reasonable steps to encourage non-immune staff to be vaccinated.
- give advice to early childhood teachers, educators and other staff, and any refusal to comply with vaccination requests, should be documented.
- exclude staff who are not vaccinated from the workplace in the event of an outbreak of a vaccine-preventable disease.

Aside from reinforcing the immunisation recommendations, the approved provider should also advise staff of the potential consequences if staff refuse reasonable requests for immunisation. These consequences could include:

- being restricted to working with children over 12 months old;
- potentially having to take antibiotics during outbreaks of bacterial diseases that are vaccine preventable; and
- being excluded from work during outbreaks of vaccine-preventable diseases (even if the staff member is not ill).

Although these guidelines provide for exclusions and encourage vaccination, they are currently not supported by accreditation and licensing requirements.

The Australian Government is committed to providing all Australians with access to free, safe and effective COVID-19 vaccines. While the Government aims to have as many Australians as possible choose to be vaccinated, receiving a vaccination is voluntary. The approved provider can encourage staff to get a COVID-19 vaccination, if they are able to.

