


Policy Title:	Early Years Policy - Managing infectious diseases (including child immunisation)		
Date of Adoption:	10 April 2013		
Adoption Method:	<input type="checkbox"/> Council	<input type="checkbox"/> CEO	<input checked="" type="checkbox"/> Other - Executive
Acting CEO Signature:			Date: 6 October 2020
Responsible Officer and Unit:	Coordinator Early Years Services, Early Years Unit		
Nominated Review Period:	<input type="checkbox"/> Annually <input checked="" type="checkbox"/> Other - 3 years		
Last Review Date:	October 2020		
Next Review Date:	September 2023		
Purpose/Objective:	<p>This policy will provide clear guidelines and procedures to follow when a child attending a Macedon Ranges Shire Council Early Years' Service shows symptoms of an infectious disease, or has been diagnosed with an infectious disease.</p> <p>To provide guidelines to managing and minimising the spread of infectious diseases, illnesses and infestations (including head lice) and infections relating to blood-borne viruses.</p>		
Background/Reasons for Policy and Procedure:	<p>Infectious diseases are common in children. Children are at a greater risk of exposure to infections in an Early Years setting than at home due to the amount of time spent with a large number of children. Infectious diseases are divided into four categories (A, B, C, D) on the basis of the method of notification and information required. The Department of Health and Human Services has developed a document, <i>Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts</i>, 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 <i>Health (Infectious Diseases) Regulations 2001</i>.</p> <p>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 of 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 (<i>Regulations 4, 88</i>). The Service has a duty of care to ensure that everyone attending is provided with a high level of health protection during all hours that the Service is in operation.</p> <p>Protection can include:</p>		

DOCUMENT HISTORY	Version	Date	Author
Initial Draft	1	4 January 2016	DEarp
Second Draft	2	01/07/2020	A O'Sullivan
Final Draft	1	10/2020	J Laurent Goeman
Approval		10/2020	Executive Meeting

	<ul style="list-style-type: none"> • notifying children, families and educators/staff when an excludable illness/disease is detected at the Service • parents complying with exclusion periods and not sending their child for the exclusion period • preventing the spread of vaccine-preventable diseases through simple hygiene practices such as hand washing, and effective cleaning procedures • complying with relevant health department exclusion guidelines • increasing educator/staff awareness of cross-infection through physical contact with others <p>The Victorian Government offers an immunisation program for children to assist in preventing the spread of infectious diseases.</p>
Definitions:	<p>The terms defined in this section relate specifically to this policy.</p> <p>Acceptable immunisation documentation: documentation as defined by the Immunisation Enrolment Toolkit for early childhood education and care services as acceptable evidence that a child is fully vaccinated for their age, or is on a recognised catch-up schedule if their child has fallen behind their vaccinations; or has a medical reason not to be vaccinated; or has been assessed as being eligible for a 16 week grace period.</p> <p>Blood-borne virus (BBV): a virus that is spread when blood from an infected person enters another person's bloodstream. Examples of blood-borne viruses 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.</p> <p>Communicable Disease and Prevention Control Unit: responsibility for communication and advice in relation to infectious diseases on behalf of the Secretary of the Victorian Department of Health and Human Services. The unit must be contacted by telephone on 1300 651 160.</p> <p>Exclusion: inability to attend or participate in the program at the service.</p> <p>Illness: any sickness and/or associated symptoms that affect the child's normal participation in the program at the service.</p> <p>Infection: the invasion and multiplication of micro-organisms in bodily tissue.</p> <p>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.</p> <p>Infectious disease: an infectious disease designated by the Communicable Disease and Prevention Control Unit (refer to Definitions), Victorian Department of Health and Human Services in Schedule 7 of the <i>Public Health and Wellbeing Regulations 2009</i>, the Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts.</p> <p>Medication: any substance, as defined in the <i>Therapeutic Goods Act 1989 (Cth)</i>, that is administered for the treatment of an illness or medical condition.</p> <p>Minimum exclusion period: the period recommended by the Communicable Disease and Prevention Control Unit (see Definitions) Victorian Department of Health and Human Services for excluding any person from attending a children's service to prevent the spread of infectious diseases as specified in Schedule 7 of the <i>Public Health and Wellbeing Regulations 2009</i>, the Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts.</p> <p>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 education and care facilities.</p> <p>Serious incident: a serious incident (<i>regulation 12</i>) is defined as any of the following:</p>

	<ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> – 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*. <p style="margin-left: 40px;">*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.</p> • 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 <p>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.</p> <p>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.</p> <p>Notifications of serious incidents should be made through the NQA 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.</p>
References:	<p>Communicable Diseases Section, Public Health Group, Victorian Department of Human Services (2011), <i>The Blue Book: Guidelines for the control of infectious diseases</i>. Available at: https://www2.health.vic.gov.au/about/publications/researchandreports/The-blue-book</p> <p>Communicable Disease Prevention and Control Unit, Victorian Department of Health & Human Services (2019), <i>A guide to the management and control of gastroenteritis outbreaks in children's centres</i>. 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</p> <p>Immunise Australia Program, Department of Health, Australian Government: www.immunise.health.gov.au</p> <p>Department of Health & Human Services, Victoria (2012) <i>Head lice management guidelines</i>: https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Head-lice-management-guidelines</p>

	<p>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 Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011 (2017), ACECQA: http://files.acecqa.gov.au/files/National-Quality-Framework-Resources-Kit/NQF-Resource-02-Guide-to-ECS-Law-Regs.pdf Guide to the National Quality Standard (2017), ACECQA: http://files.acecqa.gov.au/files/National-Quality-Framework-Resources-Kit/NQF-Resource-03-Guide-to-NQS.pdf National Health and Medical Research Council (2013) <i>Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th edition)</i>: https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services Information about immunisations, including immunisation schedule, Victorian Department of Health: www.health.vic.gov.au/immunisation WorkSafe, Victoria (2008) <i>Compliance code: First aid in the workplace</i>: https://www.worksafe.vic.gov.au/resources/compliance-code-first-aid-workplace</p>
Related Policies:	<p><i>Early Years Policy - Administration of First Aid</i> <i>Early Years Policy - Administration of medication</i> <i>Early Years Policy - Managing medical conditions</i> <i>Early Years Policy - Enrolment and fees</i> <i>Early Years Policy - Orientation and settling in</i> <i>Early Years Policy - Hygiene</i> <i>Early Years Policy - Incident, injury, trauma and illness</i> <i>Privacy Policy</i> <i>Occupational Health and Safety Policy</i></p>
Related Legislation:	<p><i>Education and Care Services National Law Act 2010</i> <i>Education and Care Services National Regulations 2011: Regulation 88</i> <i>Family Assistance Legislation Amendment (Child Care Rebate) Act 2011</i> <i>Information Privacy Act 2000 (Vic)</i> <i>Health Records Act 2001</i> National Quality Standard, Quality Area 2: Children’s Health and Safety National Quality Standard, Quality Area 6: Collaborative Partnerships with Families and Communities Standard 6.2: Families are supported in their parenting role and their values and beliefs about child rearing are respected Standard 6.3: The service collaborates with other organisations and service providers to enhance children’s learning and wellbeing <i>Occupational Health and Safety Act 2004</i> <i>Public Health and Wellbeing Regulations 2009</i> <i>Public Health and Wellbeing Act 2008</i> <i>Public Health and Wellbeing Amendment (No Jab, No Play) Regulations 2015 (Vic)</i></p>

MANAGING INFECTIOUS DISEASES POLICY (INCLUDING IMMUNISATION)

Mandatory – Quality Area 2

SCOPE

This policy applies to the staff, students on placement at kindergartens, volunteers, parents/guardians, children and others attending the programs and activities of Macedon Ranges Shire Council's Early Years Services.

RESPONSIBILITIES

The Approved Provider and Persons with Management or Control are responsible for:

- ensuring where a case of an infectious disease exists, reasonable steps are taken to prevent the spread of that infectious disease (*Regulation 88(1)*)
- ensuring information from the Department of Health and Human Services regarding the recommended minimum exclusion periods (refer to Definitions) is displayed at the Service and is available to all staff, parents/guardians, students and volunteers
- contacting the parent/guardian and Communicable Disease Section, DHHS (refer to Definitions) within 24 hours if on reasonable grounds, the Approved Provider believes that a child enrolled at the service is suffering from a vaccine-preventable disease being:
 - Pertussis
 - Poliomyelitis
 - Measles
 - Mumps
 - Rubella or
 - Meningococcal C

required under *Regulation 84(2)* of the *Public Health and Wellbeing Regulations 2009*

- contacting the Communicable Disease Section, DHHS (refer to definitions) if there is an outbreak of two or more cases of gastrointestinal illness in a 48 hour period
- ensuring a child is excluded from the Service in accordance with the recommended minimum exclusion periods (refer to Definitions) when informed the child has an infectious disease (refer to Definitions) or has been in contact with a person who is infected with an infectious disease (refer to Definitions) as required under *Regulation 111(1)* of the *Public Health and Wellbeing Regulations 2019*
- ensuring when directed by the Secretary, a child who is *not* immunised against a vaccine preventable disease does not attend the Service until the Communicable Disease Section (refer to Definitions) directs that such attendance can be resumed (*Regulation 85(2)* of the *Public Health and Wellbeing Regulations 2009*)
- notifying DET within 24 hours of a serious incident (refer to Definitions), via [NQA ITS](#)
- supporting the Nominated Supervisor and the Educators/staff at the Service to implement the requirements of the recommended minimum exclusion periods
- ensuring children who are offered a confirmed place have acceptable immunisation documentation (refer to Definitions)
- ensuring information about immunisation legislation is displayed and is available to all stakeholders (refer to: www.health.vic.gov.au/immunisation/factsheets/schedule-victoria.htm)
- ensuring staff and everyone at the service has access to and have read and understood the *Early Years Policy - Hygiene* and the procedures for infection control relating to blood borne viruses
- ensuring the Nominated Supervisor, staff and everyone at the Service adheres to the *Early Years Policy - Hygiene* and the procedures for infection control relating to blood-borne viruses (refer to Attachment 3)

- ensuring appropriate and current information and resources are provided to educators/staff and parents/guardians regarding the identification and management of infectious diseases, blood-borne viruses and infestations
- keeping informed about current legislation, information, research and best practice
- ensuring any changes to the exclusion table or immunisation laws are communicated to educators/staff and parents/guardians in a timely manner

The Early Childhood Teacher is responsible for:

- 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 (*Regulation 88(1)*)
 - a parent/guardian or authorised emergency contact of each child at the Service is notified of the occurrence as soon as is practicable (*Regulation 88(2)*)
- ensuring information from the Department of Health and Human Services about the recommended minimum exclusion periods (refer to Definitions) is displayed at the Service and available to all stakeholders including staff, parents/guardians, students and volunteers
- contacting the parent/guardian and Communicable Disease Prevention and Control Unit (refer to Definitions) within 24 hours if on reasonable grounds, the Approved Provider believes that a child enrolled at the services is suffering from a vaccine-preventable disease being:
 - Pertussis
 - Poliomyelitis
 - Measles
 - Mumps
 - Rubella or
 - Meningococcal C

required under *Regulation 84(2)* of the *Public Health and Wellbeing Regulations 2009*

- ensuring a child is excluded from the Service in accordance with the recommended minimum exclusion periods (refer to Definitions) when informed that the child is infected with an infectious disease (refer to Definitions) or has been in contact with a person who is infected with an infectious disease (refer to Definitions) as required under *Regulation 111(1)* of the *Public Health and Wellbeing Regulations 2019*
- contacting the Communicable Disease Section (refer to Definitions) if there is an outbreak of two or more cases of gastrointestinal illness in a 48 hour period
- ensuring 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 (refer to *Early Years Policy - Administration of First Aid*).
- establishing good hygiene and infection control procedures, adhered to by all participants of the Service (refer to *Early Years Policy - Hygiene* and Attachment 3 – Procedures for infection control relating to blood-borne viruses)
- ensuring the exclusion requirements for infectious diseases are adhered to as per the recommended minimum exclusion periods (refer to Definitions), notifying the Approved Provider and parents/guardians of any outbreak of infectious disease at the Service, and displaying this information in a prominent position
- advising parents/guardians of minimum exclusion periods observed with regard to the outbreak of any infectious diseases or infestations (refer to: [HTTPS://WWW2.HEALTH.VIC.GOV.AU/PUBLIC-HEALTH/INFECTIOUS-DISEASES/SCHOOL-EXCLUSION/SCHOOL-EXCLUSION-TABLE](https://www2.health.vic.gov.au/public-health/infectious-diseases/school-exclusion/school-exclusion-table))
- advising parents/guardians of a child who is not fully immunised on enrolment they will be required to keep their child at home when an infectious disease is diagnosed at the Service until there are no more cases of that disease, and the exclusion period has ceased

- requesting parents/guardians notify the Service if their child has or is suspected of having, an infectious disease, infestation or has been in contact with a person infected with a condition for which the exclusion of contacts is specified (Regulation 110, Public Health and Wellbeing Regulations 2019)
- providing information and resources to parents/guardians to assist in the identification and management of infectious diseases and infestations
- contacting parents to collect and treat their child in suspected cases of head lice
- providing a Head Lice Action form (refer to Attachment 1A and 1B) to the parents/guardians of a child suspected of having head lice
- providing a Head Lice Notification letter (refer to Attachment 2) to all parents/guardians when an infestation of head lice has been detected at the Service
- maintaining confidentiality at all times (refer to *Privacy policy*)
- providing access to information and resources for parents/guardians to assist in the identification and management of infectious diseases and infestations
- complying with the advice of the Australian Health Protection Principal Committee (AHPPC), Victorian Chief Health Officer and DHHS in an epidemic or pandemic event (refer to Attachment 5)

All Early Years staff are responsible for:

- observing signs and symptoms of children who may appear unwell and informing the teacher
- monitoring any symptoms in children which may indicate the presence of an infectious disease and taking appropriate measures to minimise cross-infection
- complying with *Early Years Policy - Hygiene* and the procedures for infection control relating to blood-borne viruses (refer to Attachment 3)
- maintaining confidentiality at all times (refer to *Privacy Policy*)
- complying with the advice of the Australian Health Protection Principal Committee (AHPPC), Chief Health Officer and DHHS in an epidemic or pandemic event (refer to Attachment 5)

Parents/guardians are responsible for:

- keeping their child/ren at home if they are unwell or have an excludable infectious disease (refer to Definitions)
- informing either the Approved Provider, Nominated Supervisor or teacher as soon as practicable if their child has an infectious disease (refer to Definitions) or has been in contact with a person who has an infectious disease (*Regulation 110 of the Public Health and Wellbeing Regulations 2019*)
- providing acceptable immunisation documentation for their child upon enrolment and updated documentation if further immunisations are undertaken
- complying with the minimum exclusion periods (refer to Definitions) or as directed by the Approved Provider or Nominated Supervisor after the Chief Health Officer directed them to exclude a child enrolled who the Chief Health Officer has determined to be at material risk of contracting a vaccine-preventable disease (Regulation 111(2) of the Public Health and Wellbeing Regulations 2019)
- where a child is on an immunisation catch-up schedule, ensuring that the child's immunisations are updated in line with the schedule and providing acceptable immunisation documentation to the service
- if an educator advises parent/guardian of a suspected case of head lice, determine if the child has head lice and treat child for head lice as necessary
- regularly checking their child's hair for head lice or lice eggs, regularly inspecting all household members, and treating any infestations

- notifying the Service if head lice or lice eggs have been found in their child's hair, and when treatment was commenced using attachment 1B which must be signed and returned to the teacher
- complying with the *Early Years Policy - Hygiene* and the procedures for infection control relating to blood-borne viruses (refer to Attachment 3)

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

Evaluation

In order to assess whether the values and purposes of the policy have been achieved, the persons with management or control will:

- regularly seek feedback regarding the effectiveness of the policy
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- 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 change to this policy or its procedures unless a lesser period is necessary due to a risk

Attachments:

Attachment 1A: Head lice action form letter

Attachment 1B: Head lice action form

Attachment 2: Head lice notification letter

Attachment 3: Procedures for infection control relating to blood-borne viruses

Attachment 4: Immunisation and exclusion tables

Attachment 5: Actions for early childhood and care services in an epidemic event



(D20-42612)

Head lice action form letter

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. 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 Department of Health 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 the service, when your child returns to the service, of the action taken by you to treat the head lice/eggs.

Insert Teacher Signature

Insert Teacher Name

**Attachment 1B. Head lice treatment – action taken
Parent/guardian response form –**

Refer D20-42594



ABN 42 686 389 537 – PO BOX 151, KYNETON VIC 3444
T 03 5422 0333 – F 03 5422 3623 – mrsc@mrsc.vic.gov.au – mrsc.vic.gov.au

HEAD LICE TREATMENT – ACTION TAKEN D20-42594

Parent/guardian response form

Confidential

Childs name/s: _____
Kinder 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:

Name of Treatment and commenced on date treatment was first used: _____
Parent/guardian signature: _____ Date: _____



D20-42604

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 [Service Name] and we seek your co-operation in checking your child's hair regularly throughout this week, [Date]. 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. While head lice do not spread disease, they are included in the Department of Health's exclusion table 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.

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 request that you observe exclusion periods if head lice or lice eggs are detected on your child.

How do I treat my child for head lice?

Please read the attached pamphlet *Treating and controlling head lice* from the Department of Health. 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?

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

[Service Name] is aware that head lice can be a sensitive issue and is committed to maintaining your confidentiality.

Kind regards

"[Signature of Nominated Supervisor]"

"[Name of Nominated Supervisor]"

ATTACHMENT 3

Procedures for infection control relating to blood-borne viruses

This procedure is based on information available from the Department of Education and Training (DET), 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.

PROVIDING FIRST AID FOR CHILDREN WHO ARE BLEEDING

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

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

Procedure

1. Put on disposable gloves.
2. 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.
3. 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.
4. Clean the affected area and cover the wound with waterproof dressing.
5. Remove and place gloves in an appropriate disposable plastic bag/zip lock bag/bio hazard container, seal and place it in a rubbish bin inaccessible to children.
6. Wash hands in warm, soapy water and dry (follow the Handwashing guidelines in the *Early Years Hygiene policy and procedure*).
7. Remove contaminated clothing and store in leak-proof disposable plastic bags. Give these bags to the parent/guardian for washing when the child is collected from the service.

CLEANING AND REMOVAL OF BLOOD SPILLS

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

- Disposable gloves
- Disposable plastic bags/zip lock bags/bio hazard 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/bio hazard 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/bio hazard 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 *Early Years Hygiene policy and procedure*).

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
- Detergent/bleach

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. Remove and place gloves in a disposable plastic bag, seal and place it in a rubbish bin inaccessible to children.
8. Clean the area with warm water and detergent/bleach, then rinse and dry.
9. Wash hands in warm, soapy water and dry (follow the Handwashing guidelines in the *Early Years Hygiene policy and procedure*).

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 for Council
- local general practitioners
- local hospitals

Note: 'Sharps' syringe disposal containers and/or needles/syringes must not be put in normal waste disposal bins.

NEEDLE STICK INJURIES

The risk of transmission of a blood-borne virus from a needle stick injury is low and should not cause alarm. The following procedure should be observed in the case of a needle stick injury.

Procedure

1. Flush the injured area with flowing water.
2. Wash the affected area with warm soapy water and then pat dry.
3. Cover the wound with a waterproof dressing.
4. Report the injury to the Approved Provider as soon as possible.
5. Document needle stick injuries involving a staff member or child in the incident report book maintained at the service under OHS laws, and report to WorkSafe Victoria.
6. 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).
7. See a doctor as soon as possible and discuss the circumstances of the injury.

ATTACHMENT 4: IMMUNISATION AND EXCLUSION TABLES

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

Public Health and Wellbeing Regulations 2019

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

Column 1 Number	Column 2 Conditions	Column 3 Exclusion of cases	Column 4 Exclusion of Contacts
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

¹Children'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.

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Available at <https://www2.health.vic.gov.au/public-health/infectious-diseases/school-exclusion>

Immunisation schedule Victoria

Infants and children – April 2020

*Live attenuated vaccine **Medical risk factors**

Age	Disease	Vaccine brand*	Reconstitute	Site given	Route given	Notes
Birth	Hepatitis B	H-B-Vax-II paediatric or Engerix-B paediatric	X	Anterolateral thigh	IM	Give preferably within 24 hours of birth May be given up to 7 days after birth
2 months (from 6 weeks) and 4 months	Diphtheria-tetanus-pertussis, poliomyelitis-hepatitis B-Haemophilus influenzae type b	Infanrix hexa	✓	Anterolateral thigh	IM	
	Pneumococcal	Prevenar 13	X	Anterolateral thigh	IM	
	Rotavirus	Rotarix*	X	Mouth	Oral	1st dose must be given before 15 weeks of age 2nd dose must be given before 25 weeks of age
6 months	Diphtheria-tetanus-pertussis-poliomyelitis-hepatitis B-Haemophilus influenzae type b	Infanrix hexa	✓	Anterolateral thigh	IM	Give with an 8-week interval after dose 2 of <i>Infanrix hexa</i> at minimum age of 24 weeks.
6 months of age premature baby < 28 weeks gestation or with medical risk factor	Pneumococcal	Prevenar 13	X	Anterolateral thigh	IM	See the online edition of The Australian Immunisation Handbook (handbook) for children with a medical risk
6 months to <5 years - all infants and children	Influenza	As supplied	X	Anterolateral thigh only if <12 months of age	IM	Annually. In children aged 6 months to less than 9 years of age in the first year of administration, give 2 doses a minimum of 1 month apart

Immunisation Section – Department of Health and Human Services: 1300 882 008
Australian Immunisation Register: 1800 653 809
SAEFVIC - Victoria's vaccine safety service: 1300 882 924 #1

This schedule is intended as a guide only and complete consultation with The Australian Immunisation Handbook is recommended. For additional information refer to the online edition of the immunisation handbook <<https://immunisationhandbook.health.gov.au>>



Immunisation schedule Victoria. Infants and children – April 2020 (continued)

*Live attenuated vaccine **Medical risk factors**

Age	Disease	Vaccine brand*	Reconstitute	Site given	Route given	Notes
12 months	Measles-mumps-rubella	Priorix* or M-M-R-II*	✓	Anterolateral thigh/Deltoid	IM/SC	Measles-mumps-rubella vaccines are the least reactogenic in this schedule point
	Meningococcal ACWY	Nimenrix	✓	Deltoid	IM	
	Pneumococcal	Prevenar 13	X	Deltoid	IM	
12 months of age premature baby < 32 weeks gestation or < 2000g birthweight	Hepatitis B	H-B-Vax-II Paediatric or Engerix-B Paediatric	X	Deltoid	IM	single booster dose
18 months	Measles-mumps-rubella-varicella (chickenpox)	PriorixTetra* or ProQuad*	✓	Deltoid	IM/SC	Online edition of the handbook recommends 2nd dose of Varilrix®/Varivax® to reduce incidence of 'breakthrough' varicella. This MUST be on prescription. Minimum 1 month interval for 2 live vaccines.
	Diphtheria-tetanus-pertussis	Infanrix or Tripacel	X	Deltoid	IM	
	Haemophilus influenzae type b	ActHIB	✓	Anterolateral thigh/Deltoid	IM	Haemophilus influenzae type b vaccine is the least reactogenic in this schedule point
4 years	Diphtheria-tetanus-pertussis-poliomyelitis	Infanrix IPV or Quadracel	X	Deltoid	IM	
5 years of age and over for all Aboriginal and Torres Strait Islander children	Influenza	As supplied	X	Deltoid	IM	If less than 9 years of age in the first year of administration, give 2 doses a minimum of 1 month apart
4-5 years of age with medical risk factor	Pneumococcal	Pneumovax 23	X	Deltoid	IM	See online edition of the handbook for recommended additional doses for children at increased risk
BCG for eligible infants and children	Tuberculosis	As supplied				BCG* for infants and children under 5 years of age travelling to TB endemic countries
5 years of age and over with medical risk factor	Influenza	Influenza	X	Deltoid	IM	If less than 9 years of age in the first year of administration, give 2 doses a minimum of 1 month apart

Intramuscular injection (IM)	Needle size	Angle of needle insertion
Infants and children	23G/25G, 25mm length	90° to skin plane
Pre-term babies and very small babies	25G/23G, 16mm length	90° to skin plane

Subcutaneous injection (SC)	Needle size	Angle of needle insertion
In all persons	25G/26G, 16mm length	45° to skin plane

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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.

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 AND HUMAN SERVICES \(DHHS\) 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 outbreak
- Keep parents and staff informed of the actions you are taking

ACTIONS

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.

It is important that visitors to early childhood services are limited to those delivering or supporting essential services and operations during a pandemic situation.

- All unwell staff and children must stay home
- 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
- 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. You are a good role model for the children and their parents/carers, so 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
- 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

Victoria's Chief Health Officer has confirmed that the use of face masks or coverings by adults or children is not recommended in early childhood settings at this time.

A single use facemask or cloth mask made to DHHS standards is recommended for staff performing temperature checks. Note that a cloth mask must be washed after each use before being worn again.

CONSIDERATIONS FOR TEACHING AND LEARNING ENVIRONMENTS

Maintaining a physical distance of 1.5 metres will not be practical in early childhood services. 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
 - note, disinfecting and cleaning of toys and equipment is not required after every use
- 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 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 to provide routine care or first aid 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 on 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. Gloves should be worn for the purpose of taking a temperature
- 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 DHHS