

## DEALING WITH ILLNESS AND INFECTIOUS DISEASES POLICY

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| <b>Policy Number</b>             | P-Q2-M007   | <b>Version Number</b>   | 5.00                          |
| <b>Drafted by</b>                | Director of Education   | <b>Approved Date:</b><br><b>Review Date:</b>  | February 2026<br>January 2027 |
| <b>Responsibility</b>            | The Board of Bubup Womindjeka Family and Children’s Centre Association (Inc.)<br>(See definitions)  |   |                               |
| <b>Related Service Policies</b>  | <ul style="list-style-type: none"> <li>▪ Administration of First Aid Policy</li> <li>▪ Administration of Medication Policy</li> <li>▪ Dealing with Medical Conditions Policy</li> <li>▪ Enrolment and Orientation Policy</li> <li>▪ Hygiene Policy</li> </ul>   | <ul style="list-style-type: none"> <li>▪ Incident, Injury, Trauma and Illness Policy</li> <li>▪ Inclusion and Equity Policy</li> <li>▪ Occupational Health and Safety Policy</li> <li>▪ Privacy and Confidentiality Policy</li> </ul> |                               |
| <b>Legislation and Standards</b> | <p>Relevant legislation and standards include but are not limited to:</p> <ul style="list-style-type: none"> <li>▪ <i>Education and Care Services National Law Act 2010</i></li> <li>▪ <i>Education and Care Services National Regulations 2011</i>: Regulation 88</li> <li>▪ <i>Family Assistance Legislation Amendment (Building on the Child Care Package Child Care Rebate) Act 2019</i></li> <li>▪ <i>Health Records Act 2001</i></li> <li>▪ <i>Information Privacy Act 2000</i> (Vic)</li> <li>▪ <i>National Quality Standard, Quality Area 2: Children’s Health and Safety</i></li> <li>▪ <i>National Quality Standard, Quality Area 6: Collaborative Partnerships with Families and Communities</i></li> <li>▪ <i>Occupational Health and Safety Act 2004</i></li> <li>▪ <i>Privacy Act 1988</i> (Cth)</li> <li>▪ <i>Public Health and Wellbeing Act 2008</i></li> <li>▪ <i>Public Health and Wellbeing Amendment (No Jab, No Play) Regulations 2015</i> (Vic)</li> <li>▪ <i>Public Health and Wellbeing Regulations 2009</i></li> </ul>  |   |                               |
| <b>Sources</b>                   | <ul style="list-style-type: none"> <li>▪ 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: <a href="https://www.health.vic.gov.au/public-health/infectious-diseases">https://www.health.vic.gov.au/public-health/infectious-diseases</a></li> <li>▪ Communicable Disease Prevention and Control Unit, Victorian Department of Health &amp; Human Services (2019), <i>A guide to the management and control of gastroenteritis outbreaks in children’s centres</i>. Victorian Government, Melbourne: <a href="https://www.health.vic.gov.au/publications/a-guide-to-the-management-and-control-of-gastroenteritis-outbreaks-in-childrens">https://www.health.vic.gov.au/publications/a-guide-to-the-management-and-control-of-gastroenteritis-outbreaks-in-childrens</a> Immunise Australia Program, Department of Health, Australian Government: <a href="https://www.health.gov.au/health-topics/immunisation">https://www.health.gov.au/health-topics/immunisation</a> Department of Health &amp; Human Services, Victoria (2012) <i>Head lice management guidelines</i>: <a href="https://www.health.vic.gov.au/publications/head-lice-management-guidelines">https://www.health.vic.gov.au/publications/head-lice-management-guidelines</a></li> </ul> <p><i>Immunisation Enrolment Toolkit for early childhood services</i>: <a href="https://www.health.vic.gov.au/immunisation/immunisation-enrolment-toolkit-for-early-childhood-services">https://www.health.vic.gov.au/immunisation/immunisation-enrolment-toolkit-for-early-childhood-services</a></p> <p><i>Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011</i> (2017), ACECQA:</p> |   |                               |

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|  | <p><a href="https://www.acecqa.gov.au/sites/default/files/2018-01/NQF-Resource-02-Guide-to-ECS-Law-Regs.pdf">https://www.acecqa.gov.au/sites/default/files/2018-01/NQF-Resource-02-Guide-to-ECS-Law-Regs.pdf</a></p> <p><i>Guide to the National Quality Standard</i> (2017), ACECQA: National Health and Medical Research Council (2013) <i>Staying Healthy</i>: <a href="https://www.acecqa.gov.au/sites/default/files/acecqa/files/National-Quality-Framework-Resources-Kit/NQF-Resource-03-Guide-to-NQS.pdf">https://www.acecqa.gov.au/sites/default/files/acecqa/files/National-Quality-Framework-Resources-Kit/NQF-Resource-03-Guide-to-NQS.pdf</a></p> <ul style="list-style-type: none"><li>▪ <i>Preventing infectious diseases in early childhood education and care services</i> (6<sup>th</sup> edition): <a href="https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services">https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services</a></li></ul> <p>Information about immunisations, including immunisation schedule, Victorian Department of Health: <a href="https://www.health.vic.gov.au/immunisation/immunisation-schedule-victoria-and-vaccine-eligibility-criteria">https://www.health.vic.gov.au/immunisation/immunisation-schedule-victoria-and-vaccine-eligibility-criteria</a></p> <ul style="list-style-type: none"><li>▪ WorkSafe, Victoria (2008) <i>Compliance code: First aid in the workplace</i>: <a href="https://www.worksafe.vic.gov.au/resources/compliance-code-first-aid-workplace">https://www.worksafe.vic.gov.au/resources/compliance-code-first-aid-workplace</a></li></ul> |
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## AUTHORISATION

This policy was adopted by the Bubup Womindjeka Family and Children's Centre Board of Governance on the 15<sup>th</sup> of August 2016.

## PURPOSE

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

- a child attending Bubup Womindjeka Family and Children's Centre shows symptoms of an infectious disease
- a child at Bubup Womindjeka Family and Children's Centre 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.

Note: This policy includes information on child immunisation.

## PRINCIPLES

Bubup Womindjeka Family and Children's Centre 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
- complying with current exclusion schedules and guidelines set by the Department of Health
- 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.

Bubup Womindjeka Family and Children's Centre 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 educators/staff at Bubup Womindjeka Family and Children's Centre are committed to preventing the spread of vaccine-preventable diseases through simple hygiene practices such as hand washing, effective cleaning procedures and assessing acceptable immunisation documentation and complying with recommended exclusion guidelines and timeframes for children and educators/staff.

## SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Bubup Womindjeka Family and Children's Centre.

## 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.

**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.

**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.

**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.

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

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

**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 and Prevention Control Unit (refer to *Definitions*), Victorian Department of Health and Human Services in Schedule 7 of the *Public Health and Wellbeing Regulations 2009*, 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 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 *Public Health and Wellbeing Regulations 2009*, the Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts. The exclusion period table, published by the Department of Health and Human Services, can be accessed at <https://www2.health.vic.gov.au/public-health/infectious-diseases/school-exclusion/school-exclusion-table>.

**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\*.
- 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 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.

## BACKGROUND AND IMPLEMENTATION

### Background

Infectious diseases are common in children. 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. Infectious diseases are divided into four categories (A, B, C, D) on the basis of the method of notification and the information required. The Department of Health 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 2009*.

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 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 contact with others.

The Victorian Government offers an immunisation program for children to assist in preventing the spread of infectious diseases.

Early childhood education and care services that are regulated under the *Education and Care Services National Law Act 2010* have legislative responsibilities under the *Public Health and Wellbeing Act 2008* to only offer a confirmed place in their programs to children with acceptable immunisation documentation (refer to *Definitions*).

Children will need to stay away from the service if they are unwell or have an infectious disease and can only return to the service if they are completely well. If your child is unwell while at the service, you will be contacted and may be required to collect them as soon as practical.

Families may need to provide a written clearance letter from a doctor (GP or specialist) as requested by the Nominated Supervisor or Person-s in Day-to-Day Charge for their child to return to the service if they have been unwell or have had an infectious disease.

We follow the Department of Health infectious diseases exclusion table for primary schools and children's services for guidance of exclusion periods. All families will be notified if there has been an infectious disease notification within the service.

## ROLE RESPONSIBILITIES

**The Nominated Supervisor and Persons with Management or Control are 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))
- 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 (Regulation 88(2))
- ensuring that information from the Department of Health about the recommended minimum exclusion periods (refer to *Definitions*) is displayed at the service and is 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 service is suffering from a vaccine-preventable disease being:
  - a) Pertussis, or
  - b) Poliomyelitis, or
  - c) Measles, or
  - d) Mumps, or
  - e) Rubella, or
  - f) Meningococcal C,as required under Regulation 84(2) of the *Public Health and Wellbeing Regulations 2009*
- ensuring that 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 85(1) of the *Public Health and Wellbeing Regulations 2009*
- contacting the Communicable Disease Prevention and Control Unit (refer to *Definitions*) if there is an outbreak of two or more cases of gastrointestinal illness in a 48 hour period
- ensuring children who are offered a confirmed place have acceptable immunisation documentation (refer to *Definitions*)
- 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 (refer to *Administration of First Aid Policy*). (As a demonstration of duty of care and best practice, ELAA recommends that all educators have current approved first aid qualifications and anaphylaxis management training and asthma management training.)
- establishing good hygiene and infection control procedures, and ensuring that they are adhered to by everyone at the service (refer to *Hygiene Policy and Attachment 1 – 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) and notify parents/guardians of any outbreak of infectious disease at the service, and displaying this information in a prominent position
- contacting the advising parents/guardians on enrolment that the recommended minimum exclusion periods will be observed in 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>).
- advising the parents/guardians of a child who is not fully immunised on enrolment that they will be required to keep their child at home when an infectious disease is diagnosed at the service, and until there are no more occurrences of that disease and the exclusion period has ceased
- requesting that parents/guardians notify the service if their child has, or is suspected of having, an infectious disease or infestation
- providing information and resources to parents/guardians to assist in the identification and management of infectious diseases and infestations
- conducting head lice inspections, at least once per term and whenever an infestation is suspected, which involves visually checking children's hair and notifying parents/guardians of the child if an infestation of head lice is suspected
- providing a head lice notification to all parents/guardians when an infestation of head lice has been detected at the service
- ensuring when directed by the Secretary, that a child who is not immunised against a vaccine-preventable disease does not attend the service until the Communicable Disease Prevention and Control Unit (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)
- supporting the educators/staff at the service to implement the requirements of the recommended minimum exclusion periods
  - ensuring information about immunisation legislation is displayed and is available to all stakeholders (refer to: <https://www.health.gov.au/health-topics/immunisation/when-to-get-vaccinated/national-immunisation-program-schedule>)
- conducting a thorough inspection of the service on a regular basis, and consulting with educators/staff to assess any risks by identifying the hazards and potential sources of infection
- ensuring that 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 that any changes to the exclusion table or immunisation laws are communicated to educators/staff and parents/guardians in a timely manner
- maintaining confidentiality at all times (refer to Privacy and Confidentiality Policy)
- following and upholding the guidance outlined in the Dealing with Illness Procedure (Attachment 2).

## **Educators and all other staff are responsible for:**

- guiding parents/guardians to notify the service if their child has an infectious disease or infestation
- observing signs and symptoms of children who may appear unwell, and informing the Nominated Supervisor
- providing access to information and resources for parents/guardians to assist in the identification and management of infectious diseases and infestations
- monitoring any symptoms in children that may indicate the presence of an infectious disease and taking appropriate measures to minimise cross-infection

- complying with the *Hygiene Policy* of the service and the procedures for infection control relating to blood-borne viruses (refer to Attachment 1)
- following the guidance outlined in the *Dealing with Illness Procedure* (Attachment 2)
- maintaining confidentiality at all times (refer to *Privacy and Confidentiality Policy*).

## **Parents/guardians are responsible for:**

- keeping their child/ren at home if they are unwell or have an excludable infectious disease (refer to Definitions)
- keeping their child/ren at home if they have experienced any gastro-like symptoms (vomiting and diarrhoeal) for at least a 24-hour period, (a 48-hour exclusion period may be required if there are more than one other suspected case within the service)
- collecting their child as soon as possible as requested if their child becomes unwell
- providing the service with a written letter of clearance from a doctor (GP or specialist) as requested by the Nominated Supervisor or Persons in Day-to-Day Charge for their child to return to the service if they have been unwell
- informing the Nominated Supervisor or Persons in Day-to-Day Charge as soon as practicable if their child is unwell or has an infectious disease (refer to Definitions) or has been in contact with a person who has an infectious disease (Regulation 84(1) of the Public Health and Wellbeing Regulations 2009) and providing acceptable immunisation documentation for their child
- complying with the recommended minimum exclusion periods (refer to Definitions) or as directed by the Nominated Supervisor in consultation with the Communicable Disease Prevention and Control Unit (refer to Definitions)
- seeking medical advice if their child has a suspected excludable infectious disease
- 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
- regularly checking their child's hair for head lice or lice eggs, regularly inspecting all household members, and treating any infestations as necessary before returning to the service
- notifying the service if head lice or lice eggs have been found in their child's hair and when treatment was commenced
- complying with the Hygiene Policy and the procedures for infection control relating to blood-borne viruses (refer to Attachment 1) when in attendance at the service.
- following the guidance outlined in the *Dealing with Illness Procedure* (Attachment 2)

**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 Nominated Supervisor will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- 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 changes to this policy or its procedures.

### **Relevant Forms/Documents**

**ATTACHMENT 1 - Procedures for infection control relating to blood-borne viruses**

**Key dates work form for immunisation and enrolment:** This form can assist your service to quickly and easily assess if a child’s vaccinations are up to date for their age in compliance with the definition in the legislation.

**Immunisation status certificate checklist:** If a parent/carer wants to provide evidence of immunisation status other than an ACIR Immunisation History Statement, use this checklist to assess if document/s provided can be used to confirm enrolment.

### Enrolment Form Information

| Version History |         |                                |   |
|-----------------|---------|--------------------------------|---|
| Date            | Version | Author/s                       | Details   |
| July 2014       | 1.00    | Public officer                 | New policy  |
| April 2016      | 2.00    | Chief Executive Officer        | Revision for updated format, document ID, related policies and relevant legislation and standards. Addition of definitions and evaluation.  |
| April 2020      | 3.00    | Director of Education          | Policy reviewed and updated.  |
| April 2021      | 3.00    | Director of Education          | Policy reviewed and minor editorial amendments made.  |
| April 2022      | 4.00    | Director of Education          | Policy reviewed and website links updated, and attachment added.  |
| June 2023       | 5.00    | Director of Education          | Policy updated, added new attachment ‘Managing Illness Procedure’ to provide further information and clarity to users of the service. Changed policy name from ‘Dealing with Infectious Diseases Policy’ to ‘Dealing with Illness and Infectious Diseases Policy’ |
| May 2024        | 5.00    | Director of Education          | Policy reviewed and no changes made.  |
| May 2025        | 5.00    | Director of Education          | Policy reviewed and Staying Healthy 6 <sup>th</sup> edition (2024) included in source links.  |
| February 2026   | 5.00    | Inclusion Support Co-ordinator | Policy reviewed, further detail included regarding exclusion periods.   |

## ATTACHMENT I

### 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.

#### *Equipment and procedures for responding to spills (blood, vomit, faeces) and incidents that present blood-borne virus hazards*

### 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 *Hygiene Policy*).
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, vomit and faeces 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 *Hygiene Policy*).

### **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 *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.

## **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 or Nominated Supervisor 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 2

### Managing Illness Procedure

The Nominated Supervisor and Persons in Day-to-Day Charge (PIDTDC) has a duty of care to the centre, children and staff and therefore has ultimate responsibility for deciding if a child is well enough to be at and/or return to the service.

The service is guided by professional documents as a reference for their decisions making including Staying Healthy in Child Care (6th ed) and the Department of Health infectious diseases exclusion table for primary schools and children's services.

#### Children arriving at the service who are unwell

The service will not accept a child into care if they:

- Are unwell and unable to participate in normal activities
- Have had vomiting and/or diarrhoea in the last 24 hours
- Have a contagious illness or disease

#### Children who become ill at the service

Should a child become ill during the day, educators will need to be vigilant and responsive to any symptoms of illness especially in young children who are unable to indicate they are unwell. Educators will monitor and document the child's symptoms. Where possible and practical, unwell children will be separated from the group, ensuring their comfort and supervision is maintained at all times.

Families will be asked to collect their child as soon as practical or arrange for an authorised nominee to collect. If there is no one able to collect the child within this time the child's condition will be monitored and if worsens an ambulance will be called. An illness record will be completed when children are collected due to illness.

#### Children may not remain at the service if, they:

- Have had more than two episodes of diarrhoea and / or vomiting within the day / 24-hour period
- Require dedicated one-to-one attention
- Have an unexplained rash that impacts the health and wellbeing of themselves and others
- Have any of the suspected illnesses listed below;

*Symptoms indicating a suspected illness may include (but are not limited to)-*

- High temperature/fever that is continuous and cannot be brought down- a fever (sweating/chills/shivering) in a young child can be a sign of infection, and needs to be investigated to find the cause. However, fever by itself is not necessarily an indicator of serious illness (see *managing high temperatures procedure*);
- Behaviour that is unusual for the individual child, including:
  - Drowsiness—the child is less alert than normal, making less eye contact, or less interested in their surroundings.
  - Lethargy and decreased activity—the child wants to lie down or be held rather than participate in any activity, even those activities that would normally be of interest.
- Breathing difficulty—this is an important sign. The child may be breathing very quickly or noisily, or be pale or blue around the mouth. The child may be working hard at breathing, with the muscles between the ribs being drawn in with each breath.
- Poor circulation—the child looks very pale, and their hands and feet feel cold or look blue.

- Poor feeding—the child has reduced appetite and drinks much less than usual. This is especially relevant for infants.
- Poor urine output—there are fewer wet nappies than usual; this is especially relevant for infants.
- Red or purple rash—non-specific rashes are common in viral infections; however, red or purple spots that do not turn white if pressed with a finger require urgent medical referral because the child could have meningococcal disease.
- A stiff neck or sensitivity to light—this may indicate meningitis, although it is possible for infants to have meningitis without these signs.
- Pain—a child may or may not tell you they are in pain. Facial expression is a good indicator of pain in small infants or children who do not talk. General irritability or reduced physical activity may also indicate pain in young children
- Cold or flu like symptoms (persistent runny nose, sore throat, coughing, sneezing, lethargy).

### **Children returning to the Centre after illness:**

- May return if they have not had an episode of vomiting/ diarrhoea for a minimum of 24 hours
- Suspected symptoms have lessened, and child appears to be themselves
- Child has not had Panadol / Nurofen before arrival. The service does not accept Paracetamol for children who have been unwell
- The Nominated Supervisor or Persons in Day to Day Charge can request the family to obtain a Medical Certificate to confirm that the child is well enough to return (this is at the Nominated Supervisors or person in day to day charge discretion)
- Where there may be multiple cases of suspected gastro (vomiting and/or diarrhoea) within the service, families may be requested to be excluded from the service for a 48-hour period.

### **Managing High Temperatures Procedure**

#### **If a child has a rising temperature/fever:**

Assess scenario: has the child just woken up from a nap, been exercising or is overdressed?

Focus attention on the way the child looks and behaves, their level of alertness, and whether there are any other symptoms that indicate serious infection, such as vomiting, coughing or convulsions.

Make the child comfortable, provide an opportunity to rest and/or lay down.

Try to cool the body: remove a layer of clothing, seek shade, wipe with a cool cloth and provide water.

Take temperature every 5 minutes and note it on a Monitoring Temperature Card.

If the temperature is rising, notify the Nominated Supervisor/ Persons in Day to Day Charge and a courtesy call will be made to the family.

If a child's temperature remains high and is unable to be brought down, the family will be notified and requested to collect as soon as practical.

If there is no one able to collect the child within this time the child's condition will be monitored and if worsens an ambulance will be called.

## ATTACHMENT 3

### Infectious Diseases Control — Exclusion Table

The following table indicates the minimum period of exclusion from children’s service centres as prescribed under Public Health and Wellbeing Regulations 2019 — Schedule 7.

| Conditions                                     | Exclusion of cases  | Exclusion of contacts  |
|--|---|--|
| Chicken pox                                    | 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 |
| Conjunctivitis                                 | Exclude until discharge from eyes has ceased  | Not excluded   |
| Cytomegalovirus (CMV) Infection                | Exclusion is not necessary  | Not excluded   |
| Diarrhoeal Illness*                            | Exclude until there has not been vomiting or a loose bowel motion for 24 hours  | Not excluded   |
| 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  |
| Glandular fever (Epstein-Barr Virus infection) | Exclusion is not necessary  | Not excluded   |
| Hand, Foot and Mouth disease                   | Exclude until all blisters have dried   | Not excluded   |

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|---|---|---|
| Haemophilus influenzae type b (Hib)           | Exclude until 48 hours after initiation of effective therapy  | Not excluded  |
| 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  |
| Hepatitis B/<br>Hepatitis C                   | Exclusion is not necessary  | Not excluded  |
| 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  |
| Human immuno-deficiency virus infection (HIV) | Exclusion is not necessary  | Not excluded  |
| Impetigo                                      | Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing                                       | Not excluded  |
| Influenza and influenza like illnesses        | Exclude until well  | Not excluded unless considered necessary by the Chief Health Officer  |
| Leprosy                                       | Exclude until approval to return has been given by the Chief Health Officer   | Not excluded  |
| 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 |

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| Meningitis (bacteria, other than meningococcal meningitis)         | Exclude until well   | Not excluded   |
| Meningococcal infection  | Exclude until adequate carrier eradication therapy has been completed  | Not excluded if receiving carrier eradication therapy  |
| Mumps  | Exclude for 5 days or until swelling goes down (whichever is sooner)   | Not excluded   |
| Molluscum contagiosum  | Exclusion is not necessary   | Not excluded   |
| Pertussis (whooping cough)   | Exclude 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 |
| Poliovirus infection   | Exclude for at least 14 days from onset. Re-admit after receiving medical certificate of recovery                    | Not excluded   |
| Ringworm, scabies, pediculosis (head lice)                         | Exclude until the day after appropriate treatment has commenced  | Not excluded   |
| Rubella (German measles)   | Exclude until fully recovered or for at least 4 days after the onset of rash   | Not excluded   |
| Severe Acute Respiratory Syndrome (SARS)                           | Exclude until medical certificate of recovery is produced  | Not excluded unless considered necessary by the Chief Health Officer   |
| 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   |
| 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   |



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| 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   |
| 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 |