DEALING WITH INFECTIOUS DISEASES

QUALITY AREA 2 | ELAA version 1.6

ELAA acknowledges the contribution of the Department of Health for their review of this policy.

PURPOSE

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

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

POLICY STATEMENT

VALUES

Middle Park Kindergarten is committed to:

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

Middle Park Kindergarten supports the Immunise Australia Program and National Immunisation Program (NIP), which is currently recommended by the National Health and Medical Research Council (NHMRC) and supported by the Commonwealth Government. All early childhood teachers, educators/staff at Middle Park Kindergarten are committed to preventing the spread of infectious 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, early childhood teachers and educators/staff.

SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, early childhood teachers, educators, staff, students, volunteers, parents/guardians, children, and others attending the programs and activities of Middle Park Kindergarten including during offsite excursions and activities.

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

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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 evidence-based practice, ELAA recommends that all early childhood teachers and educators have current approved first aid qualifications and anaphylaxis management training and asthma management training.	**R**	√	√		
Notifying DE within 24 hours of a serious incident *(refer to Definitions)* via the NQAITS	**R**	√			
Conducting a thorough inspection of the service on a regular basis, and consulting with staff to assess any risks by identifying the hazards and potential sources of infection	**R**	√	√		√
Establishing and complying with good hygiene and infection prevention and control procedures *(refer to Hygiene Policy) (refer to Attachment 4)*	**R**	√	√	√	√
Observing for signs and symptoms of an infectious disease in children, and taking appropriate measures to minimise cross-infection and inform management		√	√	√	√
Providing appropriate and current information and resources to all stakeholders regarding the identification and management of infectious diseases, blood-borne viruses and infestations	√	√	√		√
Keeping informed of current legislation, information, research and evidence-based practice	√	√	√	√	√
Complying with the *Hygiene Policy* of the service and the procedures for infection prevention and control relating to blood-borne viruses *(refer to Attachment 4)*	**R**	√	√	√	√
Communicating changes to the exclusion table or immunisation laws to all stakeholders in a timely manner	**R**	√	√		√
Complying with the advice of the Australian Health Protection Principal Committee (AHPPC), Victorian Chief Health Officer and DH in an epidemic or pandemic event *(refer to Attachment 5).*	**R**	√	√	√	√
Notifying everyone at the service of any outbreak of infectious disease at the service including information about the nature of the illness, incubation and infectious periods, and the service's exclusion requirements for the illness, and displaying this information in a prominent position	**R**	√	√		
Advising parents/guardians on enrolment that the minimum exclusion periods will be observed in regard to the outbreak of any infectious diseases or infestations (*refer to:* www2.health.vic.gov.au/public-health/infectious-diseases/school-exclusion/school-exclusion-table).	**R**	√	√		
Providing information to staff and parents/guardians about child and adult immunisation recommendations *(refer to Attachment 6)*	√	√			
Advising the parents/guardians of a child who is not fully immunised on enrolment and/or is undertaking the 16 weeks	**R**	√	√		

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support period, that they will be required to keep their child at home when a vaccine-preventable disease is diagnosed at the service, and until there are no more occurrences of that disease and the exclusion period has ceased					
Ensuring that parents/guardians understand that they must inform the approved provider or nominated supervisor as soon as practicable if the child is infected with an infectious disease or infestation, or has been in contact with a person infected with a condition for which the exclusion of contacts is specified *(Regulation 110, Public Health and Wellbeing Regulations 2019)*	**R**	**R**	**R**	**R**	
Providing information and resources to parents/guardians to assist in the identification and management of infectious diseases and infestations	√	√	√		
Ensuring all parents/guardians have completed a consent form to conduct head lice inspections *(refer to Attachment 1)* on enrolment	**R**	√	√		
Conducting head lice inspections whenever an infestation is suspected, which involves visually checking children's hair and notifying the approved provider and parents/guardians of the child if an infestation of head lice is suspected		√	√		
Providing a head lice action form *(refer to Attachment 2)* to the parents/guardians of a child suspected of having head lice	**R**	√	√		
Providing a head lice notification letter *(refer to Attachment 3)* to all parents/guardians when an infestation of head lice has been detected at the service	**R**	√	√		
Maintaining confidentiality at all times *(refer to Privacy and Confidentiality Policy)*	**R**	**R**	**R**	√	√
Keeping their child/ren at home if they are unwell or have an excludable infectious disease or infestation for the period of time specified in the Regulations *(refer to Definitions)*				√	
Informing service management as soon as practicable if their child has an infectious disease or infestation *(refer to Definitions)* or has been in contact with a person who has an infectious disease *(Regulation110 of the Public Health and Wellbeing Regulations 2019)*				**R**	
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 whom 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)*				**R**	

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PROCEDURES

- Refer to *Attachment 4.* Infection control relating to blood borne viruses
- Refer to *Attachment 5* Actions for early childhood and care services in an epidemic or pandemic event

BACKGROUND AND LEGISLATION

BACKGROUND

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

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

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

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

An approved provider 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 of the Education and Care Services National Regulations 2011).* The service has a duty of care to ensure that everyone attending the service is provided with a high level of protection during all hours that the service is in operation. Protection can include:

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

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

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

LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Family Assistance Legislation Amendment (Jobs for Parents/guardians Child Care Package) Act 2017 (Cth)
- Health Records Act 2001 (Vic)
- National Quality Standard, Quality Area 2 & 6

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- Public Health & Wellbeing Amendment (No Jab No Play) Act 2015 (Vic)
- Occupational Health and Safety Act 2004 (Vic)
- Privacy and Data Protection Act 2014 (Vic)
- Privacy Act 1988 (Cth)
- Public Health and Wellbeing Act 2008 (Vic)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: www.legislation.vic.gov.au
- Commonwealth Legislation – Federal Register of Legislation: www.legislation.gov.au

DEFINITIONS

The terms defined in this section relate specifically to this policy. For regularly used terms e.g. Approved provider, Nominated supervisor, Notifiable complaints, Serious incidents, Duty of care, etc. refer to the Definitions file of the PolicyWorks catalogue.

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

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

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

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

Illness: Any sickness and/or associated symptoms that 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 Section *(refer to Definitions)*, Department of Health Victoria (DH) as well as those listed in Schedule 7 of the *Public Health and Wellbeing Regulations 2019*, the Minimum Period of Exclusion from Primary Schools, Education and Care Service Premises and Children's Centres for Infectious Diseases Cases and Contacts.

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

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

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

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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.

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

SOURCES AND RELATED POLICIES

SOURCES

- Communicable Disease Section, Victorian Department of Health, Victoria (2019), A guide to the management and control of gastroenteritis outbreaks in children's centres. Victorian Government, Melbourne: https://www.health.vic.gov.au/publications/a-guide-to-the-management-and-control-of-gastroenteritis-outbreaks-in-childrens
- Department of Health, Victoria (2012) Head lice management guidelines: https://www.health.vic.gov.au/infectious-diseases/head-lice
- Guide to the National Quality Standard (2023), ACECQA: https://www.acecqa.gov.au/sites/default/files/2023-03/Guide-to-the-NQF-March-2023.pdf
- Immunisation Enrolment Toolkit for early childhood services: https://www.health.vic.gov.au/immunisation/no-jab-no-play
- Information about immunisations, including immunisation schedule, DH: https://www.health.gov.au/health-topics/immunisation/when-to-get-vaccinated/national-immunisation-program-schedule
- Increase in gastroenteritis outbreaks in childcare: https://www.health.vic.gov.au/health-advisories/increase-in-gastroenteritis-outbreaks-in-childcare
- National Health and Medical Research Council (2024) Staying Healthy: Preventing infectious diseases in early childhood education and care services (6th edition): https://www.nhmrc.gov.au/about-us/publications/staying-healthy-guidelines#block-views-block-file-attachments-content-block-1
- National Health and Medical Research Council, Fact Sheets: https://www.nhmrc.gov.au/about-us/publications/staying-healthy-guidelines/fact-sheets
- National Immunisation Program, Department of Health, Australian Government: https://www.health.gov.au/initiatives-and-programs/national-immunisation-program
- Statements Section for statements on health emergencies, AHPPC. Available at: https://www.health.gov.au/committees-and-groups/australian-health-protection-principal-committee-ahppc
- Victorian Department of Health, Disease information and advice: https://www.health.vic.gov.au/infectious-diseases/disease-information-and-advice
- WorkSafe, Victoria (2021) Compliance code: First aid in the workplace: https://www.worksafe.vic.gov.au/resources/compliance-code-first-aid-workplace

RELATED POLICIES

- Administration of First Aid
- Administration of Medication
- Child Safe Environment and Wellbeing
- Dealing with Medical Conditions
- Enrolment and Orientation
- Hygiene
- Incident, Injury, Trauma and Illness

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- Inclusion and Equity
- Occupational Health and Safety
- Privacy and Confidentiality

EVALUATION

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

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

ATTACHMENTS

- Attachment 1: Consent form to conduct head lice inspections
- Attachment 2: Head lice action form
- Attachment 3: Head lice notification letter
- Attachment 4: Management of blood and body fluids/substances
- Attachment 5: Actions for early childhood and care services in an epidemic or pandemic event
- Attachment 6: Child and adult immunisation recommendations

AUTHORISATION

This policy was adopted by the approved provider of [Company] on 3rd March 2025.

REVIEW DATE: March 2027

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ATTACHMENT 1. CONSENT FORM TO CONDUCT HEAD LICE INSPECTIONS

"[Place on service letterhead]"

Dear parents/guardians,

[Service Name] is aware that head lice infestation can be a sensitive issue and is committed to maintaining children's confidentiality and avoiding stigmatisation at all times. However, management of head lice infestation is most effective when all children and their parents/guardians actively support our policy and participate in our screening program.

All inspections will be conducted in a culturally appropriate and sensitive manner, and information about why the inspections are conducted and the benefits of preventing infestations will be explained to children prior to conducting the inspections.

Only the nominated supervisor/person in day to day charge or an external person approved by the service, such as a nurse employed by the local council, will be permitted to carry out inspections on children at the service. Where there is concern about a potential infection, a child's hair will be inspected for the presence of head lice or lice eggs.

Where live head lice are found, [Service Name] will notify the parents/guardians and will provide them with relevant information about the treatment of head lice. Other parents/guardians will be provided with a notice to inform them that head lice have been detected in the group and to encourage them to be vigilant and carry out regular inspections of their own child.

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 for Infectious Diseases Cases and Contacts* published by the Department of Health (DH) which defines the minimum period of exclusion from a children's service for children with infectious diseases. According to this table, where a child has head lice, that child must be excluded until the day after appropriate treatment has commenced.

Child's name:_____ Group:

I hereby give my consent for [Service Name], or a person approved by [Service Name], to inspect my child's head when an infestation of head lice is suspected in the service.

Full name of parent/guardian: _____

Signature of parent/guardian: _____ Date: _____

I do not give consent for my child's head to be inspected. I request that staff contact me when an infestation of head lice is suspected at the service, and I agree to come to the service to complete the inspection myself.

Full name of parent/guardian: _____

Signature of parent/guardian: _____ Date: _____

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ATTACHMENT 2. HEAD LICE ACTION FORM

"[Place on service letterhead]"

Dear parents/guardians,

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

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

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

HEAD LICE TREATMENT – ACTION TAKEN

Parent/guardian response form

To [Service Name]

CONFIDENTIAL

Child's name: _____ Group: _____

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

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

_____ "[write name of treatment used]" .

Treatment commenced on: _____ [write date treatment was first used].

Signature of parent/guardian: _____ Date: _____

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ATTACHMENT 3. HEAD LICE NOTIFICATION LETTER

"[Place on service letterhead]"

Dear parents/guardians,

It has come to our attention that head lice or lice eggs have been detected in your child's group at [Company] 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.

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.

If you find head lice or lice eggs in your child's hair, we also ask that you ensure your child does not attend the service until the day after appropriate treatment has occurred in line with the Department of Health's (DH) minimum period of exclusion required for head lice.

How do I treat my child for head lice?

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

Who do I contact if my child has head lice?

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

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

When can my child return to the service?

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

[Company] 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]"

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ATTACHMENT 4. MANAGEMENT OF BLOOD AND BODY FLUIDS/SUBSTANCES

The use of standard infection prevention and control practices, known as standard precautions, *(refer to Definitions)* is the best way to prevent transmission of blood borne viruses from blood and body fluids. The use of standard precautions also helps to minimise the transmission of many other infectious diseases and harmful organisms.

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

Important note on blood spills

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

MANAGING EXPOSURES TO BLOOD AND/OR BODY FLUIDS

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

SPLASHES

- Remove contaminated clothing (if applicable) and thoroughly wash exposed area with soap and water.
- Do not squeeze puncture wounds from sharps injuries.
- Affected mucous membranes should be flushed with large amounts of water.
- Eyes should be flushed gently (no soap).
- The exposed person must report any occupational exposures immediately.
- Seek medical attention for an assessment of the risk of transmission of a blood borne virus and appropriate management.

NEEDLE STICK INJURIES

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

- Flush the injured area with flowing water.
- Wash the wound well with soap and warm water.
- Dry the wound and apply a waterproof dressing
- Seek medical attention for an assessment of the risk of infection and appropriate treatment.
- If the needle and syringe cannot be retrieved, mark the area so others are not at risk and contact the Disposal Helpline.
- Report the injury to the Approved Provider.

CLEANING AND REMOVAL OF BLOOD SPILLS AND BODY FLUIDS

Equipment [Spill Kit] (label clearly and keep in an easily accessible location)

- Disposable gloves
- Utility gloves (heavy-duty gloves, used for cleaning)
- Disposable paper towels
- Disposable cloths or sponges
- Disposable plastic bags/zip lock bags/biohazard container (if available)
- Detergent/bleach
- Access to warm water

Procedure

When a spill happens, clean it up promptly. Place a safety sign around the area to prevent access until it is cleaned.

1. Put on disposable gloves.
2. Immediately wipe up the spill using a damp cloth, tissue, or paper towel. For larger spills, cover the area with an absorbent material like kitty litter or large disposable pads. Use a scraper and pan to collect both the absorbent material and any remaining fluids.

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3. Dispose of the cloth, tissue, absorbent material, and scraper by placing them in a plastic bag, sealing it, and throwing it into a general waste bin.
4. Remove and discard the disposable gloves, as they may have been contaminated during the cleanup.
5. Wash your hands thoroughly with soap and water.
6. Put on clean utility gloves, clean the surface with warm water and detergent, and dry it with paper towels.
7. Disinfect the area following the instructions of the disinfectant product used.
8. Finally, remove the utility gloves and wash your hands again with soap and water (follow the Handwashing guidelines in the *Hygiene Policy*).

The steps are the same for both hard and soft surfaces. Take care to avoid direct contact with body fluids, and cover any cuts on your hands with waterproof dressings before cleaning. While personal protective equipment like face shields isn't required, eyewear is recommended if there's a chance of fluid splashing into your eyes.

SAFE DISPOSAL OF DISCARDED NEEDLES AND SYRINGES

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

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

Procedure

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

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

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

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

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

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

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ATTACHMENT 5. ACTIONS FOR EARLY CHILDHOOD AND CARE SERVICES IN AN EPIDEMIC OR PANDEMIC EVENT

Important note: A pandemic is an epidemic of an infectious disease that has spread across a large region, for instance multiple continents or worldwide, affecting a substantial number of people. ELAA advises that the contents of this policy are relevant to a pandemic event. In considering what actions are required by an approved provider, information and guidance provided by the Australian Health Protection Principal Committee (AHPPC), Victorian Government, the Department of Health (DH) and the Department of Education (DE) should be followed and adhered to.

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.

ACTIONS

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

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

HYGIENE

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

- All staff and children should undertake regular hand hygiene, particularly on arrival to the service, before and after eating, after blowing their nose, coughing, sneezing or using the toilet. You are a good role model for the children and their parents/guardians, 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 during work hours should be discouraged. Staff should be reminded to clean their phones regularly.

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ARRIVAL AND DEPARTURE

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

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

CONSIDERATIONS FOR TEACHING AND LEARNING ENVIRONMENTS

Maintaining physical distance requirements between staff and children is not practical in early childhood services. In the case of coronavirus (COVID-19) physical distancing is most important between adults.

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

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

CONSIDERATIONS FOR OFFICES AND STAFF FACILITIES

- Close proximity between staff should be avoided, where possible, and especially in offices and staff rooms.
- Workstations should be spaced out as much as possible, and the number of staff in offices limited. Where possible, staff should use separate offices.
- Remind staff to maintain physical distancing from each other as much as possible in the reception, staff room and offices.

CLEANING AND FACILITIES MANAGEMENT

- Environmental cleaning, coupled with regular hand hygiene, remains important to reduce the risk of infection transmission.
- Services should maintain full adherence to the NHMRC childcare cleaning guidelines, in addition:
    - clean and disinfect high-touch surfaces at least twice 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 (avoid using plush toys that are shared among children), 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.

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    - **Note:** In an epidemic/pandemic disinfecting and cleaning of toys and equipment should be done after every use before another child uses the toy/item
- Hand hygiene before and after use of shared equipment is recommended (for example, prior to a new activity).
- Excursions should not be undertaken other than to local parks.

PROVISION OF ROUTINE CARE AND FIRST AID

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

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

MANAGEMENT OF AN UNWELL CHILD OR STAFF MEMBER

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

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

SOURCE

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

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ATTACHMENT 6. CHILD AND ADULT IMMUNISATION RECOMMENDATION

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

Routine childhood immunisations help to protect children against:

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

For more information visit: https://www.health.vic.gov.au/public-health/immunisation

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

These infections may include:

- Seasonal influenza vaccine
- measles, mumps, rubella (MMR)
- chickenpox (varicella)
- whooping cough (pertussis)
- hepatitis A vaccine
- COVID -19

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

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

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

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

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

Under the Occupational Health and Safety Act 2004 employers must provide a working environment that is safe and without risks to health. Further, employers are required to take steps to eliminate risks so far as is reasonably practicable. If it is not reasonably practicable to eliminate these, they are required to reduce those risks so far as is reasonably practicable.

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

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

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

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

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

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

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