



INFECTIOUS DISEASES POLICY

PURPOSE

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

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

Note: This policy includes information on child immunisation.

POLICY STATEMENT

VALUES

Acacia 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
- preventing the spread of vaccine-preventable diseases
- 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.
- complying with the advice of the Australian Health Protection Principal Committee (AHPPC), Victorian Chief Health Officer and DHHS
- Acacia 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 Acacia 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, Persons with Management or Control, Nominated Supervisor, Persons in day-to-day Charge staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Acacia, including during offsite excursions and activities.

BACKGROUND AND LEGISLATION

Background

Infectious diseases are common in children. Infectious diseases such as the Chicken Pox, Common Cold, Measles and Mumps, are common in children and adults are also 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 DHHS 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 DHHS and the Australian Health Protection Principal Committee (AHPPC).

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

- notifying 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. There is also the Immunise Australia Program and National Immunisation Program (NIP), which is currently recommended by the National Health and Medical Research Council (NHMRC) and supported by the Commonwealth Government.

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

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011: Regulation 88*
- *Family Assistance Legislation Amendment (Child Care Rebate) Act 2011*
- *Health Records Act 2001*
- *Information Privacy Act 2000 (Vic)*
- *National Quality Standard, Quality Area 2: Children's Health and Safety*
- *National Quality Standard, Quality Area 6: Collaborative Partnerships with Families and Communities*
- *No Jab No Play Law (Vic)*
- *Occupational Health and Safety Act 2004*
- *Privacy Act 1988 (Cth)*
- *Privacy and Data Protection Act 2014 (Vic)*
- *Public Health and Wellbeing Act 2008*
- *Public Health and Wellbeing Amendment (No Jab, No Play) Regulations 2015 (Vic)*
- *Public Health and Wellbeing Regulations 2019*

DEFINITIONS

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

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.

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 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>.

Pandemic: An outbreak of a disease that occurs over a wide geographic area and affects an exceptionally high proportion of the population.

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

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

- the death of a child while being educated and cared for at the service or following an incident at the service
- any incident involving serious injury or trauma while the child is being educated and cared for, which
 - a reasonable person would consider required urgent medical attention from a registered medical practitioner; or
 - the child attended or ought reasonably to have attended a hospital e.g. a broken limb*
- any incident involving serious illness of a child while that child is being educated and cared for by a service for which the child attended, or ought reasonably to have attended, a hospital e.g. severe asthma attack, seizure or anaphylaxis*.

- *NOTE: In some cases (for example rural and remote locations) a General Practitioner conducts consultation from the hospital site. Only treatment related to serious injury or illness or trauma are required to be notified, not other health matters.
- any emergency for which emergency services attended. NOTE: This means an incident, situation or event where there is an imminent or severe risk to the health, safety or wellbeing of a person/s at an education and care service. It does not mean an incident where emergency services attended as a precaution.
- a child appears to be missing or cannot be accounted for at the service
- a child appears to have been taken or removed from the service in a manner that contravenes the National Regulations
- a child was mistakenly locked in or out of the service premises or any part of the premises.

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

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

Notifications of serious incidents should be made through the 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.

Notifiable conditions in Victoria

Medical practitioners are required by law to notify the Department of Health and Human Services if they believe a patient has, or may have, one of the following conditions:

<p>Phone 1300 651 160</p> <p>Group A conditions require immediate notification by TELEPHONE upon clinical suspicion or initial diagnosis (presumptive or confirmed), followed by WRITTEN notification within five days.</p> <ul style="list-style-type: none"> • Anthrax • Botulism • Chikungunya virus infection • Cholera • Diphtheria • Food or water borne illness (2 or more related cases) • Haemolytic uremic syndrome (HUS) • Haemophilus influenzae type b infection (Hib) (epiglottitis, meningitis and other invasive infections) • Hepatitis A • Japanese encephalitis • Legionellosis • Measles • Meningococcal infection (invasive) • Middle East Respiratory Syndrome coronavirus (MERS CoV) • Murray Valley encephalitis virus • Paratyphoid • Plague • Poliovirus infection • Rabies • Severe acute respiratory syndrome (SARS) • Smallpox • Tularemia • Typhoid • Viral haemorrhagic fevers • Yellow fever 	<p>Group B conditions require WRITTEN notification upon initial diagnosis within five days.</p> <ul style="list-style-type: none"> • Arbovirus infection – other • Barmah Forest virus infection • Brucellosis • Campylobacteriosis • Creutzfeldt-Jakob disease (classical/variant) • Dengue virus infection • Hepatitis B (newly acquired/ unspecified) • Hepatitis C (newly acquired/ unspecified) • Hepatitis D • Hepatitis E • Hepatitis viral (not further specified) • Influenza (laboratory confirmed) (types A and B) • Kunjin virus infection • Lead (blood lead > 5 µg/dL) • Leprosy • Leptospirosis • Listeriosis • Lyssavirus (incl. Australian bat lyssavirus) • Malaria • Mumps • Mycobacterium ulcerans • Pertussis • Pneumococcal infection (invasive) • Cryptosporidiosis • Psittacosis (ornithosis) • Q fever • Ross River virus infection • Rubella (incl. congenital rubella syndrome) • Salmonellosis • Shigatoxin and verotoxin producing Esherichia coli (STEC/VTEC) • Shigellosis • Tetanus • Tuberculosis (pulmonary/ extrapulmonary) • Varicella (chickenpox/herpes zoster [shingles]) 	<p>Group C conditions are sexually transmitted infections. They only require WRITTEN notification within five days of initial diagnosis. To preclude identification of the patient, only the first two letters of the family and given name of the patient are required along with other prescribed details.</p> <ul style="list-style-type: none"> • Chlamydia trachomatis infection • Donovanosis • Gonococcal infection • Syphilis (including congenital) <p>Group D conditions are HIV (Human Immunodeficiency Virus) and AIDS (Acquired Immunodeficiency Syndrome). They only require WRITTEN notification within five days of initial diagnosis. A separate form is used for this purpose, which is forwarded to the diagnosing medical practitioner with the laboratory confirmation of HIV infection.</p> <p>Further information Phone 1300 651 160 Disease information, surveillance data and links to public health alerts can be found at www.health.vic.gov.au/notify</p>	<p>Notifying is easy</p> <p>Group A conditions</p> <ol style="list-style-type: none"> 1. Phone 1300 651 160 (local call), and 2. Send notification form via <ul style="list-style-type: none"> • fax 1300 651170 (local call) or • post to Reply Paid 65937 Melbourne VIC 8060 or • online at www.health.vic.gov.au/notify <p>Group B, C and D conditions</p> <ol style="list-style-type: none"> 1. Send notification form via <ul style="list-style-type: none"> • fax 1300 651170 (local call) or • post to Reply Paid 65937 Melbourne VIC 8060 or • online at www.health.vic.gov.au/notify <p>You can order notification forms and reply paid envelopes, or download notification forms, online at www.health.vic.gov.au/notify</p>
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1. SOURCES AND RELATED POLICIES

Sources

- Communicable Diseases Section, Public Health Group, Victorian Department of Human Services (2011), *The Blue Book: Guidelines for the control of infectious diseases*. Available at: <https://www2.health.vic.gov.au/about/publications/researchandreports/The-blue-book>

- Communicable Disease Prevention and Control Unit, Victorian Department of Health & Human Services (2019), *A guide to the management and control of gastroenteritis outbreaks in children's centres*. Victorian Government, Melbourne: <https://www2.health.vic.gov.au/about/publications/researchandreports/A-guide-to-the-management-and-control-of-gastroenteritis-outbreaks-in-childrens-centres>
- Immunise Australia Program, Department of Health, Australian Government: www.immunise.health.gov.au
- Department of Health & Human Services, Victoria (2012) *Head lice management guidelines*: <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Head-lice-management-guidelines>
- *Immunisation Enrolment Toolkit for early childhood services*: <https://www2.health.vic.gov.au/public-health/immunisation/vaccination-children/no-jab-no-play/immunisation-enrolment-toolkit>
- *Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011* (2017), ACECQA: <http://files.acecqa.gov.au/files/National-Quality-Framework-Resources-Kit/NQF-Resource-02-Guide-to-ECS-Law-Regs.pdf>
- *Guide to the National Quality Standard* (2017), ACECQA: <http://files.acecqa.gov.au/files/National-Quality-Framework-Resources-Kit/NQF-Resource-03-Guide-to-NQS.pdf>
- National Health and Medical Research Council (2013) *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th edition): <https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services>
- Information about immunisations, including immunisation schedule, Victorian Department of Health: www.health.vic.gov.au/immunisation
- WorkSafe, Victoria (2008) *Compliance code: First aid in the workplace*: <https://www.worksafe.vic.gov.au/resources/compliance-code-first-aid-workplace>

Service policies

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

PROCEDURES

Management of unwell child at the centre

The centre will provide a suitable area away from other children where a child who is unwell can rest

The centre recognises that children may develop symptoms of illness during their time at the centre. Educators will observe a decline in the child's health and wellbeing that indicates an illness. Minor symptoms will be verbally reported to parents when they collect their child and recorded in the Illness or injury record.

Parents will be contacted and asked to collect their child as soon as possible when symptoms suggest that the child shows symptoms of being unwell e.g. fever, lethargy, differences in their everyday general behaviour, or distressed. The child's overall wellbeing will be considered when calling families to collect their child/ren.

If parents are not able to be contacted, all emergency contacts will be contacted for collection.

In an event of the child becoming very unwell that needs urgent medical attention an ambulance will be called.

In the case of serious ill health or hospitalisation, the staff member will require a medical certificate from their medical practitioner, verifying that their recovery is sufficient to enable their return to the centre. Details will be entered into the Illness record.

For any child who is not coping within the group for a period of time and is considered to need one to one care by staff, their parent/guardian will be contacted and appropriate action decided between both parties.

Staff will not administer continual doses of pain relieving medication if a child is unwell. Upon arrival at the centre, staff will observe each child and where necessary request that a parent not leave their child who is physically unwell, may be asked to go home

Families requesting ongoing pain relieving medication due to an unwell child will be asked to take their child home to rest and recuperate.

Children may return when completely well.

Refer to Administering Medication policy for further information.

Educators will record all illness in the centre's Illness Register, including both staff and children. Details entered will include: date, time of onset name, age, symptoms, room or group place, description of illness and action taken.

Educators will ensure that the person collecting the child is made aware of any record made in an incident and illness record which will need to be signed. This record will be securely filed and kept until the child is 24 years old.

The Approved Provider 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 information from the DHHS about the minimum exclusion periods (refer to *Definitions*) is displayed at the service and is available to all stakeholders including staff, parents/guardians, students and volunteers
- 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 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*
- contacting the Communicable Disease Section, DHHS (refer to *Definitions*) if there is an outbreak of two or more cases of gastrointestinal illness in a 48-hour period
- 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*

- ensuring obligations under No Jab No Play legislation (*Public Health and Wellbeing Act 2008*), including to request, assess and manage immunisation documentation and to assist parents/carers and families who may face difficulties in meeting the requirements are met (refer to *Enrolment and Orientation Policy*)
- ensuring children who are offered a confirmed place have acceptable immunisation documentation (refer to *Definitions*)
- 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 DESE within 24 hours of a serious incident (refer to *Definitions*)
- supporting the Nominated Supervisor and 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: www.health.vic.gov.au/immunisation/factsheets/schedule-victoria.htm)
- 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 the Nominated Supervisor, staff and everyone at the service adheres to the *Hygiene Policy* and the procedures for infection control relating to blood-borne viruses (refer to Attachment 4)
- 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, outbreaks, pandemics 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.
- complying with the advice of the Australian Health Protection Principal Committee (AHPPC), Victorian Chief Health Officer and DHHS in an epidemic or pandemic event (refer to Attachment 5).
- All directions from Government departments will be adhered to in accordance to the information given in case of any outbreaks and pandemics.

The Nominated Supervisor and Persons in Day-to-Day Charge 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 DHHS about the 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 services is suffering from a vaccine-preventable disease being:
 - g) Pertussis, or
 - h) Poliomyelitis, or
 - i) Measles, or
 - j) Mumps, or
 - k) Rubella, or
 - l) 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 hours period
- 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*).
- 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 4 – Procedures for infection control relating to blood-borne viruses)
- ensuring the exclusion requirements for infectious diseases are adhered to as per the recommended minimum exclusion periods (refer to *Definitions*), notifying the Approved Provider and parents/guardians of any outbreak of infectious disease at the service, and displaying this information in a prominent position
- 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>).
- 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*)
- 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
- ensuring all families have completed a *Consent form to conduct head lice inspections* (Attachment 1) on enrolment
- conducting regular head lice inspections, at least once per term and 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* (Attachment 2) to the parents/guardians of a child suspected of having head lice
- providing a head lice notification letter (Attachment 3) to all parents/guardians when an infestation of head lice has been Detected at the service
- Updated Information will be shared with all staff, families and children in case of any outbreaks or Pandemic. All directions from Government departments will be adhered to in accordance to the information given.
- Contact Suppliers of consumables and food to ensure that children's health and safety is not compromised. Report to Management if this becomes an issue.
- Maintaining confidentiality at all times (refer to *Privacy and Confidentiality Policy*).
- complying with the advice of the Australian Health Protection Principal Committee (AHPPC), Victorian Chief Health Officer and DHHS in an epidemic or pandemic event (refer to Attachment 5).

All other educators are responsible for:

- encouraging 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 that all parents/guardians have completed a *Consent form to conduct head lice inspections* (Attachment 1) on enrolment
- 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 4)
- maintaining confidentiality at all times (refer to *Privacy and Confidentiality Policy*).
- complying with the advice of the Australian Health Protection Principal Committee (AHPPC), Chief Health Officer and DHHS in an epidemic or pandemic event (refer to Attachment 5).
- Staff are to follow the isolation directive from the Department of Health in any cases of an outbreak or Pandemic.
- All directions from Government departments will be adhered to in accordance to the information given in case of any outbreaks and pandemics.

Parents/guardians are responsible for:

- keeping their child/ren at home if they are unwell or have an excludable infectious disease (refer to *Definitions*)
- informing the Approved Provider, Nominated Supervisor or Persons in Day-to-Day Charge as soon as practicable if their child has an infectious disease (refer to *Definitions*) or has been in contact with a person who has an infectious disease (Regulation 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 Approved Provider or Nominated Supervisor in consultation with the Communicable Disease Prevention and Control Unit (refer to *Definitions*)
- 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
- 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 4) when in attendance at the service.
- Families are to follow the isolation directive from the department of Health in any cases of an outbreak or Pandemic.

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 Approved Provider will:

- regularly seek feedback from educators, staff, parents/guardians, children, management and all affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- ensure that all information related to infectious diseases on display and supplied to parents/guardians is current
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required

- notify parents/guardians at least 14 days before making any change to this policy or its procedures, unless a lesser period is necessary because of a risk.

ATTACHMENTS

- Attachment 1: Consent form to conduct head lice inspections
- Attachment 2: Head lice action form
- Attachment 3: Head lice notification letter
- Attachment 4: Procedures for infection control relating to blood-borne viruses
- Attachment 5: Actions for early childhood and care services in an epidemic or pandemic event

AUTHORISATION

This policy was adopted by the Approved Provider of Acacia on 17th March 2020

REVIEW DATE: MARCH 2022

ATTACHMENT 1
Consent form to conduct head lice inspections

"[Place on service letterhead]"

Dear parents/guardians,

Acacia 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 families 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 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. Each child's hair will be inspected for the presence of head lice or lice eggs.

Where live head lice are found, Acacia will notify the parents/guardians and will provide them with relevant information about the treatment of head lice. Other families will be provided with a notice to inform them that head lice has 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 Centres for Infectious Diseases Cases and Contacts* published by the Department of Health which defines the minimum period of exclusion from a children's service for children with infectious diseases. According to this table, where a child has head lice, that child must be excluded until the day after appropriate treatment has commenced.

Child's name: _____ Group: _____

I hereby give my consent for Acacia, or a person approved by Acacia, to inspect my child's head once per term or 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: _____

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. This contains guidelines regarding Detecting and treating head lice and lice eggs.

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

Please keep your child at home until appropriate treatment has commenced and use the form provided below to notify Acacia, 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 Acacia

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: _____

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 Acacia 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.

While head lice do not spread disease, they are included in the Department of Health's exclusion table which defines the minimum period of exclusion from a children's service for children with infectious diseases. According to this table, where a child has head lice, that child must be excluded until the day after appropriate treatment has commenced.

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

How do I treat my child for head lice?

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

Who do I contact if my child has head lice?

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

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

When can my child return to the service?

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

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

Kind regards,

"[Signature of Nominated Supervisor]"

"[Name of Nominated Supervisor]"

ATTACHMENT 4

Procedures for infection control relating to blood-borne viruses

This procedure is based on information available from the Department of Education and Training (DESE), 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 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
- 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, 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 SPILLS

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

- Disposable gloves
- Disposable plastic bags
- 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
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 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 DESE 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 5

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

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

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

- Display educational materials, which can be downloaded and printed from the [Department of Health and Human Services \(DHHS\) website](#)
- Comply with National Health and Medical Research Council (NHMRC) guidance [Staying healthy: Preventing infectious diseases in early childhood education and care services](#)
- Alert your approved provider about any child or staff absenteeism due to an infectious outbreak.
- Keep parents and staff informed of the actions you are taking.

ACTIONS

Perhaps the most important action early childhood services can take to reduce the risk of infection transmission is to ensure that any unwell staff and children remain at home.

Staff or children most at risk of severe illness should individually assess appropriateness for on-site attendance at this time, with support from their medical practitioner.

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

- All unwell staff and children must stay home.
- Parents/carers of children with complex medical needs (including those with compromised immune systems), should seek advice from the child's medical practitioner to support decision-making about whether on-site education and care is suitable, noting that this advice may change depending on the status of the pandemic in Victoria.
- Additional staff, including parent volunteers, should be discouraged from attending the service at this time. Ensure vigilance is maintained through the use of the visitor signing in and out record book including their contact details.
- Parent information sessions and interviews should meet physical distancing requirements of 1.5 metres between adults, or else be replaced with virtual alternatives.

HYGIENE

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

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

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

ARRIVAL AND DEPARTURE

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

- Consider the arrival and departure procedures for children and, where possible, minimise opportunities for parents and carers to gather in groups, especially in foyers and in children's play areas.
- It may be possible, for example, for children to be dropped off and picked up in the service entrance or foyer.
- While staggered start and finish times occur naturally in some service types, early childhood education and care 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 families while practising physical distancing and providing opportunities to consider whether children are showing any signs of being unwell.

As at 9 July 2020, daily temperature checks were introduced for services in metropolitan Melbourne and Mitchell Shire to curb the spread of coronavirus (COVID-19).

As at 10 July 2020, the Victorian Chief Health Officer recommended that people in metropolitan Melbourne and Mitchell Shire wear face masks in situations where physical distancing cannot be maintained. These recommendations apply to adults over the age of 18. Face masks should not be placed on children under two.

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

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

CONSIDERATIONS FOR TEACHING AND LEARNING ENVIRONMENTS

Maintaining a physical distance of 1.5 metres will not be practical in early childhood services. Physical distancing is most important between adults.

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

- Consider small group play, staggered mealtimes and indoor/outdoor play opportunities whenever possible.
- Windows should be open during the day to promote air flow where possible.
- Consider the setup of the room and the placement of the activities and limit the number of whole group activities.
- Rather than having group times where everyone is sitting on the mat, consider using informal opportunities to engage with the children/read books/do storytelling with small groups of children at a time.

- For younger children, particularly consider the rotation of toys more often and increase the frequency of cleaning toys. Sharing of toys that have been placed in mouths should be monitored and avoided.
- Wherever possible and where you have enough staffing for adequate supervision, consider operating an indoor/outdoor program.
- A greater range of activities will encourage children and staff to spread out more broadly.
- Mixing of staff and children between rooms should be minimised where possible. It is acknowledged that staff may need to move between rooms to support breaks and, in these situations, staff should be reminded of the importance of hand hygiene.
- Where multiple staff are in a room, remind staff to maintain physical distancing from each other as much as practical.

CONSIDERATIONS FOR OFFICES AND STAFF FACILITIES

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

CLEANING AND FACILITIES MANAGEMENT

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

PROVISION OF ROUTINE CARE AND FIRST AID

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

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

MANAGEMENT OF AN UNWELL CHILD OR STAFF MEMBER

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

- Staff or children should be isolated in an appropriate space with suitable supervision and collected by a parent/carer as soon as possible.

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

SOURCE

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