

DEALING WITH INFECTIOUS DISEASES POLICY

Mandatory – Quality Area 2

PURPOSE

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

- a child attending Ness Reserve Pre School shows symptoms of an infectious disease
- a child at Ness Reserve Pre School 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.

Notes:

1. This policy has been updated July 2020 to reflect procedures related to COVID-19 pandemic.
2. This policy includes information on child immunisation.

POLICY STATEMENT

1. VALUES

Ness Reserve Pre School is committed to:

- providing a safe and healthy environment for all children, staff and any other persons attending the service
- responding to the needs of the child or adult who presents with symptoms of an infectious disease or infestation while attending the service
- complying with current exclusion schedules and guidelines set by the Department of Health
- providing up-to-date information and resources for families and staff regarding protection of all children from infectious diseases and blood-borne viruses, management of infestations and immunisation programs.

Ness Reserve Pre School 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 Ness Reserve Pre School 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.

2. 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 Ness Reserve Pre School, including during offsite excursions and activities.

3. BACKGROUND AND LEGISLATION

Background

Infectious diseases are common in children. Children are at a greater risk of exposure to infections in a children's service than at home due to the amount of time spent with a large number of other children. Infectious diseases are divided into four categories (A, B, C, D) on the basis of the method of notification and the information required.

The Department of Health publishes the *Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts*, to assist in protecting the

public by preventing, or containing, outbreaks of infectious conditions common in schools and other children's services and is regulated by the *Public Health and Wellbeing Regulations 2009*.

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

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

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

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

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 (refer to the National Quality Standard: <https://www.acecqa.gov.au/sites/default/files/2018-07/RevisedNQSHandoutA4.pdf>)*
- *Occupational Health and Safety Act 2004*
- *Privacy Act 1988 (Cth)*
- *Public Health and Wellbeing Act 2008*
- *Public Health and Wellbeing Amendment (No Jab, No Play) Regulations 2015 (Vic)*
- *Public Health and Wellbeing Regulations 2009*

4. 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.

COVID-19: A highly infectious disease that causes respiratory illness in those that contract it. Symptoms include fever, coughing, sore throat and shortness of breath. The virus is highly contagious and can be spread easily from person to person through close contact. However, the spread of the virus can be managed through closely following good hygiene practices, social distancing and ensuring that you self isolate and get tested if you have any symptoms, including mild ones.

DHHS: Department of Health and Human Services

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 (<http://docs.health.vic.gov.au/docs/doc/Minimum-Period-of-Exclusion-from-Primary-Schools-and-Childrens-Services-Centres-for-Infectious-Diseases-Cases-and-Contacts>).

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.

Social distancing- terminology that applies to maintaining a degree of physical distance between people in a shared space.

5. SOURCES AND RELATED POLICIES

Sources

- <https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>
- <https://elaa.org.au/resources/coronavirus-updates-2/>
- Communicable Diseases Section, Public Health Group, Victorian Department of Human Services (2005) *The Blue Book: Guidelines for the control of infectious diseases*. Available at: <https://www2.health.vic.gov.au>
- Communicable Disease Prevention and Control Unit, Victorian Department of Health (2010) *A guide for the management and control of gastroenteritis outbreaks in children's centres*. Victorian Government, Melbourne: <https://www2.health.vic.gov.au>
- Immunise Australia Program, Department of Health: www.immunise.health.gov.au
- Department of Health, Victoria (2012) *Head lice management guidelines*: <https://www2.health.vic.gov.au>
- *Immunisation Enrolment Toolkit for early childhood education and care services*: <https://www2.health.vic.gov.au>
- *Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011*, ACECQA
- *Guide to the National Quality Standard*, ACECQA
- 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>
- Information about immunisations, including immunisation schedule, Victorian Department of Health: www.health.vic.gov.au/immunisation
- WorkSafe Victoria (2008) *First aid in the workplace compliance code*: <https://www.worksafe.vic.gov.au/>

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

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))
- April 2020- if a child or staff member of the early learning centre is a confirmed case or a contact of a confirmed case, management must immediately contact the Department of Health and Human Services (DHHS) on 1300 651 160 and lodge a notification with the Quality Assessment and Regulation Division (QARD)
- April 2020- extra vigilance is to be taken to ensure that no unwell child or staff member attends the early learning centre. Further to this, management must ensure that no person who has been in contact with a confirmed case of COVID-19 or those who have returned from overseas in the last 14 days are to enter the centre.,
- April 2020- Whilst early learning centres are currently exempt from 1 person per 4 square metre indoor social distancing rules, management should ensure that measures are put in place that encourage a degree of social distance- ie sit children further apart during sessions, stagger arrival and departure times, implement sessions being held outdoors wherever possible.
- April 2020- management should ensure that all other risk mitigation strategies are being strictly followed such as procedures to ensure increased hygiene at the centre.
- July 2020- management is responsible for the provision of contactless thermometers and also ensuring procedures are in place for temperature checking of children on arrival and ensuring that no child enters the service if their temperature is 37.5 degrees or above {In accordance with DET policy July 2020} Management is to ensure that face masks are worn by staff when temperature checking.

- ensuring that information from the Department of Health about the recommended minimum exclusion periods (refer to *Definitions*) is displayed at the service and is available to all stakeholders including staff, parents/guardians, students and volunteers
- contacting the parent/guardian and Communicable Disease Prevention and Control Unit (refer to *Definitions*) within 24 hours if on reasonable grounds, the Approved Provider believes that a child enrolled at the service is suffering from a vaccine-preventable disease being:
 - a) Pertussis, or
 - b) Poliomyelitis, or
 - c) Measles, or
 - d) Mumps, or
 - e) Rubella, or
 - f) Meningococcal C,
 as required under Regulation 84(2) of the *Public Health and Wellbeing Regulations 2009*
- ensuring that a child is excluded from the service in accordance with the recommended minimum exclusion periods (refer to *Definitions*) when informed that the child is infected with an infectious disease (refer to *Definitions*) or has been in contact with a person who is infected with an infectious disease (refer to *Definitions*) as required under Regulation 85(1) of the *Public Health and Wellbeing Regulations 2009*
- contacting the Communicable Disease Prevention and Control Unit (refer to *Definitions*) if there is an outbreak of two or more cases of gastrointestinal illness in a 48 hour period
- ensuring children who are offered a confirmed place have acceptable immunisation documentation (refer to *Definitions*)
- ensuring when directed by the Secretary, that a child who is not immunised against a vaccine-preventable disease does not attend the service until the Communicable Disease Prevention and Control Unit (refer to *Definitions*) directs that such attendance can be resumed (Regulation 85(2) of the *Public Health and Wellbeing Regulations 2009*)
- notifying DET within 24 hours of a serious incident (refer to *Definitions*)
- supporting the 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 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.

The Nominated Supervisor and Persons in Day-to-Day Charge are responsible for:

- April 2020- ensuring that programming for sessions is put in place that encourage a degree of social distance- ie sit children further apart during sessions, stagger arrival and departure times, implement sessions being held outdoors wherever possible.
- April 2020- ensuring that all other risk mitigation strategies are being strictly followed such as procedures to ensure increased hygiene at the centre. Supervisors are responsible for ensuring that all staff are adhering to a strict and frequent cleaning schedule of high use surfaces during the day and ensuring that staff are following strict person hygiene measures and maintaining appropriate social distance in sessions.
- July 2020- ensuring procedures are in place for temperature checking of children upon arrival and ensuring that no child enters the service if their temperature is 37.5 degrees or above {In accordance with DET policy July 2020}. The nominated supervisor is to wear a face mask when taking temperatures.
- ensuring that where there is an occurrence of an infectious disease at the service, reasonable steps are taken to prevent the spread of that infectious disease (Regulation 88(1))
- ensuring that where there is an occurrence of an infectious disease at the service, a parent/guardian or authorised emergency contact of each child at the service is notified of the occurrence as soon as is practicable (Regulation 88(2))

- ensuring that information from the Department of Health Services about the recommended minimum exclusion periods (refer to *Definitions*) is displayed at the service and is available to all stakeholders including staff, parents/guardians, students and volunteers
- contacting the parent/guardian and Communicable Disease Prevention and Control Unit (refer to *Definitions*) within 24 hours if on reasonable grounds, the Approved Provider believes that a child enrolled at the 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 hour 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*). (As a demonstration of duty of care and best practice, ELAA recommends that **all educators** have current approved first aid qualifications and anaphylaxis management training and asthma management training.)
- establishing good hygiene and infection control procedures, and ensuring that they are adhered to by everyone at the service (refer to *Hygiene Policy* and Attachment 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: <http://docs.health.vic.gov.au/docs/doc/Minimum-Period-of-Exclusion-from-Primary-Schools-and-Childrens-Services-Centres-for-Infectious-Diseases-Cases-and-Contacts>)
- 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
- 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
- maintaining confidentiality at all times (refer to *Privacy and Confidentiality Policy*).

All other educators are responsible for:

- April 2020- assisting to carry out a strict and frequent cleaning schedule of high use surfaces during the day and ensure that they are following strict person hygiene measures and maintaining appropriate social distance in sessions.
- July 2020- Implementing temperature checking procedures according to kinder protocols upon arrival if the nominated supervisor is absent.

- 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 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*).

Parents/guardians are responsible for:

- April 2020- it remains the responsibility of parents/ guardians not to send their child to the centre if showing any symptoms of COVID-19, including a runny nose- this is to be strictly adhered to at the current time of minimizing the spread of COVID-19
 - April 2020- all families who have recently returned from international travel must self isolate in line with current government requirements. for 14 days.
 - April 2020- if their child or household member has a confirmed case of COVID-19 case or the child/ household member has been a direct contact of someone with confirmed COVID-19 the family needs to immediately inform the early learning centre, who then have the responsibility to contact DHHS.
 - July 2020- agreeing to have their child temperature checked on arrival for every kinder session and returning home with their child if their temperature is 37.5 degrees or above.
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- 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.

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: **Template letter providing advice to families re COVID-19. Current as at 15 April 2020**

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- Attachment 2: Head lice action form
- Attachment 3: Head lice notification letter
- Attachment 4: Procedures for infection control relating to blood-borne viruses

AUTHORISATION

This policy was adopted by the Approved Provider of Ness Reserve Pre School on 27 August 2018.

REVIEW DATE: 27/AUGUST/2021

Template letter providing advice to families re COVID-19. Current as at 15 April 2020

Dear parents and guardians

I am writing to you to advise you about the steps <Service Name> is taking in response to COVID-19, also known as the Coronavirus, and how you can help.

<I can advise that at this point in time there have been no reported cases of COVID-19 linked to the service.

Should there be a case linked to the Centre, staff will notify the Victorian Department of Health and Human Services (DHHS) and lodge a notification.>

OR

<A person at <Service Name> has come in contact with someone diagnosed with COVID-19. We have notified the Victorian Department of Health and Human Services (DHHS) and the staff member/family is required to and has isolated themselves.>

OR

<A person at <Service Name> has been diagnosed with COVID-19. We have notified the Victorian Department of Health and Human Services (DHHS) and the staff member/child and their family are required to and has isolated themselves.>

<Service Name> continues to operate as per usual. Please be assured that we are closely monitoring the situation and advice from the relevant government departments. Any closure of the service will only occur on advice from the Victorian Department of Education and Training. We are in the process of planning what it may look like if closure is required, and families will be well informed.

In the meantime, information about your obligations and how you can help is provided below.

Attendance:

Parents, children, staff and any other visitors will not be permitted to enter the service if they:

- have returned from overseas in the last 14 days.
- have been in contact with a confirmed case of COVID-19 in the last 14 days.
 - A contact is defined as anyone who has been in contact with a known case, including the 24 hours before the case became symptomatic.
- have fever or symptoms of acute respiratory infection (e.g. cough, sore throat, runny nose, shortness of breath) symptoms.

Parents, children and staff are encouraged to have an influenza vaccine where possible.

Unwell children:

As is usual practice, if your child shows any signs of fever, respiratory systems (including but not limited to cough, sore throat, shortness of breath, body aches or fatigue) please keep them at home until symptoms resolve and contact your medical provider as required.

Maintain good health and hygiene

We remind our staff, families and children that everyone can protect against infections by practising good hand hygiene and respiratory hygiene. Here are some tips that everyone is encouraged to follow:

- cover your mouth and nose when coughing and sneezing with a tissue, or cough into your elbow;
- dispose of the tissue into a bin and then wash your hands afterwards; and
- wash your hands regularly, after using the toilet, and before eating.

For further information and frequently updated advice, please see the Victorian Department of Education and Training's [website](#) and the World Health Organisation's [website](#).

Thank you for your cooperation in assisting us complying with the Victorian Department of Health and Human Services and Department of Education and Training requirements. We will update you with further information as appropriate. Kind regards

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 Ness Reserve Pre School, 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 Ness Reserve Pre School

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 Ness Reserve Pre School 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.

Ness Reserve Pre School 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 (DET), the Victorian Government's Better Health Channel and the National Health and Medical Research Council.

Important note on blood spills

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

Equipment and procedures for responding to incidents that present blood-borne virus hazards

PROVIDING FIRST AID FOR CHILDREN WHO ARE BLEEDING

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

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

Procedure

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

CLEANING AND REMOVAL OF BLOOD SPILLS

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

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

Procedure

1. Put on disposable gloves.

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

SAFE DISPOSAL OF DISCARDED NEEDLES AND SYRINGES

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

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

Procedure

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

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

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

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

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

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

NEEDLE STICK INJURIES

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

Procedure

1. Flush the injured area with flowing water.
2. Wash the affected area with warm soapy water and then pat dry.
3. Cover the wound with a waterproof dressing.
4. Report the injury to the Approved Provider or Nominated Supervisor as soon as possible.
5. Document needle stick injuries involving a staff member or child in the incident report book maintained at the service under OHS laws, and report to WorkSafe Victoria.
6. For incidents involving a child, contact the parents/guardians as soon as is practicable and provide a report to DET within 24 hours (refer to 'serious incident' in the *Definitions* section of this policy).
7. See a doctor as soon as possible and discuss the circumstances of the injury.