



# DEALING WITH INFECTIOUS DISEASES POLICY

## Mandatory – Quality Area 2

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

## PURPOSE

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

- a child attending Bentleigh West Kindergarten Inc. shows symptoms of an infectious disease
- a child at Bentleigh West Kindergarten Inc. 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

### 1. VALUES

Bentleigh West Kindergarten Inc. 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 and Human Services (DHHS)
- complying with the advice of the Australian Health Protection Principal Committee (AHPPC), Victorian Chief Health Officer and DHHS
- 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.

Bentleigh West Kindergarten Inc. 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 Bentleigh West Kindergarten are committed to preventing the spread of vaccine-preventable diseases through simple hygiene practices such as hand washing, effective cleaning procedures, monitoring immunisation records and complying with recommended exclusion guidelines and timeframes for children and educators/staff.

## 2. SCOPE

This policy applies to the Approved Provider, Person with Management or Control, Nominated Supervisor, Person in day-to-day Charge, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Bentleigh West Kindergarten, including during offsite excursions and activities.

## 3. 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*. (Please refer to Attachment 7 for a detailed list).

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

- notifying (as soon as practicable) children, families and staff when an excludable illness/disease is detected at Bentleigh West Kindergarten Inc.
- complying with relevant health department exclusion guidelines, advice and information.
- 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.

A standard immunisation calendar is available at:

[www.health.vic.gov.au/immunisation/factsheets/schedule-victoria.htm](http://www.health.vic.gov.au/immunisation/factsheets/schedule-victoria.htm). If an immunisation record cannot be provided at enrolment, the parent/guardian can access this information by requesting an immunisation history statement from:

- the Australian Childhood Immunisation Register, by calling 1800 653 809. This service is free of charge and it takes 7–10 working days to process a request online using their Medicare online account through myGov (<https://my.gov.au/LoginServices/main/login?execution=e2s1>) or the Express Plus Medicare mobile app
- by asking their vaccination provider to print it

Early childhood education and care services that are regulated under the *Education and Care Services National Law Act 2010* have legislative responsibilities under *No Jab No Play legislation (Public Health and Wellbeing Act 2008)*

- to only offer a confirmed place in their programs to children with acceptable immunisation documentation
- 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 (Jobs for Families Child Care Package) Act 2017*

- *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 Regulations 2009*

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

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

## 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 Section:** Responsibility for communication and advice in relation to infectious diseases on behalf of the Secretary of the Victorian DHHS.

**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.

**Hand hygiene:** Hand hygiene is crucial in reducing transmission of infections. It includes both hand washing with plain or antimicrobial soap and water, and use of alcohol-based products (gels, rinses, foams) containing an emollient that do not require the use of water.

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

**Immunisation status:** The extent to which a child has been immunised in relation to the recommended immunisation schedule.

**Infection:** The invasion and multiplication of micro-organisms in bodily tissue.

**Infestation:** The lodgement, development and reproduction of arthropods (such as head lice), either on the surface of the body of humans or animals, or in clothing.

**Infectious disease:** An infectious disease designated by the Communicable Disease Section (refer to *Definitions*), Victorian DHHS as well as those listed in Schedule 7 of the *Public Health and Wellbeing Regulations 2019*, the Minimum Period of Exclusion from Primary Schools, Education and Care Service Premises and Children's Centres for Infectious Diseases Cases and Contacts.

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

**Minimum exclusion period:** The minimum period for excluding any person from attending a children's service to prevent the spread of infectious diseases as specified in Schedule 7: Minimum Period of Exclusion from Primary Schools and Children's Services for Infectious Diseases Cases and Contacts of the *Public Health and Wellbeing Regulations 2019*, the. An infringement penalty for failure to exclude a child with, or exposed to, a specified infectious disease applies (applicable to a person in charge). The exclusion period table, published by the DHHS, can be accessed at <https://www2.health.vic.gov.au/public-health/infectious-diseases/school-exclusion/school-exclusion-table>.

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

**NOTE: some of the serious incidents above are also reportable incidents under the *Occupational Health and Safety Act 2004* and require notification to WorkSafe.**

## 5. SOURCES AND RELATED POLICIES

### Sources

- Communicable Disease Section, Public Health Group, Victorian Department of Health & 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 Section, 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>
- National Immunisation Program, Department of Health, Australian Government: <https://www.health.gov.au/initiatives-and-programs/national-immunisation-program>
- 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: <https://www.acecqa.gov.au/sites/default/files/2018-01/NQF-Resource-02-Guide-to-ECS-Law-Regs.pdf>
- *Guide to the National Quality Standard* (2017), ACECQA: <https://www.acecqa.gov.au/sites/default/files/acecqa/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* (5<sup>th</sup> 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, DHHS: [www.health.vic.gov.au/immunisation](http://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>
- Statements Section for statements on health emergencies, AHPPC. Available at: <https://www.health.gov.au/committees-and-groups/australian-health-protection-principal-committee-ahppc>

### Service policies

- *Administration of First Aid Policy*
- *Administration of Medication Policy*
- *Dealing with Medical Conditions 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))
- 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, is available to all stakeholders including staff, parents/guardians and volunteers.
- 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 (refer to *Definitions*) if there is an outbreak of two or more cases of gastrointestinal illness in a 48 hour period
- 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 when directed by the Chief Health Officer, that a child who is at material risk of contracting a vaccine-preventable disease is excluded until the Chief Health Officer directs that attendance can be resumed (Regulation 111(24) of the *Public Health and Wellbeing Regulations 2019*)
- notifying DET within 24 hours of a serious incident (refer to *Definitions*) via the [NQA ITS](#)
- ensuring all children enrolled are fully immunised for their age or are on a catch up schedule where required.
- ensuring that a child who is not immunised against a vaccine-preventable disease and is on a catch up schedule does not attend the service when an infectious disease is diagnosed, and does not return until there are no more occurrences of that disease at the service and the recommended minimum exclusion period (refer to *Definitions*) has ceased (Regulation 85(2) of the *Public Health and Wellbeing Regulations 2009*). Refer to the recommendations of the current exclusion period
- ensuring children on the catch up schedule for immunisation are followed up to ensure schedule is followed
- sending reminder notes to families regarding children's immunisations
- supporting the Nominated Supervisor and the educators/staff at the service to implement the requirements of the recommended minimum exclusion periods (Refer to Attachment 7)
- ensuring information about the National Immunisation Program (NIP) Schedule is displayed and is available to all stakeholders (refer to: [www.health.vic.gov.au/immunisation/factsheets/schedule-victoria.htm](http://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 everyone at the service (including the Nominated Supervisor, staff, etc) adheres to the

*Hygiene Policy* and the procedures for infection control relating to blood-borne viruses (refer to Attachment 6)

- 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 schedule 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 8).

### **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 Department of Health Services 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 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* (see Attachment 7)
- contacting the **Communicable Disease Section** (refer to *Definitions* if there is an outbreak of two or more cases of gastrointestinal illness in a 48 hour period.
- ensuring 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 (therefore Bentleigh West Kindergarten Inc.) 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 6 – Procedures for infection control relating to blood-borne viruses)

- ensuring all children enrolled are fully immunised for their age or are on a catch up schedule where required
- ensuring that a child who is not immunised against a vaccine-preventable disease and is on a catch up schedule does not attend the service when an infectious disease is diagnosed, and does not return until there are no more occurrences of that disease at the service and the recommended minimum exclusion period (refer to *Definitions*) has ceased (Regulation 85(2) of the *Public Health and Wellbeing Regulations 2009*). Refer to the recommendations of the current exclusion period (Attachment 7)
- ensuring children on the catch up schedule for immunisation are followed up to ensure schedule is followed
- sending reminder notes to families regarding children's immunisations
- ensuring the exclusion requirements for infectious diseases are adhered to as per the recommended minimum exclusion periods (refer to *Definitions*), notifying the Approved Provider

and parents/guardians of any outbreak of infectious disease at the service, and displaying this information in a prominent position

- advising parents/guardians on enrolment that the recommended minimum exclusion periods will be observed in regard to the outbreak of any infectious diseases or infestations (refer to: <https://www2.health.vic.gov.au/public-health/infectious-diseases/school-exclusion/school-exclusion-table>).
- advising the parents/guardians of a child who is not fully immunised and on the catch up schedule 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
- ensuring that parents/guardians understand that they must inform the Approved Provider or Nominated Supervisor as soon as practicable if their 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*)
- 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, as required 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
- 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 8).

**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 or certified supervisor
- providing access to information and resources for parents/guardians to assist in the identification and management of infectious diseases and infestations
- ensuring 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 6)
- maintaining confidentiality at all times (refer to *Privacy and Confidentiality Policy*).
- ensuring all families have completed a *Consent form to conduct head lice inspections* (Attachment 1) on enrolment
- conducting regular head lice inspections, as required 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
- ensuring all children enrolled are fully immunised for their age or are on a catch up schedule where required.

- ensuring that a child who is not immunised against a vaccine-preventable disease and is on a catch up schedule does not attend the service when an infectious disease is diagnosed, and does not return until there are no more occurrences of that disease at the service and the recommended minimum exclusion period (refer to *Definitions*) has ceased (Regulation 85(2) of the *Public Health and Wellbeing Regulations 2009*). Refer to the recommendations of the current exclusion period (Attachment 7)
- ensuring children on the catch up schedule for immunised and followed up to ensure schedule is followed
- sending reminder notes to families regarding children's immunisations
- 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 8).

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

- keeping their children at home if they are unwell or have an excludable infectious disease
- keeping their children at home when an infectious disease has been diagnosed at Bentleigh West Kindergarten Inc. and their child is not fully immunised against that infectious disease, until there are no more occurrences of that disease and the exclusion period has ceased
- informing Bentleigh West Kindergarten Inc. if their child has an infectious disease **or has been in contact with a person who has an infectious disease (Regulation 110 of the *Public Health and Wellbeing Regulations 2019*)**
- providing accurate and current information regarding the immunisation status of their children when they enrol, and informing the service of any subsequent changes to this while they are enrolled at the service
- complying with the recommended minimum exclusion periods **or as directed by Bentleigh West Kinder Inc after the Chief Health Officer directed them to exclude a child enrolled who the Chief Health Officer has determined to be at material risk of contracting a vaccine-preventable disease (Regulation 111(2) of the *Public Health and Wellbeing Regulations 2019*)**
- 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 6) 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.

## ATTACHMENTS

- Attachment 1: Immunisation for Indigenous people and non-Indigenous people (as of July 2020)
- Attachment 2: *Consent to Conduct Head Lice Inspections* form
- Attachment 3: *Head lice action* form
- Attachment 4: Head lice notification letter
- Attachment 5: Treating and Controlling Head lice Pamphlet
- Attachment 6: Procedures for infection control relating to blood-borne viruses
- Attachment 7: Recommended Exclusion Periods (as provided by Victorian Department of Health)
- Attachment 8: Actions for early childhood and care services in an epidemic or pandemic event
- Attachment 9: Pandemic cleaning checklist
- Attachment 10: Staggered drop off/ pick up times

## AUTHORISATION

This policy was adopted by the Approved Provider of Bentleigh West Kindergarten Inc. in August 2020

**REVIEW DATE:** JUNE 2022



Bentleigh West Kindergarten Inc.

## ATTACHMENT 1

### Immunisation schedule for Indigenous people:

<https://www.health.gov.au/resources/publications/national-immunisation-program-schedule-for-all-aboriginal-and-torres-strait-islander-people>

#### National Immunisation Program Schedule 1 July 2020 For all Indigenous people



Age	Disease	Vaccine Brand
<b>Indigenous children (also see influenza vaccine)</b>		
<b>Birth</b>	Hepatitis B (usually offered in hospital) <sup>a</sup>	H-B-Vax® II Paediatric or Engerix B® Paediatric
<b>2 months</b> Can be given from 6 weeks of age	Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, <i>Haemophilus influenzae</i> type b (Hib) Rotavirus <sup>b</sup> Pneumococcal Meningococcal B	Infanrix® hexa Rotarix® Prevenar 13® Bexsero®
<b>4 months</b>	Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, <i>Haemophilus influenzae</i> type b (Hib) Rotavirus <sup>b</sup> Pneumococcal Meningococcal B	Infanrix® hexa Rotarix® Prevenar 13® Bexsero®
<b>6 months</b>	Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, <i>Haemophilus influenzae</i> type b (Hib)	Infanrix® hexa
Additional dose for children in WA, NT, SA, Qld and children with specified medical risk conditions <sup>c</sup>	Pneumococcal	Prevenar 13®
Additional dose for children with specified medical risk conditions <sup>c</sup>	Meningococcal B	Bexsero®
<b>12 months</b>	Meningococcal ACWY Measles, mumps, rubella Pneumococcal Meningococcal B	Nimenrix® M-M-R® II or Priorix® Prevenar 13® Bexsero®
<b>18 months</b>	<i>Haemophilus influenzae</i> type b (Hib) Measles, mumps, rubella, varicella (chickenpox) Diphtheria, tetanus, pertussis (whooping cough)	Acti-HiB® Priorix-Tetra® or ProQuad® Infanrix® or TriPacel®
Additional vaccine for children in WA, NT, SA, Qld <sup>d</sup>	Hepatitis A	Vaqta® Paediatric
<b>4 years</b>	Diphtheria, tetanus, pertussis (whooping cough), polio	Infanrix® IPV or Quadracel®
Additional dose for children in WA, NT, SA, Qld and children with specified medical risk conditions <sup>c</sup>	Pneumococcal <sup>e</sup>	Pneumovax 23®
Additional vaccine for children in WA, NT, SA, Qld <sup>f</sup>	Hepatitis A	Vaqta® Paediatric

#### National Immunisation Program Schedule 1 July 2020 For all Indigenous people



Age	Disease	Vaccine brand
<b>Indigenous adolescents (also see influenza vaccine)</b>		
<b>12–13 years</b> (School programs) <sup>g</sup>	Human papillomavirus (HPV) <sup>h</sup> Diphtheria, tetanus, pertussis (whooping cough)	Gardasil®9 Boostrix®
<b>14–16 years</b> (School programs) <sup>g</sup>	Meningococcal ACWY	Nimenrix®
<b>Indigenous adults (also see influenza vaccine)</b>		
<b>50 years and over<sup>i</sup></b>	Pneumococcal	Prevenar 13® and Pneumovax 23®
<b>70–79 years<sup>j</sup></b>	Shingles (herpes zoster)	Zostavax®
<b>Pregnant women</b>	Pertussis (whooping cough) <sup>k</sup> Influenza	Boostrix® or Adacel®
<b>Funded annual influenza vaccination<sup>l</sup></b>		
<b>All Aboriginal and Torres Strait Islander people 6 months and over</b>		

**All people aged less than 20 years are eligible for free catch-up vaccines. The number and range of vaccines and doses that are eligible for NIP funded catch-up is different for people aged less than 10 years and those aged 10–19 years. Refer to NIP catch-up fact sheets. Adult refugees and humanitarian entrants are eligible for free catch-up vaccines.**

- Meningococcal B vaccine catch-up is available for all Aboriginal and Torres Strait Islander children <2 years of age for three years until 30 June 2023. Refer to the Australian Immunisation Handbook (the Handbook) for dose intervals.
- People >12 months of age with conditions that increase their risk of pneumococcal disease require a dose of 13vPCV at diagnosis followed by 2 doses of 23vPPV. Refer to the Handbook for dose intervals. Not all risk conditions are funded under the NIP. For eligibility refer to the ATAGI clinical advice on changes to vaccine recommendations and funding for people with risk conditions from 1 July 2020.
- The NIP also funds vaccines for people of all ages with the following specified medical conditions (refer to the Handbook for dosing):
  - asplenia/hyposplenia (MenB, MenACWY, pneumococcal, and Hib if required)
  - complement deficiency (MenB, MenACWY)
  - undergoing treatment with ozanimab (MenB, MenACWY)
- Contact your State and Territory Health Department for further information on any additional immunisation programs specific to your State or Territory.

**For more information**  
health.gov.au/immunisation

State/Territory	Contact Number
Australian Capital Territory	(02) 5124 9800
New South Wales	1300 066 065
Northern Territory	(08) 8922 8044
Queensland	13 HEALTH (13 4325 84)
South Australia	1800 232 272
Tasmania	1800 671 738
Victoria	1300 882 008
Western Australia	(08) 9321 1312



Bentleigh West Kindergarten Inc.

## Immunisation schedule for non-Indigenous people: <https://www.health.gov.au/resources/publications/national-immunisation-program-schedule-for-all-non-indigenous-people>

### National Immunisation Program Schedule 1 July 2020 For all non-Indigenous people



Age	Disease	Vaccine Brand
<b>Childhood vaccination (also see influenza vaccine)</b>		
<b>Birth</b>	• Hepatitis B (usually offered in hospital) <sup>a</sup>	H-B-Vax <sup>®</sup> II Paediatric or Engerix B <sup>®</sup> Paediatric
<b>2 months</b> Can be given from 6 weeks of age	• Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, <i>Haemophilus influenzae</i> type b (Hib) • Rotavirus <sup>b</sup> • Pneumococcal	Infanrix <sup>®</sup> hexa Rotarix <sup>®</sup> Prevenar 13 <sup>®</sup>
<b>4 months</b>	• Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, <i>Haemophilus influenzae</i> type b (Hib) • Rotavirus <sup>b</sup> • Pneumococcal	Infanrix <sup>®</sup> hexa Rotarix <sup>®</sup> Prevenar 13 <sup>®</sup>
<b>6 months</b>	• Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, <i>Haemophilus influenzae</i> type b (Hib)	Infanrix <sup>®</sup> hexa
Additional dose for children with specified medical risk conditions <sup>c</sup>	• Pneumococcal	Prevenar 13 <sup>®</sup>
<b>12 months</b>	• Meningococcal ACWY • Measles, mumps, rubella • Pneumococcal	Nimenrix <sup>®</sup> M-M- <sup>®</sup> II or Priorix <sup>®</sup> Prevenar 13 <sup>®</sup>
<b>18 months</b>	• <i>Haemophilus influenzae</i> type b (Hib) • Measles, mumps, rubella, varicella (chickenpox) • Diphtheria, tetanus, pertussis (whooping cough)	ActHIB <sup>®</sup> Priorix-Tetra <sup>®</sup> or ProQuad <sup>®</sup> Infanrix <sup>®</sup> or Tripacel <sup>®</sup>
<b>4 years</b>	• Diphtheria, tetanus, pertussis (whooping cough), polio	Infanrix <sup>®</sup> IPV or Quadracel <sup>®</sup>
Additional dose for children with specified medical risk conditions <sup>c</sup>	• Pneumococcal <sup>d</sup>	Pneumovax 23 <sup>®</sup>
<b>Adolescent vaccination (also see influenza vaccine)</b>		
<b>12–13 years</b> (school programs) <sup>e</sup>	• Human papillomavirus (HPV) <sup>f</sup> • Diphtheria, tetanus, pertussis (whooping cough)	Gardasil <sup>®</sup> Boostrix <sup>®</sup>
<b>14–16 years</b> (school programs) <sup>e</sup>	• Meningococcal ACWY	Nimenrix <sup>®</sup>

### National Immunisation Program Schedule 1 July 2020 For all non-Indigenous people



Age	Disease	Vaccine brand
<b>Adult vaccination (also see influenza vaccine)</b>		
<b>70 years and over</b>	• Pneumococcal	Prevenar 13 <sup>®</sup>
<b>70–79 years<sup>g</sup></b>	• Shingles (herpes zoster)	Zostavax <sup>®</sup>
<b>Pregnant women</b>	• Pertussis (whooping cough) <sup>h</sup>	Boostrix <sup>®</sup> or Adacel <sup>®</sup>
<b>Funded annual influenza vaccination<sup>i</sup></b>		
<b>Children 6 months to less than 5 years of age</b>		
<b>People 6 months and over with specified medical risk conditions</b>		
<b>People 65 years and over</b>		
<b>Pregnant women</b>		

All people aged less than 20 years are eligible for free catch-up vaccines. The number and range of vaccines and doses that are eligible for NIP funded catch-up is different for people aged less than 10 years and those aged 10–19 years. Refer to NIP catch-up fact sheets. Adult refugees and humanitarian entrants are eligible for free catch-up vaccines.

- People >12 months of age with conditions that increase their risk of pneumococcal disease require a dose of 13vPPV at diagnosis followed by 2 doses of 23vPPV. Refer to the Australian Immunisation Handbook (the Handbook) for dose intervals. Not all risk conditions are funded under the NIP. For eligibility refer to the ATAGI clinical advice on changes to vaccine recommendations and funding for people with risk conditions from 1 July 2020.
- The NIP also funds vaccines for people of all ages with the following specified medical conditions (refer to the Handbook for dosing):
  - asplenia/hyposplenia (MenB, MenACWY, pneumococcal, and Hib if required)
  - complement deficiency (MenB, MenACWY)
  - undergoing treatment with eculizumab (MenB, MenACWY).
- Contact your State and Territory Health Department for further information on any additional immunisation programs specific to your State or Territory.

For more information  
health.gov.au/immunisation

**State/Territory**  
 Australian Capital Territory  
 New South Wales  
 Northern Territory  
 Queensland  
 South Australia  
 Tasmania  
 Victoria  
 Western Australia

**Contact Number**  
 (02) 5124 9800  
 1300 066 055  
 (08) 8922 8044  
 13 HEALTH (13 4325 84)  
 1300 232 272  
 1800 671 738  
 1300 882 008  
 (08) 9321 1312

## ATTACHMENT 2



### Consent form to conduct head lice inspections

[PLACE ON SERVICE LETTERHEAD]

Dear Parents/guardians,

Bentleigh West Kindergarten 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, Bentleigh West Kindergarten will notify the parents/guardians when the child is collected from the service and will provide them with relevant information about the treatment of head lice. Other families will be provided with a notice to inform 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 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.

Child's name: \_\_\_\_\_ Group: \_\_\_\_\_

Please tick

I hereby give my consent for Bentleigh West Kindergarten, or a person approved by Bentleigh West Kindergarten, to inspect my child's head once per term or when an infestation of head lice is suspected in the service.

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 under supervision of the staff. I understand my child cannot return to the kindergarten until a supervised inspection is completed.

Full name of parent/guardian: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## ATTACHMENT 3



### **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 Human Services. 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 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.

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

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 4



### **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 Bentleigh West Kindergarten and we seek your co-operation in checking your child's hair regularly throughout this week, \_\_\_\_\_.

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 Human Services. 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.

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

Kind regards,

Nichole Jenkins (*Director*) and Bentleigh West kindergarten committee

## Attachment 5

**While children are at school many families will have contact with head lice. The information contained here will help you treat and control head lice.**

## Catching head lice

Head lice have been around for many thousands of years. Anyone can get head lice.

Head lice are small, wingless, blood sucking insects. Their colour varies from whitish-brown to reddish-brown. Head lice only survive on humans. If isolated from the head they die very quickly (usually within 24 hours).

People get head lice from direct hair to hair contact with another person who has head lice. This can happen when people play, cuddle or work closely together.

Head lice do not have wings or jumping legs so they cannot fly or jump from head to head. They can only crawl.

## Finding head lice

Many lice do not cause an itch, so you have to **look carefully to find them**.

Head lice are found on the hair itself and move to the scalp to feed. They have six legs which end in a claw and they rarely fall from the head. Louse eggs (also called nits) are laid within 1.5 cm of the scalp and are firmly attached to the hair. They resemble dandruff, but can't be brushed off.

Lice can crawl and hide. The easiest and most effective way to find them is to follow these steps:

- Step 1** Comb any type of hair conditioner on to dry, brushed (detangled) hair. This stuns the lice and makes it difficult for them to grip the hair or crawl around.
- Step 2** Now comb sections of the hair with a fine tooth, head lice comb.
- Step 3** Wipe the conditioner from the comb onto a paper towel or tissue.
- Step 4** Look on the tissue and on the comb for lice and eggs.
- Step 5** Repeat the combing for every part of the head at least four or five times.



A Victorian  
Government  
initiative

If lice or eggs are found, the hair should be treated.

If the person has been treated recently and you only find empty hatched eggs, you may not have to treat, as the empty eggs could be from a previous episode.

## Treating head lice

Treating head lice involves removing lice and eggs from the hair. There are two ways you can do this:

1. Buying and using a head lice lotion or shampoo, following the instructions on the product
2. Using the conditioner and comb method (described under 'finding head lice') every second day until there have been no live lice found for ten days.

If you choose to use a head lice product always read and follow the instructions provided with the product carefully. The following points may also be helpful:

- Head lice products must be applied to all parts of the hair and scalp.
- No treatment kills all of the eggs so treatment must involve two applications, seven days apart. The first treatment kills all lice; the second treatment kills the lice that may have hatched from eggs not killed by the first treatment.
- Cover the person's eyes while the treatment is being applied. A towel is a good way to do this.
- If you are using a lotion, apply the product to dry hair.
- If you are using a shampoo, wet the hair, but use the least amount of water possible.
- Apply the treatment near the scalp, using an ordinary comb to cover the hair from root to tip. Repeat this several times until all the hair is covered.

There is no need to treat the whole family - unless they also have head lice.

Concentrate on the head - there is no need to clean the house or the classroom.

Only the pillowcase requires washing - either wash it in hot water (at least 60°C) or dry it using a clothes dryer on the hot or warm setting.

Department of Health

## Information for families

## Testing resistance

Head lice products belong in one of the following categories depending on the active compound they contain:

- pyrethrins
- synthetic pyrethroids (permethrin, bioallethrin)
- organophosphates (maldison or malathion)
- herbal with or without natural (non-chemical) pyrethrins.

Insecticide resistance is common, so you should test if lice are dead. If they are, treat again in seven days using the same product. If the lice are not dead, the treatment has not worked and the lice may be resistant to the product and all products containing the same active compound. Wash off the product and treat as soon as possible using a product containing a different active compound. If the insecticide has worked, the lice will be dead within 20 minutes.

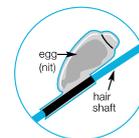
Any head lice product could cause a reaction and should be used with care by women who are pregnant or breastfeeding, children less than 12 months old and people with allergies, asthma or open wounds on the scalp. If you are unsure, please check with your pharmacist or doctor.

## Head lice combs

Combs with long, rounded stainless steel teeth positioned very close together have been shown to be the most effective, however, any head lice comb can be used.

## Head lice eggs

Head lice eggs are small (the size of a pinhead) and oval. A live egg will 'pop' when squashed between fingernails.



Dead eggs have crumpled sides and hatched eggs look like tiny boiled eggs with their tops cut off.

## Regulations

According to the Public Health and Wellbeing Regulations 2009, children with head lice can be readmitted to school or children's service centres after treatment has commenced.

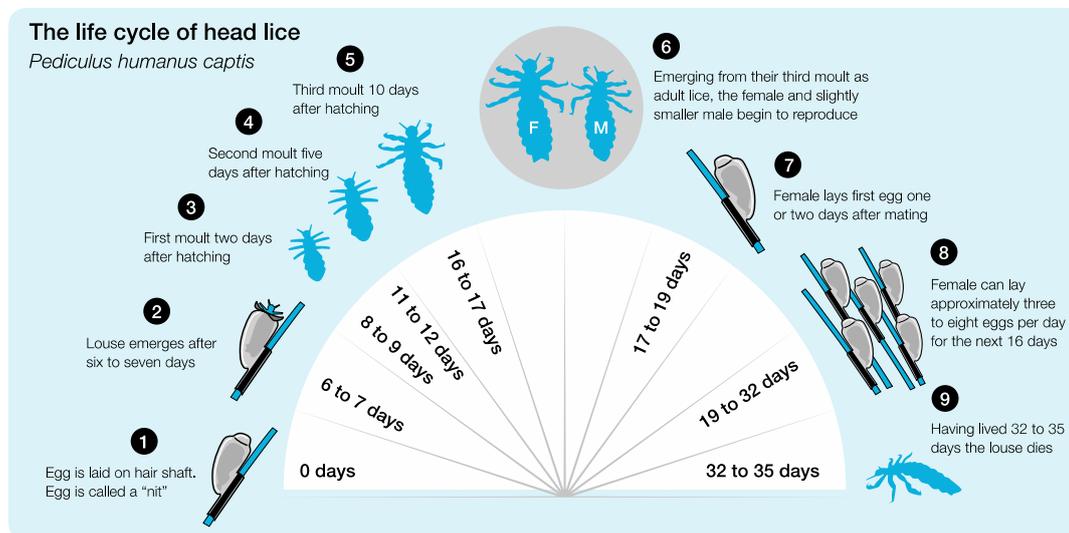
The department recommends a child with head lice can be treated one evening and return to school or children's service centres the next day, even if there are still some eggs present. There is no need to miss school or child care because of head lice.

## Preventing head lice

Check your child's head regularly with comb and conditioner. There is no research to prove that chemical or herbal therapies can prevent head lice.

## Further information

The following website offers further information:  
[www.health.vic.gov.au/headlice](http://www.health.vic.gov.au/headlice)



The information in this pamphlet is based on the research conducted and written by Associate Professor Rick Speare and the team of researchers at, School of Public Health and Tropical Medicine, James Cook University.

Cover concept by students from St Patrick's Primary School, West Geelong. Life cycle diagram courtesy of Nitpickers Qld. © Copyright Department of Health 2010. Authorised by the State Government of Victoria, 50 Lonsdale Street, Melbourne. November 2010. PH468. (1010013)

Treating and controlling head lice

## ATTACHMENT 6



### **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**

#### **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*).

#### **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. Before treating the child, you must cover any cuts, sores or abrasions on your hands and arms with waterproof dressings.
2. Put on disposable gloves.
3. 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.
4. 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.
5. Clean the affected area and cover the wound with waterproof dressing.
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*).
8. 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.

## 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 work-experience students or children 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.

## Minimum period of exclusion from primary schools and children's services<sup>1</sup> for infectious diseases cases and contacts

Public Health and Wellbeing Regulations 2019

### Schedule 7

Column 1 Number	Column 2 Conditions	Column 3 Exclusion of cases	Column 4 Exclusion of Contacts
1	Chickenpox	Exclude until all blisters have dried. This is usually at least 5 days after the rash appears in unimmunised children, but may be less in previously immunised children	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded
2	Conjunctivitis	Exclude until discharge from eyes has ceased	Not excluded
3	Cytomegalovirus (CMV) infection	Exclusion is not necessary	Not excluded
4	Diarrhoeal illness*	Exclude until there has not been vomiting or a loose bowel motion for 24 hours	Not excluded
5	Diphtheria	Exclude until medical certificate of recovery is received following at least two negative throat swabs, the first not less than 24 hours after finishing a course of antibiotics and the other 48 hours later	Exclude family/household contacts until cleared to return by the Chief Health Officer
6	Glandular fever (Epstein-Barr Virus infection)	Exclusion is not necessary	Not excluded
7	Hand, Foot and Mouth disease	Exclude until all blisters have dried	Not excluded
8	Haemophilus influenzae type b (Hib)	Exclude until 48 hours after initiation of effective therapy	Not excluded
9	Hepatitis A	Exclude until a medical certificate of recovery is received, but not before 7 days after the onset of jaundice or illness	Not excluded
10	Hepatitis B	Exclusion is not necessary	Not excluded
11	Hepatitis C	Exclusion is not necessary	Not excluded
12	Herpes (cold sores)	Young children unable to comply with good hygiene practices should be excluded while the lesion is weeping. Lesions to be covered by dressing, where possible	Not excluded
13	Human immuno-deficiency virus infection (HIV)	Exclusion is not necessary	Not excluded
14	Impetigo	Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing	Not excluded
15	Influenza and influenza like illnesses	Exclude until well	Not excluded unless considered necessary by the Chief Health Officer
16	Leprosy	Exclude until approval to return has been given by the Chief Health Officer	Not excluded
17	Measles	Exclude for at least 4 days after onset of rash	Immunised contacts not excluded. Unimmunised contacts should be excluded until 14 days after the first day of appearance of rash in the last case. If unimmunised contacts are vaccinated within 72 hours of exposure with any infectious case, or received Normal Human Immunoglobulin (NHIG) within 144 hours of exposure of any infectious case, they may return to the facility
18	Meningitis (bacterial —other than meningococcal meningitis)	Exclude until well	Not excluded
19	Meningococcal infection	Exclude until adequate carrier eradication therapy has been completed	Not excluded if receiving carrier eradication therapy
20	Mumps	Exclude for 5 days or until swelling goes down (whichever is sooner)	Not excluded
21	Molluscum contagiosum	Exclusion is not necessary	Not excluded
22	Pertussis (Whooping cough)	Exclude the child for 21 days after the onset of cough or until they have completed 5 days of a course of antibiotic treatment	Contacts aged less than 7 years in the same room as the case who have not received three effective doses of pertussis vaccine should be excluded for 14 days after the last exposure to the infectious case, or until they have taken 5 days of a course of effective antibiotic treatment
23	Poliovirus infection	Exclude for at least 14 days from onset. Re-admit after receiving medical certificate of recovery	Not excluded
24	Ringworm, scabies, pediculosis (head lice)	Exclude until the day after appropriate treatment has commenced	Not excluded
25	Rubella (German measles)	Exclude until fully recovered or for at least four days after the onset of rash	Not excluded
26	Severe Acute Respiratory Syndrome (SARS)	Exclude until medical certificate of recovery is produced	Not excluded unless considered necessary by the Chief Health Officer
27	Shiga toxin or Verotoxin producing Escherichia coli (STEC or VTEC)	Exclude if required by the Chief Health Officer and only for the period specified by the Chief Health Officer	Not excluded
28	Streptococcal infection (including scarlet fever)	Exclude until the child has received antibiotic treatment for at least 24 hours and the child feels well	Not excluded
29	Tuberculosis (excluding latent tuberculosis)	Exclude until receipt of a medical certificate from the treating physician stating that the child is not considered to be infectious	Not excluded
30	Typhoid fever (including paratyphoid fever)	Exclude until approval to return has been given by the Chief Health Officer	Not excluded unless considered necessary by the Chief Health Officer

#### Regulation 111

A person in charge of a primary school, education and care service premises or children's services centre must not allow a child to attend the primary school, education and care service premises or children's services centre for the period or in the circumstances:

\* specified in column 3 of the Table in Schedule 7 if the person in charge has been informed that the child is infected with an infectious disease listed in column 2 of that Table; or

\* specified in column 4 of the Table in Schedule 7 if the person in charge has been informed that the child has been in contact with a person who is infected with an infectious disease listed in column 2 of that Table.

\*Diarrhoeal illness includes instances where certain pathogens are identified including Amebiasis (*Entamoeba histolytica*), Campylobacter spp., Salmonella spp., Shigella spp. and intestinal worms, but is not limited to infection with these pathogens.

#### Further information

Please contact the Communicable Disease Prevention and Control Section on 1300 651 160 or visit [www2.health.vic.gov.au/public-health/infectious-diseases/school-exclusion](http://www2.health.vic.gov.au/public-health/infectious-diseases/school-exclusion)

<sup>1</sup> Children's services cover the terms 'education and care service premises' or 'children's services centre' used in the regulations. It includes centres such as childcare centres and kindergartens.



## ATTACHMENT 8

### 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. At BWK, all incursions, excursions, kinder duty and nature kinder are to be cancelled unless essential.

- Families must ensure that any therapists planning visits to children at the kindergarten must make contact with the child's teacher at least 24 hours prior to the visit for approval and must adhere to the kindergarten's guidelines to reduce risk.
- All unwell staff must stay home. At BWK, we have provided staff with *Special paid leave (pandemic)* to encourage staff to stay home when displaying any symptoms pertaining to the pandemic.
- 10 days of special paid leave provided to staff where the reasons relate directly to the pandemic (see Definitions). This Special Paid Leave is a total amount, not for each occasion. Once this Special Paid Leave (pandemic) has been depleted, staff must access their accrued personal leave – eg. sick, annual, carer's, long service or leave without pay.
  - (a) This special paid leave is to be offered at the discretion of the Committee and its validity will be reviewed if a pandemic occurs.
  - (b) The number of days provided will be determined by the current Committee
- All unwell children must stay home. At BWK, it is strongly requested that any sick children must not return to kinder until after a negative test result is received and all pandemic related symptoms have ceased for 24 hours. Whilst a medical certificate is not required, families are asked to provide evidence of a negative test result.
  - (a) If any member of the child's household is tested for the pandemic, the child must not return to kinder until a negative test result has been received.
  - (b) If staff see any child exhibiting any pandemic related symptoms, parents will be called to collect their child from kinder. Family is asked to not return to kinder until pandemic related symptoms have ceased for 24 hours.

- 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.
- Non-essential personnel including staff, student teachers and 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.
  - BWK updated the visitor sign in book to include that the visitor agreed to a set of risk minimisation strategies before entering the building eg having the flu vaccination
  - Where non-essential personnel enter the premises, including therapists and Nature Kinder helpers, they are asked to wear face masks or coverings.
- 
- Parent information sessions and interviews should meet physical distancing requirements of 1.5 metres between adults, or else be replaced with virtual alternatives. BWK is conducting over the phone and online meetings where possible. When not possible, BWK is following the 1.5 metre rule between adults and having meetings outside (where practicable).

## HYGIENE

Everyone can protect themselves and prevent the spread of infection by continuing effective hand hygiene (see also Hygiene policy).

- All staff and children should undertake regular hand hygiene (see Definitions), 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 personal phones regularly.
- BWK followed a Pandemic cleaning checklist (see Attachment 9) to ensure space is as hygienic as possible. This can be amended as required.
- BWK has implemented restrictions of the maximum number of people that can be present in the following rooms at any given time, taking into account that there will be some thoroughfare in some areas:
  - a. Office – max 2
  - b. Kitchen – max 1
  - c. Front room – max 2
  - d. Shed – max 2
  - e. Storage room – max 1

## ARRIVAL AND DEPARTURE

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

- At BWK, at the beginning of the pandemic, we increased staff numbers at drop off times to ensure both safety and supporting a smooth transition to the new procedures. This is only required for one/two weeks until the new routine was imbedded.
- 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. At BWK, children are dropped off and collected from the front yard, with only one family permitted in the front yard at a time. Families are required to line up outside the gate whilst ensuring social distancing requirements are adhered to. X was taped on the ground to encourage 1.5 meter between each family.
- 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. (see Attachment 10 for Staggered pick up/drop off times)
  - Staggered pick up and drop off times were provided, and parents nominated time preferences via SurveyMonkey or email to group representative.
- 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. At BWK, every child entering the service have their temperature checked in the front yard by a staff member with a contactless thermometer to ensure there is no fever present (only if relevant to pandemic).
  - Staff are to wear face masks or coverings when greeting families and performing temperature checks of children.
- At BWK, children are to wear their bags on their backs with all their belongings inside, leaving their hands free for washing upon entering the kinder. Staff monitor the children to ensure the hand washing guidelines are adhered to.
- At BWK, parents/guardians are required to bring their own pen for sign in and sign out to avoid cross contamination.
- At BWK, hand sanitiser is to be provided outside the gate for everyone to use prior to entering the front yard.
- At BWK, a “safe to enter” declaration is placed next to the sign in book where conditions of signing the child in are highlighted eg child has not been given Panadol in the last 24hrs.
- At BWK, for pick up time, each family rings the bell. Staff will remain in the building and prepare child to exit, only opening the door when child is ready. Staff monitor children walking into the yard to greet their parent/carer.

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. BWK children are asked to leave a child size gap between each student for group time and eating. Progressive mealtimes are offered where possible.
- Windows should be open during the day to promote air flow where possible. BWK children can access the veranda spaces as part of the indoor space and when weather permits, doors and some windows are opened.
- Consider the setup of the room and the placement of the activities and limit the number of whole group activities. BWK has followed this advice by setting up tables with a maximum of 3 children at a time, allowing limited children in spaces such as 6 children in the sandpit at a time. The cubby house is to be closed during this time.
- 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. BWK have followed this advice by limiting the numbers of group times and often working with half the group at a time. Children are spaced out where possible and we have also done lots of group times outside where more space is available.
- 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. BWK follows the above and have also considered the cleanability of resources before placing for use.
- Wherever possible and where you have enough staffing for adequate supervision, consider operating an indoor/outdoor program. BWK is able to provide this and also able to use the veranda as indoor space.
- 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. Due to the session timetable, type of service, numbers of programs offered and staffing arrangement BWK is unable to apply this advice. Please note, the room is cleaned after each session to ensure each group starts off with a clean room.
- Where multiple staff are in a room, remind staff to maintain physical distancing from each other as much as practical. Refer to Hygiene section above for restrictions per room to be followed. BWK follows this advice.

## CONSIDERATIONS FOR OFFICES AND STAFF FACILITIES

- Close proximity between staff should be avoided, where possible, and especially in offices and staff rooms. BWK has followed this advice and capped the number of adults in each adult space in the kinder, eg 2 people in the office (as per Hygiene section).
- Workstations should be spaced out as much as possible, and the number of staff in offices limited. Where possible, staff should use separate offices. Due to layout and building factors, BWK is unable to follow this advice, however workstations are cleaned between each use when staff need to share a workspace. All workstations are clean by each staff member at the end of day.
- Remind staff to maintain physical distancing from each other as much as possible in the reception, 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. BWK assigned one committee member to do all the kinder fabric washing. Guidelines and detergent are supplied for this task.
  - note, disinfecting and cleaning of toys and equipment is not required after every use.
- Hand hygiene (see Definitions) before and after use of shared equipment is recommended. (For example, prior to a new activity). BWK asked children to wash hand before and after each sensory activity eg playing in the sand. Sensory activities were reduced in the between strategies of the pandemic eg no playdough inline with government advice.
- At BWK, a Pandemic cleaning checklist (refer to Attachment 9) has been implemented and actioned to ensure space is as hygienic as possible.
- Excursions should not be undertaken other than to local parks. BWK continued the nature kinder program with the extra requirement that all parent helpers had a recent flu vaccination.

## 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. BWK supplies face masks for staff to wear if a child or adult are unwell and show symptoms of the pandemic need close care or first aid.

## 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. BWK face masks will not be required to be worn by children.
- 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. Where this is applicable, staff will also contact all listed emergency contacts to collect the child .
- 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. It is advisable to take a precautionary approach and 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. Face masks 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. At BWK, we strongly request that any sick children must not return to kinder until after a negative test result is received and all pandemic related symptoms have ceased for 24 hours. Whilst a medical certificate is not required, families are asked to provide evidence of a negative test result.
- 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.

## ATTACHMENT 9: PANDEMIC CLEANING CHECKLIST



	Mon end of session 1	Mon end of session 2	Tues end of session	Wed end of session 1	Wed end of session 1	Thurs end of session	Fri end of session 1	Fri end of session 1
As required washable toys washed in warm water then disinfected								
Wipe the forehead thermometer								
Clean phone x2								
Water bottle holders sprayed and wipes								
Clean fridge door, kettle, microwave, sink and taps in kitchen								
Camera								
Clean art easel								
Swing and eat cleaned								
Gate handle wiped								
As required clean outside areas								
As required clean sandpit toys								

**BETWEEN THE SESSIONS**

	Mon	Wed	Fri
All door handles including bathroom			
Tabletops wiped			

**Notes:**

Wiped means wiped with disinfectant using a yellow cloth  
 Clean keyboard and mouse at the end of use  
 Clean shed door once a week on Wednesdays

(version 5 -last updated 30.7.20)

## ATTACHMENT 10: STAGGERED PICK UP/DROP OFF TIMES

<b>Purple group</b>			
	<b>Monday</b>	<b>Wednesday</b>	<b>Thursday</b>
<b>Drop off</b>	1.15-1.30pm	8.30-8.45am	8.45-9.00am
<b>Pick up</b>	4.15-4.30pm	12.30-12.45pm	3.15-3.30pm
<b>Drop off</b>	1.30-1.45pm	8.45-9.00am	9.00-9.15am
<b>Pick up</b>	4.30-4.45pm	12.45-1.00pm	3.30-3.45pm
<b>Yellow group</b>			
	<b>Tuesday</b>	<b>Wednesday</b>	<b>Friday</b>
<b>Drop off</b>	8.45-9.00am	1.30-1.45pm	8.30-8.45am
<b>Pick up</b>	3.15-3.30pm	4.00-4.15pm	1.00-1.15pm
<b>Drop off</b>	9.00-9.15am	1.45-2.00pm	8.45-9.00am
<b>Pick up</b>	3.30-3.45pm	4.15-4.30pm	1.15-1.30pm
<b>Green group</b>			
	<b>Monday</b>		
<b>Drop off</b>	8.30-8.45am		
<b>Pick up</b>	12.00-12.15pm		
<b>Drop off</b>	8.45-9.00am		
<b>Pick up</b>	12.15-12.30pm		