DEALING WITH INFECTIOUS DISEASES POLICY

Mandatory – Quality Area 2

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.

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
- 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.

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, Nominated Supervisor, Certified Supervisor, educators, 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. 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 has developed a document, *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 staff when an diagnosed (by a doctor) excludable illness/disease is detected at Bentleigh West Kindergarten Inc.
- 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. A standard immunisation calendar is available at: 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
- any Medicare office.

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
- *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
- *Occupational Health and Safety Act 2004*
- *Privacy Act 1988* (Cth)
- *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 and Prevention Control Unit: Responsibility for communication and advice in relation to infectious diseases on behalf of the Secretary of the Victorian Department of Health and Human Services. The unit must be contacted by telephone on 1300 651 160.**Exclusion:** Inability to attend or participate in the program at the service.

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

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: A disease that can be spread, for example, by air, water or interpersonal contact. An infectious disease is designated under Victorian Law or by a health authority (however described) as a disease that would require the infected person to be excluded from an education and care service.

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.

Sources and related policies

Sources

- 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 and Prevention Control Unit: phone – 1300 651 160: https://www2.health.vic.gov.au/public-health/infectious-diseases Communicable Disease Prevention and Control Unit, 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): http://www.nhmrc.gov.au
- Victorian Department of Health: https://www2.health.vic.gov.au/public-health/immunisation
- WorkSafe Victoria: *First aid in the workplace compliance code*

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 Department of Health about the recommended minimum exclusion periods (refer to *Definitions*) is displayed at the service, is available to all stakeholders including staff, parents/guardians 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(1) of the *Public Health and Wellbeing Regulations 2009*
- 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 immunised and followed up to ensure schedule is followed
- sending reminder notes to families regrading children's immunisations
- notifying DET within 24 hours of a serious incident (refer to *Definitions*), including when a child becomes ill at the service or medical attention is sought while the child is attending the service
- supporting the Nominated Supervisor and the educators/staff at the service to implement the requirements of the recommended minimum exclusion periods
- 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)
- 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 schedule 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: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 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 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 immunised and followed up to ensure schedule is followed
- sending reminder notes to families regrading 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: 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 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

- requesting that parents/guardians notify the service if their child has, or is suspected of having, an infectious disease or infestation
- providing information and resources to parents/guardians to assist in the identification and management of infectious diseases and infestations
- ensuring all families have completed a *Consent form to conduct head lice inspections* (Attachment 1) on enrolment
- conducting regular head lice inspections, 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*).
-

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
- 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*).
- 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
- ensuring children on the catch up schedule for immunised and followed up to ensure schedule is followed
- sending reminder notes to families regrading children's immunisations

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

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
- 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.

ATTACHMENTS

- Attachment 1: Immunisation Schedule Victoria from February 2014
- 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)

AUTHORISATION

This policy was adopted by the Approved Provider of Bentleigh West Kindergarten Inc. on 1/06/19.

REVIEW DATE: JUNE 2021

ATTACHMENT 1

Immunisation schedule Victoria

From March 2015

Age / School year	Disease	Vaccine brand ®	Notes
Birth	Hepatitis B	H-B-Vax II Paediatric	Give within 7 days of birth – preferably within 24 hours of birth
2 months Can be given from 6 weeks of age	Diphtheria, tetanus, pertussis, hepatitis B, poliomyelitis, *Haemophilus influenzae* type b	Infanrix *hexa*	
	Pneumococcal	Prevenar 13	
	Rotavirus	RotaTeq	
4 months	Diphtheria, tetanus, pertussis, hepatitis B, poliomyelitis, *Haemophilus influenzae* type b	Infanrix *hexa*	
	Pneumococcal	Prevenar 13	
	Rotavirus	RotaTeq	
6 months	Diphtheria, tetanus, pertussis, hepatitis B, poliomyelitis, *Haemophilus influenzae* type b	Infanrix *hexa*	See increased risk category section
	Pneumococcal	Prevenar 13	
	Rotavirus	RotaTeq	
12 months	Measles, mumps, rubella	M-M-R II /Priorix	See increased risk category section
	Haemophilus influenzae type b, meningococcal C	Menitorix	
18 months	Measles, mumps, rubella, chickenpox	Priorix-Tetra ProQuad (supplied from July 2015)	Prior chickenpox infection is not a contra-indication to chickenpox vaccination
4 years Can be given from 3 years and 6 months of age	Diphtheria, tetanus, pertussis, poliomyelitis	Infanrix IPV	See increased risk category section
	Measles, mumps, rubella	M-M-R II /Priorix	The 4-year-old MMR vaccine dose ends in December 2015
12-13 years or Year 7 Secondary school	Chickenpox	Varilrix / Varivax	Prior chickenpox infection is not a contra-indication to chickenpox vaccination
	Human papillomavirus	Gardasil	3 dose course
12-16 years or Year 7-10 Secondary school	Diphtheria, tetanus, pertussis	Boostrix	From 2016 this program will be offered only at 12-13 years or in Year 7 Secondary school
Aboriginal and Torres Strait Islander people			
6 months to under 5 years	Influenza	Influenza	Influenza vaccine annually
From 15 years	Influenza	Influenza	Influenza vaccine annually
From 50 years	Pneumococcal	Pneumovax 23	See current edition *The Australian Immunisation Handbook*
50–59 years	Diphtheria, tetanus	ADT Booster	
From 65 years	Influenza	Influenza	Influenza vaccine annually
	Pneumococcal	Pneumovax 23	Single dose unless medically at risk

Department of Health & Human Services

State Government Victoria

Immunisation schedule Victoria from March 2015

Increased risk categories

Category	Disease	Vaccine brand ®	Notes
From 6 months of age With underlying medical risk factors	Influenza	Influenza Do not give bioCSL's Fluvax brand to children < 5 years of age and do not use in children 5 to 9 years of age unless there is no alternative brand available.	Annually In children aged 6 months to less than 9 years, give 2 doses of influenza vaccine, a minimum of 1 month apart, in the first year of administration. Give 0.25ml if < 3 years of age
Pregnant women	Influenza	Influenza	At any stage of pregnancy
12 months of age premature babies <32 weeks gestation or <2000g birth weight	Hepatitis B	H-B-Vax II Paediatric	Single booster dose
12 months of age With underlying medical risk factors and/or <28 weeks gestation	Pneumococcal	Prevenar 13	Single booster dose
4–5 years of age With underlying medical risk factors and/or <28 weeks gestation	Pneumococcal	Pneumovax 23	See current edition *The Australian Immunisation Handbook*
Aboriginal and Torres Strait Islander people aged 15–49 years With underlying medical risk factors	Pneumococcal	Pneumovax 23	See current edition *The Australian Immunisation Handbook*
Aged less than 65 years With underlying medical risk factors	Pneumococcal	Pneumovax 23	See current edition *The Australian Immunisation Handbook* Vaccine is not funded for this group

Victorian immunisation programs

Program	Disease	Vaccine brand ®	Notes
Women planning pregnancy or after delivery	Rubella	M-M-R II/Priorix	Rubella non-immune women planning pregnancy or shortly after delivery
Hepatitis B vaccine for eligible people at risk	Hepatitis B	Engerix B Paediatric and adult formulations	• Household contacts or sexual partners of people living with hepatitis B infection • People who inject drugs or are on opioid substitution therapy • People living with hepatitis C • Men who have sex with men • People living with HIV • Prisoners and remandees • People no longer in a custodial setting but who commenced but did not complete the vaccine course while in custody. See current edition *The Australian Immunisation Handbook*
Vulnerable citizens	National Immunisation Program	National Immunisation Program	Eligible for NIP vaccines plus some catch-up as per the Free vaccine Victoria criteria for eligibility
Rabies vaccine for eligible people at risk	Rabies	As supplied	• Volunteer handler of Australian bats in Victoria for the primary course • Post exposure prophylaxis

www.health.vic.gov.au/immunisation

If you would like to receive this publication in an accessible format, please email: immunisation@health.vic.gov.au
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Attachment 2 – (children enrolled after February 2018 to use this new form)

Consent form to conduct head lice inspections

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

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

[Place on service letterhead]

Head Lice Notification Letter

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

Information for families

Bentleigh West Kindergarten Inc.

Treating and controlling headlice

health

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.

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 60ºC) or dry it using a clothes dryer on the hot or warm setting.

Victoria The Place To Be — A Victorian Government initiative

Department of Health

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.

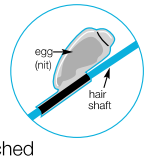
Insecticide resistance is common, so you should test if lice are dead. If they are, treat again in seven days using the same product. If the lice are not dead, the treatment has not worked and the lice may be resistant to the product and all products containing the same active compound. Wash off the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

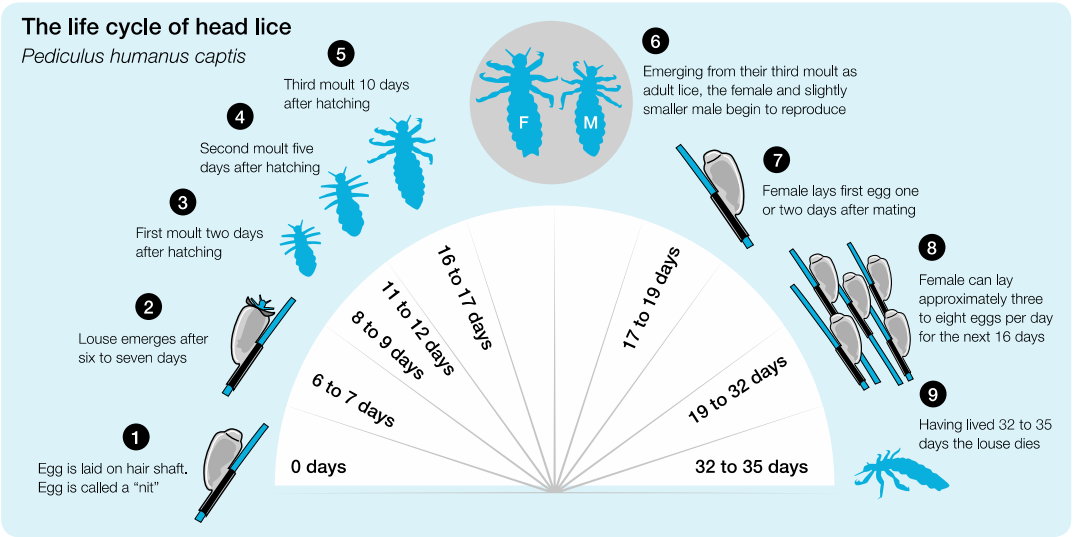
The department recommends a child with head lice can be treated one evening and return to school or children's service centres the next day, even if there are still some eggs present. There is no need to miss school or child care because of head lice.

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



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.

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.

ATTACHMENT 7

Bentleigh West Kindergarten Inc.

Minimum period of exclusion from primary schools and children's services centres for infectious diseases cases and contacts

health

Public Health and Wellbeing Regulations 2009

Schedule 7

Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts (*Public Health and Wellbeing Regulations 2009*).

In this Schedule, medical certificate means a certificate from a registered medical practitioner.

[1] Conditions	[2] Exclusion of cases	[3] Exclusion of Contacts
Amoebiasis (Entamoeba histolytica)	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Campylobacter	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
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
Conjunctivitis	Exclude until discharge from eyes has ceased	Not excluded
Diarrhoea	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Diphtheria	Exclude until medical certificate of recovery is received following at least two negative throat swabs, the first not less than 24 hours after finishing a course of antibiotics and the other 48 hours later	Exclude family/household contacts until cleared to return by the Secretary
Hand, Foot and Mouth disease	Exclude until all blisters have dried	Not excluded
Haemophilus influenzae type b (Hib)	Exclude until at least 4 days of appropriate antibiotic treatment has been completed	Not excluded
Hepatitis A	Exclude until a medical certificate of recovery is received, but not before 7 days after the onset of jaundice or illness	Not excluded
Hepatitis B	Exclusion is not necessary	Not excluded
Hepatitis C	Exclusion is not necessary	Not excluded
Herpes (cold sores)	Young children unable to comply with good hygiene practices should be excluded while the lesion is weeping. Lesions to be covered by dressing, where possible	Not excluded
Human immuno-deficiency virus infection (HIV/AIDS virus)	Exclusion is not necessary	Not excluded
Impetigo	Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing	Not excluded
Influenza and influenza like illnesses	Exclude until well	Not excluded unless considered necessary by the Secretary
Leprosy	Exclude until approval to return has been given by the Secretary	Not excluded
Measles*	Exclude for at least 4 days after onset of rash	Immunised contacts not excluded. Unimmunised contacts should be excluded until 14 days after the first day of appearance of rash in the last case. If unimmunised contacts are vaccinated within 72 hours of their first contact with the first case, or received NHIG within 144 hours of exposure, they may return to the facility
Meningitis (bacteria —other than meningococcal meningitis)	Exclude until well	Not excluded
Meningococcal infection*	Exclude until adequate carrier eradication therapy has been completed	Not excluded if receiving carrier eradication therapy
Mumps*	Exclude for 9 days or until swelling goes down (whichever is sooner)	Not excluded
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
Poliomyelitis*	Exclude for at least 14 days from onset. Re-admit after receiving medical certificate of recovery	Not excluded
Ringworm, scabies, pediculosis (head lice)	Exclude until the day after appropriate treatment has commenced	Not excluded
Rubella* (German measles)	Exclude until fully recovered or for at least four days after the onset of rash	Not excluded
Salmonella, Shigella	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Severe Acute Respiratory Syndrome (SARS)	Exclude until medical certificate of recovery is produced	Not excluded unless considered necessary by the Secretary
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
Tuberculosis	Exclude until receipt of a medical certificate from the treating physician stating that the child is not considered to be infectious	Not excluded
Typhoid fever (including paratyphoid fever)	Exclude until approval to return has been given by the Secretary	Not excluded unless considered necessary by the Secretary
Verotoxin producing Escherichia coli (VTEC)	Exclude if required by the Secretary and only for the period specified by the Secretary	Not excluded
Worms (Intestinal)	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded

Statutory rule

A person in charge of a primary school or children's services centre must not allow a child to attend the primary school or children's services centre for the period or in the circumstances:
(a) specified in column 2 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 1 of the table in Schedule 7; or
(b) specified in column 3 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 1 of the table in Schedule 7.

The person in charge of a primary school or children's services centre, when directed to do so by the Secretary, must ensure that a child enrolled at the primary school or children's services centre who is not immunised against a vaccine preventable disease (VPD) specified by the Secretary in that direction, does not attend the school or centre until the Secretary directs that such attendance can be resumed. (Note—VPDs marked in **bold** with an asterisk (*) require the department to be informed immediately. Contact the department on 1300 651 160 for further advice about exclusion and these diseases.)

Further information

For further information about exclusions mentioned in this document, please contact the Department of Health's Communicable Disease Prevention and Control Section on 1300 651 160 or visit ideas.health.vic.gov.au

State Government Victoria

To receive this document in an accessible format email: Infectious.diseases@health.vic.gov.au
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