



Mandatory – Quality Area 2

Dealing with Infectious Diseases

1. Authorisation

This policy was adopted by the Committee of Armadale Early Learning Centre Inc. at its Committee meeting on [5th March 2013](#).

2. Review Date

This policy was reviewed in [March 2013](#). This policy is to be reviewed every three years or when deemed necessary. This policy is due to be reviewed in [March 2016](#).

3. Scope

This policy applies to the Approved Provider, Nominated Supervisor, Educators, staff, Volunteers, Parents/Guardians, Carers, Students on placement, children and others attending the programs and activities involved with Armadale Early Learning Centre.

4. Background and Legislations

Infectious diseases are common in children. Children are at 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 educators/staff when an excludable illness/disease is detected at the service
- complying with relevant health department exclusion guidelines
- increasing educator/staff awareness of cross-infection through physical contact with others.

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

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*
 - Standard 2.1: Each child's health is promoted
 - Element 2.1.1: Each child's health needs are supported
 - Element 2.1.3: Effective hygiene practices are promoted and implemented
 - Element 2.1.4: Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines
 - Standard 2.3: Each child is protected
 - Element 2.3.1: Children are adequately supervised at all times
 - Element 2.3.2: Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury
 - Element 2.3.3: Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented
- *National Quality Standard, Quality Area 6: Collaborative Partnerships with Families and Communities*
 - Standard 6.2: Families are supported in their parenting role and their values and beliefs about child rearing are respected
 - Standard 6.3: The service collaborates with other organisations and service providers to enhance children's learning and wellbeing
- *Occupational Health and Safety Act 2004*
- *Privacy Act 1988 (Cth)*
- *Public Health and Wellbeing Act 2008*
- *Public Health and Wellbeing Regulations 2009*
- WorkSafe Victoria Compliance Code: *First aid in the workplace*

5. Definitions

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 is negligible.

Exclusion: Inability to attend or participate in the program.

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

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 persons or animals or in clothing.

Infectious disease: A disease that could be spread by, for example, 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.

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.

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

Recommended minimum exclusion period: The period recommended by the Department of Health for excluding any person from attending a children's service to prevent the spread of infectious diseases through interpersonal contact. The exclusion table published by the Department of Health can be accessed at <http://ideas.health.vic.gov.au/guidelines/school-exclusion-table.asp>.

Serious incident: An incident resulting in the death of a child, or an injury, trauma or illness for which the attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a child appears to be missing, cannot be accounted for, is removed from the service in contravention of the regulations or is mistakenly locked in/out of the service premises (Regulation 12). A serious incident should be documented in an *Incident, Injury, Trauma and Illness Record* (sample form available on the ACECQA website) as soon as possible and within 24 hours of the incident. The Regulatory Authority (DEECD) must be notified within 24 hours of a serious incident occurring at the service (Regulation 176(2)(a)). Records are required to be retained for the periods specified in Regulation 183.

6. Policy

6.1 Values

Armadale Early Learning Centre is committed to:

- providing a safe and healthy environment for all children, staff and any other persons participating in the program
- responding to the needs of the child or educator/staff who presents with symptoms of an infectious disease or infestation while attending the centre
- 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.

Armadale Early Learning Centre 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 staff at Armadale Early Learning Centre 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.

6.2 Purpose

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

- a child attending Armadale Early Learning Centre is showing symptoms of an infectious disease
- a child at Armadale Early Learning Centre 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.

7. Procedures

Please refer to the following Attachments;

Attachment 1: *Consent form to conduct head lice inspections*

Attachment 2: *Head lice action form*

Attachment 3: Head lice notification letter

Attachment 4: Procedures for infection control relating to blood-borne viruses

Attachment 5: Minimum Period of Exclusion for Infectious Diseases Cases

Note: At the start of each year, the Centre will request parents to sign a consent form permitting head lice inspections to be carried out for all children (sample of parental consent form attached).

8. Key Responsibilities & Authorities

8.1 The Approved Provider

The Approved Provider is responsible for:

- ensuring that where there is an occurrence of an infectious disease at the centre, 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 centre is notified of the occurrence as soon as is practicable (Regulation 88(2))
- ensuring that information from the Department of Health about the minimum exclusion periods is displayed at the centre, is available to all stakeholders and is adhered to in the event of an outbreak of an infectious disease (as designated by the Department of Health)
- ensuring that the parent/guardian and Secretary¹ are informed within 24 hours of becoming aware that an enrolled child is suffering from:
 - 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*

(Note: The Department of Health also recommends that services inform the Communicable Disease Prevention and Control Unit if there is an outbreak of three or more cases of respiratory or gastrointestinal illness at the service within a 72 hour period.)

- ensuring that a child who is not immunised against a vaccine-preventable disease 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*)
- notifying DEECD 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 other educators at the centre 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)

¹ In practice, services should contact the Department of Health's Communicable Disease Prevention and Control Unit.

- 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.

8.2 Nominated Supervisor

The Nominated Supervisor is responsible for:

- notifying the Approved Provider immediately on becoming aware that an enrolled child is suffering from:
 - a) Pertussis, or
 - b) Poliomyelitis, or
 - c) Measles, or
 - d) Mumps, or
 - e) Rubella, or
 - f) Meningococcal C
- contacting the parents/guardians of a child suspected of suffering from an infectious or vaccine-preventable disease, or of a child not immunised against a vaccine-preventable disease that has been detected at the service, and requesting the child be collected as soon as possible
- notifying a parent/guardian or authorised emergency contact person when a symptom of an excludable infectious illness or disease has been observed
- ensuring that a minimum of one educator with current approved first aid qualifications is in attendance and immediately available at all times the service is in operation (refer to *Administration of First Aid Policy*)
- establishing good hygiene and infection control procedures, and ensuring that they are adhered to by everyone at the service (refer to *Hygiene Policy* and Attachment 4 – Procedures for infection control relating to blood-borne viruses)
- ensuring the exclusion requirements for infectious diseases are adhered to as per the recommended minimum exclusion periods (refer to *Definitions*), notifying the Approved Provider and parents/guardians of any outbreak of infectious disease at the service, and displaying this information in a prominent position
- 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 Attachment 5, or <http://docs.health.vic.gov.au/docs/doc/Minimum-Period-of-Exclusion-from->

Primary-Schools-and-Childrens-Services-Centres-for-Infectious-Diseases-Cases-and-Contacts)

- advising the parents/guardians of a child who is not fully immunised on enrolment that they will be required to keep their child at home when an infectious disease is diagnosed at the service, and until there are no more occurrences of that disease and the exclusion period has ceased
- requesting that parents/guardians notify the service if their child has, or is suspected of having, an infectious disease or infestation
- providing information and resources to parents/guardians to assist in the identification and management of infectious diseases and infestations
- ensuring all families have completed a *Consent form to conduct head lice inspections* (Attachment 1) on enrolment
- conducting regular head lice inspections, at least once per term and whenever an infestation is suspected, which involves visually checking children's hair and notifying the Approved Provider and parents/guardians of the child if an infestation of head lice is suspected
- providing a *Head lice action form* (Attachment 2) to the parents/guardians of a child suspected of having head lice
- providing a head lice notification letter (Attachment 3) to all parents/guardians when an infestation of head lice has been detected at the service
- maintaining confidentiality at all times (refer to *Privacy and Confidentiality Policy*).

8.3 Certified Supervisors and other educators

The Certified Supervisors and other educators are responsible for:

- Encouraging parents/guardians to notify the service if their child has an infectious disease or infection
- Observing signs and symptoms of children who may appear unwell and informing the Nominated Supervisor
- Providing access to information and resources for parents/guardians to assist in the identification and management of infectious diseases and infestations
- Monitoring that all parents/guardians have completed a *Consent form to conduct head lice inspections* (Attachment 1) on enrolment
- Monitoring any symptoms in children that may indicate the presence of an infectious disease and taking appropriate measures to minimise cross-infection
- Complying with the *Hygiene Policy* of the service and the procedure for infection control relating to blood-borne viruses (refer to Attachment 4)
- Maintaining confidentiality at all times (refer to *Privacy and Confidentiality Policy*).

8.3 Parents/Guardians

The parents/guardians are responsible for:

- keeping their child/ren home if they are unwell or have an excludable infectious disease
- informing the centre if their child has an infectious disease or has been in

contact with a person who is infected with an infectious disease

- keeping their child at home when an infectious disease has been diagnosed at the centre 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
- providing accurate and current information regarding the immunisation status of their child/children when they enrol, and informing the centre of any subsequent changes to this while they are enrolled at the centre
- 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 procedure 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.

9. Circulation Plan

Who needs to know the policy and procedures exists?

- Parents whose children attend the AELC
- Staff and Committee members

9.1 Method

A copy of the Policy will be adopted by the Committee and will be available upon request, in the Policy Manual (located in the AELC foyer), and available on the AELC website www.armadaleelc.vic.edu.au.

10. Resources and Support

10.1 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 <http://docs.health.vic.gov.au/docs/doc/The-blue-book>
- Communicable Disease and Prevention Control Unit: phone – 1300 651 160, <http://ideas.health.vic.gov.au> and infectious.diseases@health.vic.gov.au
- Department of Health and Ageing: www.immunise.health.gov.au
- Department of Human Services (2012) *Head lice management guidelines*: <http://docs.health.vic.gov.au/docs/doc/Head-lice-management-guidelines->
- *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 (2005) *Staying Healthy in Child Care: Preventing infectious diseases in child care*, www.nhmrc.gov.au/guidelines
(Note: this publication is currently being revised and will have significant changes. It is important that services refer to the most up-to-date version of this resource.)
- Victorian Department of Health: www.health.vic.gov.au/immunisation

10.2 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*

11. Evaluation

To assess whether the policy has achieved the values and purposes, the committee member in charge of policy updates 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

| Date Reviewed | Details of Changes (if any) | Date of Next Review |
|---------------|-----------------------------|---------------------|
| | | |
| | | |



Attachment 1

[Place on service letterhead]

Consent form to conduct head lice inspections

Dear parents/guardians,

AELC 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, AELC 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: _____

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

Full name of parent/guardian: _____

Signature of parent/guardian: _____ Date: _____

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

Full name of parent/guardian: _____

Signature of parent/guardian: _____ Date: _____



Attachment 2

[Place on service letterhead]

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 AELC, 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 AELC

CONFIDENTIAL

Child’s name: _____ Group: _____

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

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

_____ [write name of treatment used].

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

Signature of parent/guardian: _____ Date: _____

**Attachment 3**

[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 AELC and we seek your co-operation in checking your child's hair regularly throughout this week, [Date].

Head lice are common in children and are transmitted by having head-to-head contact with someone who has head lice, but they do not transmit infectious diseases.

What can you do?

We seek your co-operation in checking your child's hair and, in instances where head lice or lice eggs are found, treating your child's hair.

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

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

How do I treat my child for head lice?

Please read the attached pamphlet *Treating and controlling head lice* from the Department of 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.

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

Kind regards,

[Signature of Nominated Supervisor]

[Name of Nominated Supervisor]

Attachment 4

Procedures for infection control relating to blood-borne viruses

This procedure is based on information available from the Department of Education and Early Childhood Development (DEECD), 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.

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 DEECD within 24 hours (refer to 'serious incident' in the *Definitions* section of this policy).
7. See a doctor as soon as possible and discuss the circumstances of the injury.



Attachment 5

Minimum Period of Exclusion for Infectious Diseases Cases and Contacts (Public Health and Wellbeing Regulations 2009)

The following pages are an excerpt from <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>.

Please refer to the link above for the most up-to-date information. The table below is to be used as a guide only.

Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts

(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 of a registered medical practitioner.

| [1] Conditions | [2] Exclusion of cases | [3] Exclusion of Contacts |
|--|---|--|
| Amoebiasis (<i>Entamoeba histolytica</i>) | 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 | 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 | Not excluded |
| Human immuno-deficiency virus infection (HIV/AIDS virus) | Exclusion is not necessary | Not excluded |
| Impetigo | Exclude until appropriate treatment has commenced. | 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. | 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 | Not excluded |
| Salmonella, Shigella | Exclude until there has not been a loose | 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 | Not excluded |
| Tuberculosis | Exclude until receipt of a medical certificate from the treating physician | 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 | Not excluded |
| Worms | 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 are marked in the table with an asterisk (*). 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 Unit on 1300 651 160 or visits www.health.vic.gov.au/ideas.

May 2010

Department of Health