

Yarram Early Learning Dealing with Infectious Disease Policy

Quality Area 2: Children's Health and Safety

Please note:

- that some exclusion periods vary from the Department of Health recommendations as Yarram Early Learning believes in taking all appropriate precautions to ensure a safe environment for all our staff, children, and families.
- A pandemic is an epidemic of an infectious disease that has spread across a large region, for instance multiple continents or worldwide, affecting a substantial number of people. Yarram Early Learning advises that the contents of this policy are relevant to a pandemic event. In considering what actions are required by an Approved Provider, information and guidance provided by the Australian Health Protection Principal Committee (AHPPC), Victorian Government, the Department of Health and Human Services (DHHS) and the Department of Education and Training (DET) should be followed and adhered to.

Purpose

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

- A child attending Yarram Early Learning Incorporated shows symptoms of an infectious disease
- A child at Yarram Early Learning Incorporated 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

VALUES

Yarram Early Learning Incorporated 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 or going beyond 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.

Yarram Early Learning 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 YARRAM EARLY LEARNING 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 or going beyond recommended exclusion guidelines and timeframes for children and educators/staff.

SCOPE

This policy applies to The Responsible Person, educators, staff, students on placement, volunteers, parents/guardians, children, and others attending the programs and activities of Yarram Early Learning Incorporated, including during offsite excursions and activities.

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 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.

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*
 - 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*
- *The Public Health and Wellbeing Regulations 2019*
- *WorkSafe Victoria: First aid in the workplace compliance code*

DEFINITIONS

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

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.

Epidemic: is an outbreak of a contagious disease that spreads rapidly and extensively and affects many individuals simultaneously in an area or population.

Exclusion: Inability to attend or participate in the program at the service.

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

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.

Pandemic: is an epidemic (refer to Definitions) occurring worldwide, or over a wide geographic area and affecting a large proportion of the population.

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

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 period table, published by the Department of Health, can be accessed at

<https://www2.health.vic.gov.au/public-health/infectious-diseases/school-exclusion/school-exclusion-table>

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 (DET) 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.

SOURCES AND RELATED POLICIES

Sources

- 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
- *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 (2019) *Staying Healthy 5th Edition in Child Care: Preventing infectious diseases in child care*, <https://www.nhmrc.gov.au/sites/default/files/documents/reports/clinical%20guidelines/ch55-staying-healthy.pdf>
- Victorian Department of Health: www.health.vic.gov.au/immunisation
- Victorian Department of Health - Head lice management guidelines: <https://www2.health.vic.gov.au/about/publications/factsheets/Treating-and-controlling-headlice>

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*

RESPONSIBILITIES OF DIFFERENT STAKEHOLDERS

The Approved Provider is 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 and is adhered to in the event of an outbreak of an infectious disease (as designated by the Department of Health – refer to *Definitions*)
- Ensuring that the parent/guardian and Secretary¹ are informed within 24 hours of becoming aware that an enrolled child is suffering from:
 1. Pertussis, or
 2. Poliomyelitis, or
 3. Measles, or
 4. Mumps, or
 5. Rubella, or
 6. 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 2019*)
- 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 Responsible Person and the educators/staff at the service to implement the requirements of the recommended minimum exclusion periods
- 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 Responsible Person, 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 3)
- 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 Responsible Person is responsible for:

- Notifying the Approved Provider immediately on becoming aware that an enrolled child is suffering from:
 1. Pertussis, or
 2. Poliomyelitis, or
 3. Measles, or
 4. Mumps, or
 5. Rubella, or
 6. Meningococcal C
- Contacting the parents/guardians of a child suspected of suffering from an infectious or vaccine-preventable disease,
- Contacting the parents/guardians of a child who has not been 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 1 – 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 <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 staff are only consuming food when not in one of the four room where children are educated and care for. Staff are provided with appropriate break/mealtimes where food can be consumed in a safe environment. (refer to Food Safety policy)
- **The Supervisors and relevant Room Leader are responsible for ensuring volunteers and students are following this policy and the outlines procedures.**

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 Responsible Person
- 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 (refer to enrolment form consent section) 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 Responsible Person and parents/guardians of the child if an infestation of head lice is suspected
- Maintaining confidentiality at all times (refer to *privacy and confidentiality policy*).
- Monitoring any symptoms in children that may indicate the presence of an infectious disease and taking appropriate measures to minimise cross-infection
- Complying with the *hygiene policy* of the service and the procedures for infection control relating to blood-borne viruses (refer to attachment 4)
- Maintaining confidentiality at all times (refer to *privacy and confidentiality policy*).

Parents/guardians are responsible for:

- Keeping their child/ren at home if they are unwell or have an excludable infectious disease
- Keeping their child/ren at home when an infectious disease has been diagnosed at the service 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 the service 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 child/ren 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 1) when in attendance at the service.
- Complying with the responsible consumption of food within the service and only consuming food when not in a room where children are educated and cared for. (refer to Food Safety policy)

Procedure

General

- Prevent contact with any exposed body fluids by putting disposable gloves on before handling a child with exposed body fluids e.g. Blood, urine, mucous, if child is old enough encourage child to wipe own nose etc.
- Once the fluids have been cleaned soak all cloths in bleach
- Remove gloves putting in a plastic bag and placing in the bin
- Wash hands

Food Safety

Food is an excellent place for germs to grow—in the right conditions, the number of bacteria in food can double every 30 minutes. Germs that do not grow in food can still be passed from person to person in food. Germs that are common on our skin and in the environment can cause food poisoning if they grow to large numbers in food. For these reasons, food safety is an important part of infection control in education and care services. The best ways to prevent diseases spreading through food are hand hygiene; not sharing food, plates or utensils; preparing and storing food properly; and keeping food preparation areas clean.

- Educators should NOT consume any food in a room where children are educated and care for.

(Refer to Food Safety Policy for further information)

For injuries please refer to Yarram Early Learning Incorporated's first aid policy.

- Should contact/exposure to body substances occur, take appropriate action – such as, medical assessment and attention, and complete an Accident/incident Record report form.
- Relevant information should be available for staff, educators and parents.
Refer to Yarram Early Learning Incorporated's **Health and Safety Policy**.

Each Room has a specific guide to be followed regarding routine cleaning and maintenance.

Please see this displayed in each room

Blood/body fluids spills

1. Put on disposable gloves and wipe up spill with absorbent towel immediately – the towel is then to be placed in a plastic bag.
2. Disinfect affected area by wiping with household bleach (1:10 – 1:50). **Do not use spray bottle** on affected area as this can further disperse any contaminated substances. Spray content of the spray bottle on the cloth and then wipe the contaminated area. Dispose of the used cloth by placing in the plastic bag with the paper towel.
3. Dispose of bag by tying bag up and placing in bin.
4. Wash hands.

Contact with Illness, Disease or Rashes

- Refer to Staying Healthy in Childcare
- If feeling unwell, please contact your doctor immediately

Hand Washing Procedure

This is the single most effective infection control measure. Hands should be kept in good condition with hand creams to avoid split skin.

Hands must be washed:

1. After toileting
2. After nappy changing
3. Before and after handling/preparing food

4. Before and after eating and drinking
5. After wiping noses
6. After contact with body fluids
7. Before and after administering first aid or medication
8. After bathing a child
9. After handling garbage
10. After handling animals

How to wash hands:

1. Use liquid soap and warm running water
2. Vigorously rub hands together while washing them (15 seconds)
3. Ensure you wash your hands all over – back of hands, wrists, between fingers and under fingernails.
4. Rinse your hands under running water. (15 seconds)
5. Pat dry hands with disposable paper towel.
6. Turn off the tap with paper towel.

Procedure for hygienic nappy changing

1. Collect all materials needed for the change and have these within reach prior to placing the child on the change bench – THIS ENSURES THAT YOU NEVER LEAVE THE CHILD UNATTENDED, AS A HAND MUST REMAIN ON THE CHILD AT ALL TIMES.
2. Use of disposable gloves is recommended when changing all nappies.
3. Remove child's clothes and nappy, soiled nappies and wipes are to be placed in a plastic bag.
4. Clean the child's bottom. Excess faeces wiped with soiled nappy then thoroughly clean bottom with wipes, then remove gloves.
5. Put on clean gloves to apply nappy creams as required, and then remove gloves.
6. Replace with clean nappy.
7. Dress the child.
8. Take the child away from the change bench and wash the child's hands, in the case of a small baby use wet wipe to clean hands before removing baby from the change bench.
9. Wet or soiled clothing to be placed in plastic bag to be sent home.
10. Spray the change bench with disinfectant spray and wipe with paper towel.
11. Spray and wipe or rinse the whole sink area where soiled nappy may have been.
12. Wash hands.
13. Record the change on the iPad Xplor App

Mealtime Procedure

1. Before all meals clean and sanitise all tables being used for the meal.
2. Educators and children to wash hands.
3. Ensure food is of safe temperature before serving. Food must be served according to Safe Food Handling Guidelines and *the Food Act 2010*.
4. Educators must ensure that children's food preferences are respected.
5. Educators must ensure that mealtimes continue to be a learning experience for children including things such as the nutritional value of certain foods, staff to sit with children during mealtimes.
6. Spills must be wiped up immediately.
7. Different cloths must be used for wiping up spills on the floor than used to wipe up spills on the tables.
8. Educators to ensure all children wash hands/face when meal is finished.
9. . Wipe table.

Toileting

1. Encourage the child to pull down own pants; assist when needed
2. Encourage child to sit on the toilet themselves using stepping stool to reach toilet if required; assist when needed
3. Encourage child to wipe own bottom; assist when needed staff to use gloves when wiping child's bottom
4. Encourage the child to get off the toilet and pull pants up; assist when needed
5. Ask the child to flush the toilet
6. Ask the child to wash their hands
7. Wash own hands

Toileting Accident Procedure

(Follow the Toileting Procedure – refer to Hygiene Policy)

Changing Soiled Clothing and Toileting:

- Wear gloves when assisting children on the toilet and handling clothing soiled with faeces or urine
- Place soiled clothes into a wet bag, for parents to take home at the end of the day. Soiled clothes are not to be washed at the Educators home as this can spread germs; they need to be laundered at the child's home
- If underpants are significantly soiled, educators are to dispose of them into a tightly knotted bag and into the bin. (Best hygiene practices)
- Help the child to use the toilet
- Help the child wash and dry their hands. Ask older children if they have washed and rinsed their hands, counting slowly to 30 or singing for this length of time. Explain to the child that washing and drying their hands properly will stop germs that might make them sick

- If the child uses use a potty over the toilet, empty the contents into the toilet and wash the potty chair. Do not wash it in a sink used for washing hands

Head lice checking procedure

1. Ensure child has consent form signed by authorised person on enrolment form
2. Move the child to a discrete area
3. Put on disposable gloves
4. Look through the child hair and on the scalp for any live lice or eggs
5. Return the child to play area and wash your hands
6. If lice or eggs are detected notify the Responsible Person asap
7. Notify the child's parents to collect and treat child at home.
8. The child can return to care the day after appropriate treatment has commenced and there are no live lice or eggs.

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: *Head lice action form*
- Attachment 2: Treating and controlling Headlice
- Attachment 3: Procedures for infection control relating to blood-borne viruses

AUTHORISATION

This policy was adopted by the Yarram Early Learning Incorporated in August 2020

REVIEW DATE: August 2022

ATTACHMENT 1

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 after appropriate treatment has commenced.

Please keep your child at home until the day after appropriate treatment has commenced and use the form provided below to notify Yarram Early Learning Incorporated, 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 Yarram Early Learning Incorporated

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: _____

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

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.

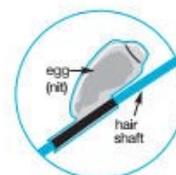
Any head lice product could cause a reaction and should be used with care by women who are pregnant or breastfeeding, children less than 12 months old and people with allergies, asthma or open wounds on the scalp. If you are unsure, please check with your pharmacist or doctor.

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.

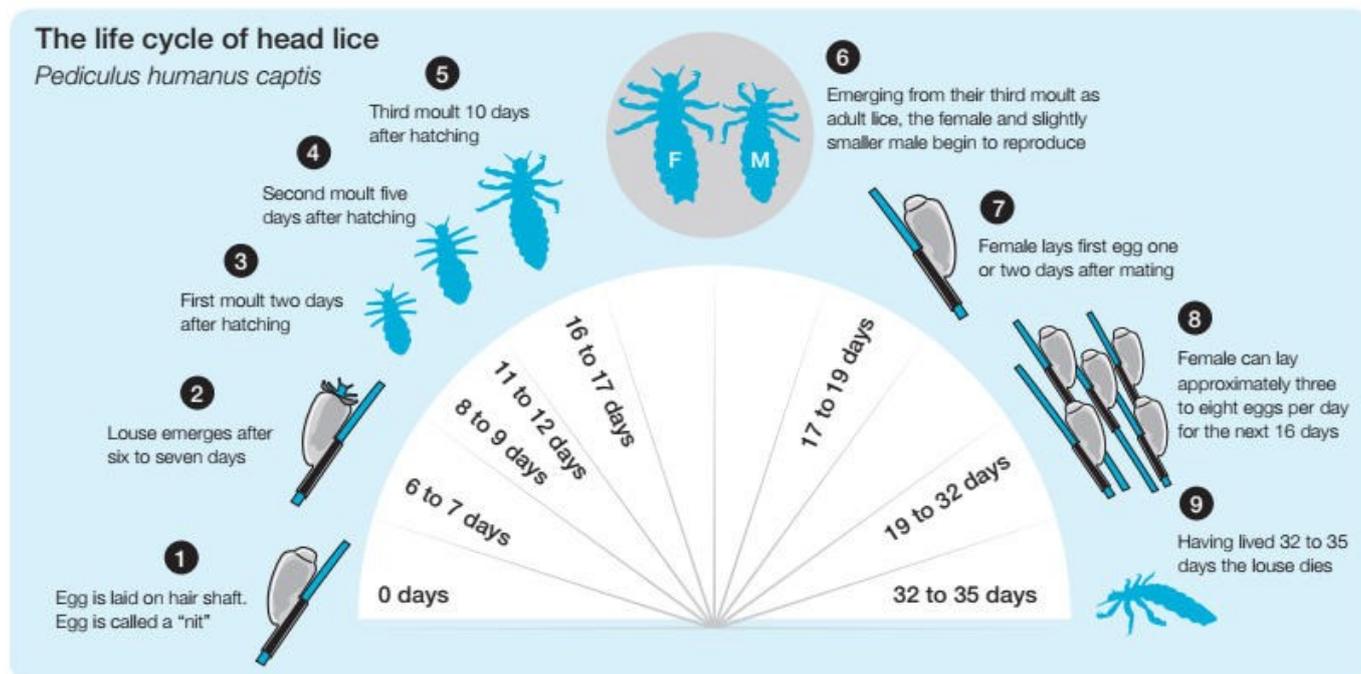
Preventing head lice

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.
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ATTACHMENT 3

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 (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/biohazard 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/biohazard 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/biohazard 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/biohazard container (if available)
- Disposable gloves
- Waterproof dressings
- Disposable towels
- Detergent
- Access to warm water

Procedure

8. Before treating the child, you must cover any cuts, sores or abrasions on your hands and arms with waterproof dressings.
9. Put on disposable gloves.
10. 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.
11. 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.
12. Clean the affected area and cover the wound with waterproof dressing.
13. Remove and place gloves in an appropriate disposable plastic bag/zip lock bag/biohazard container, seal and place it in a rubbish bin inaccessible to children.
14. Wash hands in warm, soapy water and dry (follow the *Handwashing guidelines* in the *Hygiene Policy*).
15. 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 Responsible Person 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 5

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

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

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

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

ACTIONS

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

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

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

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

HYGIENE

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

- All staff and children should undertake regular hand hygiene, particularly on arrival to the service, before and after eating, after blowing their nose, coughing, sneezing or using the toilet. You are a good role model for the children and their

parents/carers, so actively talk about why everyone needs to wash their hands and the importance of everyone doing this.

- Make sure liquid soap and running water, or alcohol-based hand sanitiser, is available at the entrance of the facility and throughout.
- Tissues should be readily accessible with bins provided in each room and in outdoor areas for easy disposal.
- It is recommended that children do not drink directly from drinking fountains at this time. Children should bring their own water bottle for use (and refilling) at the service.
- Ensure the highest hygiene practices amongst food handlers as per NHMRC guidance [Staying healthy: Preventing infectious diseases in early childhood education and care services](#). Sharing of food should not occur.
- Use of mobile phones by staff should be discouraged. Staff should be reminded to clean their phones regularly.

ARRIVAL AND DEPARTURE

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

- Consider the arrival and departure procedures for children and, where possible, minimise opportunities for parents and carers to gather in groups, especially in foyers and in children's play areas.
- Children to be dropped off and picked up in the service entrance or foyer,
- While staggered start and finish times occur naturally in some service types, early childhood education and care services will often have one arrival and pick up time. Consider how the arrival and pick up time could be spread out. One example may be to divide the group and allocate times, noting that it is not expected that session times are extended to accommodate additional arrival and departure procedures. Children arrive and leave already at YEL, so probably does not need to be included.
- Greeting parents and children at the front door in the morning and during pick up times will allow for one-on-one communication with families while practising physical distancing and providing opportunities to consider whether children are showing any signs of being unwell.

July – 2020: Victoria's Chief Health Officer has confirmed that the use of face masks or coverings by adults or children is not recommended in early childhood settings at this time.

CONSIDERATIONS FOR TEACHING AND LEARNING ENVIRONMENTS

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

Reducing mixing between different age or room groups is recommended as a precautionary measure to minimise risk of spread of transmission and aid containment. (NO FAMILY GROUPING BETWEEN OVER 3'S AND UNDER 3'S UNLESS ABSOLUTE NECESSARY)

- Consider small group play, staggered mealtimes and indoor/outdoor play opportunities whenever possible.
- Windows should be open during the day to promote air flow where possible.
- Consider the setup of the room and the placement of the activities and limit the number of whole group activities.
- Rather than having group times where everyone is sitting on the mat, consider using informal opportunities to engage with the children/read books/do storytelling with small groups of children at a time.
- For younger children, particularly consider the rotation of toys more often and increase the frequency of cleaning toys. Sharing of toys that have been placed in mouths should be monitored and avoided.
- Wherever possible and where you have enough staffing for adequate supervision, consider operating an indoor/outdoor program.
- A greater range of activities will encourage children and staff to spread out more broadly.
- Mixing of staff and children between rooms should be minimised where possible. It is acknowledged that staff may need to move between rooms to support breaks and, in these situations, staff should be reminded of the importance of hand hygiene.
- Where multiple staff are in a room, remind staff to maintain physical distancing from each other as much as practical.

CONSIDERATIONS FOR OFFICES AND STAFF FACILITIES

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

CLEANING AND FACILITIES MANAGEMENT

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

PROVISION OF ROUTINE CARE AND FIRST AID

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

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

MANAGEMENT OF AN UNWELL CHILD OR STAFF MEMBER

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

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

Unwell children and staff

It's important to make sure unwell children and staff remain at home until their symptoms resolve and seek medical assistance as required.

Services should send unwell children or staff home in accordance with [Preventing infectious diseases in early childhood education and care services](#).¹²

Encourage parent/carer(s) to keep children home if they are displaying any of the following symptoms:

- fever
- chills or sweats
- cough
- sore throat
- shortness of breath
- runny nose
- loss of sense of smell or taste.

In certain circumstances headache, muscle soreness, stuffy nose, nausea, vomiting and diarrhea may also be considered.

COVID 19 SCREENING PROCEDURE

When a child is suspected or has symptoms of COVID 19

STEP 1

- Educator to apply a mask and gloves
- Check the child's temperature

SOURCE

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

