

Hygiene and Infectious Diseases

Council Early Years Services

Policy Number:	D18-257873	Directorate:	Community Services
Approval by:	Manager Family and Children's Services	Responsible Officer:	Policy, Learning and Quality Team Leader
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1. Purpose

This procedure will provide safe, hygiene and infection control guidelines to be implemented when children, educators and staff are in attendance at Council Approved Early Years Services.

- This procedure supports the Approved Provider, educators and staff in maintaining high standards of hygiene, infection control and managing and minimising the spread of infectious diseases and illnesses for those who attend the Council Approved Early Years Services.
- It will provide clear guidelines to follow when a child shows symptoms or has been diagnosed with an infectious disease.
- It will describe how to manage and minimise infections related to blood-borne viruses and,
- Includes information about child and staff immunisations.

2. Procedure

2.1 The Approved Provider is responsible for:

- Taking reasonable steps to prevent the spread of infectious diseases. (*Regulation 88 (1)*). This may include:
 - complying with relevant health department guidelines, and
 - increasing educator/staff awareness of cross infection through physical contact with others.
- Providing laundry facilities or access to laundry facilities for dealing with soiled clothing, nappies and linen, including hygienic facilities for storage prior to their disposal or laundering for appropriate Council Early Years Services (*regulation 106 (1)*).
- Where provided, the laundry and hygiene facilities are located and maintained in a way that does not pose a risk to children (*regulation 106(2)*).
- Providing adequate and appropriate hygiene facilities for nappy changing which are designed, located and maintained in such a way that prevents unsupervised access by children (*regulation 112 (2) & (4)*).
- Providing that adequate, developmental and age appropriate toilet, washing and drying facilities are provided for use by children, and that these are safe and accessible (*regulation 109*).

2.2 With Respect to Hygiene, the Nominated Supervisors, Educators and Staff are responsible for:

2.2.1 Minimising the potential for infection through:

- Encouraging effective hygiene practices and basic rules of handwashing for both children and adults.
- Fulfilling the service's duty of care requirement under the Occupational Health and Safety Act 2004, the Education and Care Services National Law 2010 and the Education and Care Services National Regulations 2017, to protect those involved with the service from harm.
- Implementing the use of hygienic toileting and nappy change methods according to *Nappy Change, Toileting, & Toilet Training Procedure*.

- Implementing adequate health and hygiene practices and safe practices for handling, preparing, and storing food to minimise risks to children (*regulation 77(1) & (2)*).
- Providing a minimum of one educator with current approved first aid qualifications in attendance and immediately available at all times that children are being educated and cared for by the service. (*Refer to Administration of First Aid Procedure*)
- Establishing and maintaining comprehensive induction procedures that include the provision of information regarding the implementation of the practices outlined in this procedure.
- Displaying prominent clear signs and guidelines about hygiene procedures such as handwashing, nappy changing and toileting.
- Conducting inspections of the outdoor areas, in particular the sand and soft-fall areas daily to ensure they are maintained in a safe and hygienic manner.
- Storing items, such as beds, bedding and sunhats, in such a way as to prevent cross contamination.
- Following clear procedures for handling and disposal of body fluids such as blood and contaminated items such as wound dressings. (See [Appendix Four](#))
- Regularly washing toys, equipment and dress up clothes (e.g. daily, after being mouthed by a child and after being handled by a child who is sick) in warm water and detergent.
- Keeping facilities such as office including desktops, bathrooms, kitchens, MCH physical assessment area sleep, rest and play areas clean and hygienic.
- Encouraging families when helping in the service to assist educators, staff, students and volunteers to keep equipment, furniture and the play spaces clean.
- Encouraging all children, families, educators and visitors entering the building to wash their hands on arrival.
- Using detergent and warm water to clean except where the public health authority recommends a particular disinfectant for an outbreak of an infectious disease.

2.2.2 With respect to Hygiene children are encouraged to:

- Not to eat food which has been handled by another child.
- Not to eat food or use utensils which have been dropped on the floor.
- Not to use eating/drinking utensils which have been used by another child.
- Dispose of used tissues in a rubbish bin and wash hands immediately after.
- Cover mouth and nose with a tissue when coughing or sneezing and to wash hands immediately after.

2.2.3 With respect to Hand Hygiene Practices:

Hand Hygiene is considered to be the most effective way of controlling infection in the service.

Educators and Staff will:

- Support all children, educators, staff, nurses, students, volunteers and parents to follow the five steps to soap hand washing (See [Appendix One](#) – When to Perform Hand Hygiene/Washing).
- Use alcohol-based hand sanitiser when required as part of hygiene procedure.
- Wear gloves as needed (See [Appendix One](#) – When to Use Gloves).

2.3 With respect to Infectious Diseases:

Nominated Supervisors, Educators and Staff will:

- Take reasonable steps to control the spread of infectious diseases and to manage injuries and illness, in accordance with the national guidelines.
- Display and make available to all families, students and volunteers information about the recommended minimum exclusion periods from the Department of Health.
- Contact families to arrange collection of their child who becomes unwell as soon as possible.
- Request that families keep unwell children at home until they are well enough to fully participate within the service. *Refer to the Exclusion Table [Appendix Two](#).*
- Request that children, educators, nurses and staff with an infectious disease will be excluded from the service in accordance with the National Health and Medical Research Council guidelines. A medical certificate is

required after contracting a notifiable infectious disease, which must state the child, educator, nurse, staff is well enough to return and does not pose a health risk to other attendees before the educator, nurse, staff or child can be re-admitted to the service.

- Notify families, authorised nominees or emergency contacts of each child enrolled at a Council Early Years Service of the occurrence of an infectious disease as soon as practicable (within 24 hours). (*Regulation 88(2)*).
- Contact the relevant Health Authority immediately (within 24 hours), if a child enrolled is suffering from a vaccine-preventable disease. i.e. (Whooping Cough (Pertussis), Poliomyelitis, Measles, Mumps, Rubella (German measles) or Meningococcal disease). (*Regulation 84(2) Public Health and Wellbeing 2009*)
- Contact the relevant Health Authority if there are two or more cases of symptoms of gastrointestinal illness in a 48-hour period in children and / or staff who have been at the service. Symptoms include vomiting and/or diarrhea, the Health Department will then determine if an outbreak is to be declared.
 - In the case of a declared internal gastro outbreak, staff at the service are to contact their Team Leader to make the official notification. Civic Centre Coordination team are to refer to the Communicable Disease Outbreak Documents and Checklists located on the Team Site to allocate support and resources to the services with the declared outbreak: [Communicable Disease Outbreak Documents and Checklists](#)
- Prominently display hygiene/infection control notification and procedures as provided by Council’s Health Department and/or F&CS Department information about the infectious disease.

2.4 Immunisation against Infectious disease

For children:

Defined under the ‘No Jab, No Play’ legislation; documentation as defined by the *Immunisation Enrolment Toolkit for early childhood education and care services* as acceptable evidence that a child is fully vaccinated for their age, or is on a recognised catch-up schedule if their child has fallen behind their vaccinations; or has a medical reason not to be vaccinated; or has been assessed as being eligible for a 16 week grace period. (*Refer to Enrolment and Orientation Policy and Procedure*)

- Information in relation to immunisation legislation is displayed and is available to all families.
- Support families to comply with immunisation requirements for their children.

For Educators and Staff:

The Australian Immunisation Handbook recommends a number of immunisations for persons working in early childhood education and care services. It is thus strongly recommended that educators and staff working in Council’s Early Years Services maintain current immunisation status in line with these recommendations. Recommendations of immunisation include Influenza, MMR, Pertussis, Varicella and Hepatitis A.

Volunteers and students, while working in any Council Early Years Services are responsible for following this procedure.

2.5 Families are responsible for:

- Keeping their child/ren home if they are unwell or have an infectious disease that requires their exclusion from the Early Years Service.
- Informing educators, staff and/or management as soon as practicable if a child who is cared for and educated by the service develops an infectious disease. (Confidentiality will be maintained).
- Supporting this procedure by complying with the hygiene practices when attending the Early Years Service or when assisting with the services program or excursion/inclusion.
- Encouraging their child/ren to develop and follow effective hygiene practices at all times, including handwashing on arrival at the service.
- Complying with the recommended minimum exclusion periods. ([Appendix Two](#))
- Complying with conditions of the ‘No Jab No Play’ legislation grace period exclusions. Please see ([Appendix Three](#)).

3. References

3.1 Community & Council Plan 2017-2021

- We are healthy, happy and well

- We have confidence in decision making

3.2 Relevant Legislation

- ACECQA THREE – Guide to the National Quality Standard. (January 2018). Quality Area 2 Children’s Health and Safety
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011: *Regulations 77, 88, 106, 109, 112 and 168.*
- Food Act 1990
- Health Records Act 2001
- Information Privacy Act 2000 (Vic)
- Occupational Health and Safety Act 2004
- Public Health and Wellbeing Act 2008
- Worksafe Victoria: First aid in the workplace compliance code
<http://www.worksafe.vic.gov.au/laws-and-regulations/occupational-health-and-safety/compliance-codes>

3.3 Charter of Human Rights

- This policy has been assessed against and complies with the charter of Human Rights.

3.4 Relevant Sources

- Communicable Diseases Section, Public Health Group, Victorian Department of Human Services (2005) The Blue Book: Guidelines for the control of infectious diseases. Retrieved from: <http://docs.health.vic.gov.au/docs/doc/The-blue-book>
- Communicable Disease Prevention and Control Unit, Department of Health (2010) A guide for the management and control of gastroenteritis outbreaks in children’s centres. Victorian Government, Melbourne. Retrieved from: https://www2.health.vic.gov.au/getfile//?sc_itemid=%7b1f9d96d6-7218-4137-9d1e-f44954b00c12%7d
- Department of Health Immunisation. Retrieved from: <https://beta.health.gov.au/topics/immunisation>
- Department of Health, Victoria Food Safety. Retrieved from: <https://www2.health.vic.gov.au/public-health/food-safety>
- State of Victoria, Department of Health and Human Services (2018), Immunisation Enrolment Toolkit retrieved from: www.health.vic.gov.au/no-jab-no-play
- Staying Healthy (2013). How to Wash Hands Poster. Retrieved from: https://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/ch55g_how_to_wash_hands_poster_130701.pdf
- National Health and Medical Research Council (2012) Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th edition). Retrieved from: https://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/ch55_staying_healthy_childcare_5th_edition_0.pdf
- Staying Healthy: Preventing infectious diseases in early childhood education and care services 5th Edition Updated 2013 Table 3.1 Pg. 42
- Staying Healthy: Preventing infectious diseases in early childhood services 5th Edition Updated 2013 Table 3.2 Pg.43
- Staying Healthy: Preventing infectious diseases in early childhood services 5th edition Updated 2013 Table 3.1 Pg. 48-51

3.5 Related Council Policies and Procedures

- Knox City Council Infection Control and Immunisation Procedure 2016

3.6 Related F&CS Policies and Procedures

All Team Leaders, educators and staff working for Knox City Council Early Years Services are required to read and understand all Knox City Council Early Years Policies and Procedures.

We strongly recommend all families enrolling in Knox City Council Early Years Services read the Knox City Council Early Years Services Policies and Procedures.

Refers to Policy and Procedures inclusive of but not limited to:

- Administration of First Aid Procedure
- Administration of Medication Procedure
- Food Safety Plans (long day care specific)
- Governance and Management of the Service including Confidentiality of Records Procedure
- Head Lice Procedure
- Incident, Injury, Trauma and Illness Procedure
- Health and Safety Policy
- Medical Conditions Procedure
- Nutrition, Food, Beverages and Dietary Requirements Procedure
- Nappy Change, Toileting and Toilet Training Procedure
- Use of Environmentally Friendly Cleaning Agents Procedure (preschool specific)







4. Definitions

Council	means Knox City Council, whether constituted before or after the commencement of this Policy.
Approved Provider	Someone with management or control that will operate the education and care service; this can be an individual, an organisation or a company.
Communicable Disease	A disease capable of being transmitted from an infected person or species to a susceptible host, either directly or indirectly.
Cough Etiquette	The correct way to prevent the spread of infectious organisms that are carried in droplets of saliva is to cough or sneeze into the inner elbow or to use a tissue to cover the mouth and nose. Place all tissues in the rubbish bin immediately and clean hands with either soap and water or a disinfectant hand rub.
Educator	These are staff employed to care and educate children enrolled in the Early Years Service. This may include but is not limited to an Approved Provider, Responsible Person, Nominated Supervisor Person In Day-to-Day Charge and Educational Leader.
Early Years Service	Refers to Long Day Care, Occasional Care, Preschool and Child Family Health and Wellbeing services unless otherwise specified.
Exclusion	Inability to attend or participate in the program at the service.
Hygiene	The principle of maintaining health and the practices put in place to achieve this.
Illness	Any sickness and/or associated symptoms that affect the child's normal participation in the program at the service.
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 as a disease that would require the infected person to be excluded from an education and care service (refer to <i>Dealing with Infectious Diseases Procedure</i>).
Responsible Person	Must be present at all times at a centre based service who is educating and caring for children. A responsible person can be one of the following (section 162): <ul style="list-style-type: none"> • The approved provider or a person with management or control • The nominated supervisor of the service • A person who has been placed in day-to-day charge of service.

Parent The term ‘parent’ includes a child’s legal guardian. It does not include a parent who is prohibited by a court order from having contact with the child.

Staff refers to staff inclusive of but not limited to, Maternal Child Health Nurses, Mental Health Nurses, Parenting Support Workers, Maternal Child Health Students, Supported Playgroup Facilitators, Early Years Consultants, Cooks, and Program Support Officers.

Early Years Services: refers to Preschool, Long Day Care, Occasional Care, Maternal & Child Health, Playgroup and Additional Services unless otherwise specified.

 4 Yr old Sessional Preschool	 Long Day Care	 Occasional Care
 Maternal & Child Health	 Playgroup	
 Additional Services (Enhanced MCH, Parenting Centre, Breastfeeding Support, Early Years Consultants)		

5. Administrative Updates

From time to time, circumstances may change leading to the need for minor administrative changes to this procedure. Where an update does not materially alter this policy, such a change may be made administratively. Examples of minor administrative changes include changes to names of Council departments or positions, change to names of Federal or State Government departments or a minor amendment to legislation that does not have material impact. Where any change or update may materially change the intent of this policy, it must be considered by Council.

Appendix One: Hygiene – Handwashing / Wearing Gloves

1. Five Steps to Soap Hand Washing:

1. Wet hands with running water (Preferably warm water, for comfort)
2. Apply soap to hands
3. Lather soap and rub hands thoroughly, including the wrists, the palms, between fingers, around the thumbs and under the nails. Rub hands together for at least 15 seconds
4. Rinse hands and wrists thoroughly under running water
5. Dry thoroughly (Paper or cloth towels)

NB: Support children where required with washing their hands, to assist them with developing good hand hygiene habits. Where jewellery is worn, move the jewellery around your finger to ensure the areas underneath are cleaned.

1.1 If Soap and Water are not readily available:

1. Use an alcohol based hand sanitiser
2. Apply the amount of hand rub recommended by the manufacturer to palms of dry hands
3. Rub hands together, ensuring in between fingers, around thumbs and under nails are covered
4. Rub until hands are dry

2. When to Use Gloves

NB: If a child has any particular sensitivities to the products being used, families are advised to discuss this with educators. In the case of children attending Child Care services, a preference form is required to be completed before alternative products can be introduced for use with the child.

2.2 Considerations When Wearing Gloves:

- Disposable gloves should never be reused or washed for reuse and should be thrown away as soon as you have finished the activity requiring gloves
- Always wash your hands before and after wearing disposable gloves
- Avoid touching the inside of a glove with the outside of the other glove, and avoid touching bare skin or clean surfaces, while wearing contaminated gloves

2.3 Removing Disposable Gloves:

- Pinch the outside of one glove near the wrist and peel the glove off so it ends up inside out
- Keep hold of the peeled-off glove in your gloved hand while you take off the other glove- put one or two fingers of your ungloved hand inside the wrist of the other glove. Peel off the second glove from the inside, and over the first glove, so you end up with two gloves inside out, one inside the other
- Put the gloves in a plastic-lined, hands free-lidded rubbish bin, and wash your hands

How to wash hands

STAYING HEALTHY | 5TH EDITION | 2013

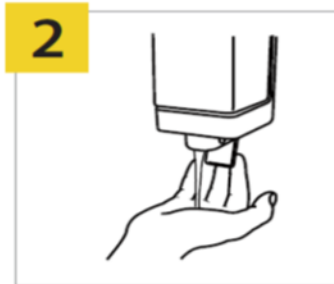


A hand wash should take around 30 seconds.



1

Wet hands with running water (preferably warm, for comfort).



2

Apply soap to hands.



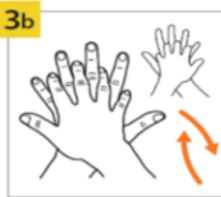
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Lather soap and rub hands for at least 15 seconds, including:



3a

palm to palm,



3b

back of hands,



3c

in between fingers and back of fingers,



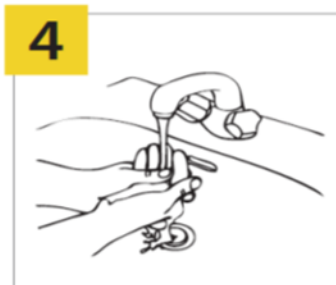
3d

around thumbs and



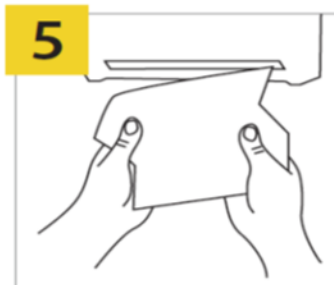
3e

tips of fingers.



4

Rinse hands with water.



5

Dry hands thoroughly.



6

Your hands are clean.

THIS POSTER REFERENCES THE WORLD HEALTH ORGANIZATION'S 'HOW TO HANDWASH?' POSTER NHMRC Ref. CH55g Printed June 2013



Australian Government
National Health and Medical Research Council

NHMRC

WORKING TO BUILD A HEALTHY AUSTRALIA

Appendix Two: Exclusion Periods

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

health

Public Health and Wellbeing Regulations 2009

Schedule 7

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

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

[1] Conditions	[2] Exclusion of cases	[3] Exclusion of Contacts
Amoebiasis (<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
Diarhoea	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Diphtheria	Exclude until medical certificate of recovery is received following at least two negative throat swabs, the first not less than 24 hours after finishing a course of antibiotics and the other 48 hours later	Exclude family/household contacts until cleared to return by the Secretary
Hand, Foot and Mouth disease	Exclude until all blisters have dried	Not excluded
Haemophilus influenzae type b (Hib)	Exclude until at least 4 days of appropriate antibiotic treatment has been completed	Not excluded
Hepatitis A	Exclude until a medical certificate of recovery is received, but not before 7 days after the onset of jaundice or illness	Not excluded
Hepatitis B	Exclusion is not necessary	Not excluded
Hepatitis C	Exclusion is not necessary	Not excluded
Herpes (cold sores)	Young children unable to comply with good hygiene practices should be excluded while the lesion is weeping. Lesions to be covered by dressing, where possible	Not excluded
Human immuno-deficiency virus infection (HIV/AIDS virus)	Exclusion is not necessary	Not excluded
Impetigo	Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing	Not excluded
Influenza and influenza like illnesses	Exclude until well	Not excluded unless considered necessary by the Secretary
Leprosy	Exclude until approval to return has been given by the Secretary	Not excluded
Measles*	Exclude for at least 4 days after onset of rash	Immunised contacts not excluded. Unimmunised contacts should be excluded until 14 days after the first day of appearance of rash in the last case. If unimmunised contacts are vaccinated within 72 hours of their first contact with the first case, or received NHIG within 144 hours of exposure, they may return to the facility
Meningitis (bacteria – other than meningococcal meningitis)	Exclude until well	Not excluded
Meningococcal infection*	Exclude until adequate carrier eradication therapy has been completed	Not excluded if receiving carrier eradication therapy
Mumps*	Exclude for 9 days or until swelling goes down (whichever is sooner)	Not excluded
Pertussis* (Whooping cough)	Exclude the child for 21 days after the onset of cough or until they have completed 5 days of a course of antibiotic treatment	Contacts aged less than 7 years in the same room as the case who have not received three effective doses of pertussis vaccine should be excluded for 14 days after the last exposure to the infectious case, or until they have taken 5 days of a course of effective antibiotic treatment
Polioomyelitis*	Exclude for at least 14 days from onset. Re-admit after receiving medical certificate of recovery	Not excluded
Ringworm, scabies, pediculosis (head lice)	Exclude until the day after appropriate treatment has commenced	Not excluded
Rubella* (German measles)	Exclude until fully recovered or for at least four days after the onset of rash	Not excluded
Salmonella, Shigella	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Severe Acute Respiratory Syndrome (SARS)	Exclude until medical certificate of recovery is produced	Not excluded unless considered necessary by the Secretary
Streptococcal infection (including scarlet fever)	Exclude until the child has received antibiotic treatment for at least 24 hours and the child feels well	Not excluded
Tuberculosis	Exclude until receipt of a medical certificate from the treating physician stating that the child is not considered to be infectious	Not excluded
Typhoid fever (including paratyphoid fever)	Exclude until approval to return has been given by the Secretary	Not excluded unless considered necessary by the Secretary
Verotoxin producing <i>Escherichia coli</i> (VTEC)	Exclude if required by the Secretary and only for the period specified by the Secretary	Not excluded
Worms (Intestinal)	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded

Statutory rule

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

(a) specified in column 2 of the table in Schedule 7 if the person in charge has been informed that the child is infected with an infectious disease listed in column 1 of the table in Schedule 7; or
(b) specified in column 3 of the table in Schedule 7 if the person in charge has been informed that the child has been in contact with a person who is infected with an infectious disease listed in column 1 of the table in Schedule 7.

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

Further information

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



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Department of Health

<http://www.health.vic.gov.au/public-health/infectious-diseases/school-exclusion/usage>

in conjunction with the School Exclusion table as seen in appendix 2 .

Children with:

Cold Sores: to be excluded until treatment has commenced. Sores are to be covered with a dressing until dry.

Impetigo (School Sores): to be excluded until medical advice has been sought and treatment started. Sores are to be covered whilst in attendance at the service.

Head Lice: Children do not have to be sent home from an education and care service if head lice are detected. The child may return to the education and care service as soon as effective treatment has started. An effective treatment is when a treatment is used and all the lice are dead. (*refer to Head Lice Procedure*)

Conjunctivitis: to be excluded until discharge from eyes has ceased.

Parvovirus (Slap-face): not excluded. It is recommended that medical advice be sought especially if there is a possibility of a staff member or parent being pregnant.

Gastro Symptoms:

- **Diarrhoea:** A child /or staff member must be excluded until they have been free of diarrhoea for 24 hours. As soon as there is more than ONE case, in a child /or staff member, then this exclusion period increases to an exclusion of 48 hours from the last symptom.
- **Vomiting:** A child /or staff member must be excluded until vomiting has ceased for 24 hours and there is a resumption of their normal activities. Microorganisms which cause vomiting and diarrhoea are highly contagious. As soon as there is more than ONE case, in a child /or staff member, then this exclusion period increases to an exclusion of 48 hours from the last symptom.

Unwell Children: If the child develops symptoms and is showing signs of being unwell whilst at the service, the family will be notified to collect the child and an agreement made as to the immediate best practice for the child. Educators will closely monitor the child and follow the process listed in the '*Administration of Medication Procedure*' for a child who is unwell, until the parent/ guardian arrives. First aid procedures will also need to be followed accordingly, and if the child's condition worsens, educators will call an ambulance.

Conditions of 'No Jab No Play' Grace Period:

Under the 'No Jab No Play' legislation, for children who are eligible for the 16 week grace period or are not immunised due to medical exemption, educators will discuss exclusion with the family in an infectious disease outbreak.

Appendix Four: Dealing with Spills

Strategies to prevent spills of body fluids include:

- Regularly toileting children
- Using disposable nappies rather than cloth nappies
- Excluding children with vomiting or diarrhoea

If a spill kit is required, the equipment required should include:

- Disposable gloves
- Paper towel
- Disposable cloths or sponge
- Detergent
- Disposable scraper and pan to scoop
- Bleach (sodium hypochlorite)

Recommended methods for cleaning blood spills:

Size of spill	What to do
Spot (e.g. drop of blood less than the size of a 50-cent coin)	<ul style="list-style-type: none"> • Wear gloves • Wipe up blood immediately with a damp cloth, tissue or paper towel • Place the cloth, tissue or paper towel in a plastic bag or alternative; seal the bag and put it in the rubbish bin • Remove gloves and put them in the rubbish bin • Wash surface with detergent and warm water • Wash your hands with soap and water
Small (up to the size of the palm of your hand)	<ul style="list-style-type: none"> • Wear gloves • Place paper towel over the spill and allow the blood to soak in • Carefully lift the paper towel and place it in a plastic bag or alternative; seal the bag and put it in the rubbish bin • Remove gloves and put them in the rubbish bin • Clean the area with warm water and detergent using a disposable cloth or sponge; place the cloth in the rubbish bin • Wipe the area with diluted bleach^a and allow to dry • Wash your hands with soap and water
Large (more than the size of the palm of your hand)	<ul style="list-style-type: none"> • Wear gloves • Cover the area with an absorbent agent (e.g. kitty litter or sand) and allow the blood to soak in • Use a disposable scraper and pan to scoop up the absorbent material and any unabsorbed blood or body fluids • Place the absorbent agent, the scraper and the pan into a plastic bag or alternative; seal the bag and put in the rubbish bin • Remove gloves and put them in the rubbish bin • Mop the area with warm water and detergent; wash the mop after use • Wipe the area with diluted bleach^a and allow to dry • Wash your hands with soap and water

Recommended methods for cleaning faeces, vomit and urine:

- Wear gloves.
- Place paper towel over the spill and allow the spill to soak in. Carefully remove the paper towel and any solid matter. Place it in a plastic bag or alternative, seal the bag and put it in the rubbish bin.
- Clean the surface with warm water and detergent, and allow to dry.
- If the spill came from a person who is known or suspected to have an infectious disease (e.g. diarrhoea or vomit from a child with gastroenteritis), use a disinfectant on the surface after cleaning it with detergent and warm water.
- Wash hands thoroughly with soap and running water (preferably warm water).

Recommended methods for dealing with nasal discharge:

- Washing your hands every time, you wipe a child's nose will reduce the spread of colds. If you cannot wash your hands after every nose wipe, use an alcohol-based hand rub.
- It is not necessary to wear gloves when wiping a child's nose. If you do wear gloves, you must remove your gloves and wash your hands or use an alcohol-based hand rub afterwards.
- Dispose of dirty tissues immediately.

Appendix Five – Sharps Retrieval & Disposal

Practice Procedure

1. Wear Disposable Gloves (refer to [Appendix One](#))
2. Place Sharps Disposable Container as near as possible to the needle or syringe;
3. Remove the lid from the disposal container and place the container on a flat and even surface near the syringe. The container should not be held by hand;
4. Do not try to recap the needle, even if the lid is present;
5. If it is difficult to reach, carefully remove rubbish or other material around it so that you have direct access to it.
6. If there is more than one needle and syringe separate them by using a stick or the end of a broom. **Do this carefully.** Each needle and syringe can then be picked up individually.
7. Take the container to the syringe, not the syringe to the container. The less you handle the syringe the less likely you are to accidentally prick yourself or others.
8. Place the container next to the syringe and pick it up by the blunt end, away from the needle. **Drop it into the container sharp end first. Never hold the container while you are disposing of the syringe and never attempt to wipe-off or recap the syringe.** The container should be on a stable surface and not held by hand.
9. Tightly seal the container and take to a safe place.
10. Remove the glove and place them into a plastic bag.
11. Tie a knot in the bag and dispose of in the rubbish;
12. Wash your hands with soap and water.
13. Take any full syringe containers to the Civic Centre, Customer Service, Knox City Council, 511 Burwood Highway, Wantirna South 3152 and place in the allocated bin. They will provide you with a new container.

What should I do if I sustain a sharps injury or I am exposed to blood or body substances?

If you get a sharps injury or are directly exposed to another person's blood or body substances, you must report the exposure to your Team Leader. Your Team Leader will offer you the services of a counsellor from our People Assist Program, recommend that you seek medical assistance for assessment and ongoing management, and complete an Incident Report Form.

DO NOT PANIC – even if you were to be scratched or pricked with a discarded needle, the risk of being infected with the HIV is very remote.

However, there are real infection risks from other Pathogens such as Tetanus and Hepatitis B&C so you need to follow these steps.

Immediate First Aid for a Sharps Injury

- Contact First Aid Officer, if possible
- Encourage the wound to bleed freely and place under warm running water, if possible. Do not squeeze the wound.
- Wash the area gently with soap and running water.
- Apply a band-aid or sterile dressing from a First Aid Kit.

Medical Assistance - Contact your Team Leader or Coordinator immediately to seek medical advice.