

## DEALING WITH INFECTIOUS DISEASES POLICY

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### Mandatory – Quality Area 2

Uniting Victoria and Tasmania Limited is the Approved Provider of children's services known in these policies as Uniting Early Learning.

### Overarching Policy Statement:

The *Keeping Children Safe Policy* of the Uniting Church in Australia Synod of Victoria and Tasmania (refer to *Sources*) is the overarching whole of church policy to be implemented by individuals and entities involved with or connected to the Uniting Church. All children who are involved in any of the Church's activities, events or programs have a right to feel and be safe. The Church is committed to provide safe environments where children are cared for, respected, nurtured and sustained.

### Policy statement:

Uniting Early Learning is committed to:

- providing a safe and healthy environment for all children, staff and any other persons attending the service;
- responding to the needs of the child or adult who presents with symptoms of an infectious disease or infestation while attending the service;
- complying with current exclusion schedules and guidelines set by the Department of Health;
- providing up-to-date information and resources for families and staff regarding protection of all children from infectious diseases and blood-borne viruses, management of infestations and immunisation programs.

Uniting Early Learning supports the Immunise Australia Program and National Immunisation Program (NIP – refer to *Sources*), which is currently recommended by the National Health and Medical Research Council (NHMRC) and supported by the Commonwealth Government. The Victorian Government provides an immunisation schedule and vaccine eligibility criteria at:

<https://www2.health.vic.gov.au/public-health/immunisation/immunisation-schedule-vaccine-eligibility-criteria>

All educators/staff at Uniting Early Learning are committed to preventing the spread of infectious diseases through simple hygiene practices such as hand washing, effective cleaning procedures, monitoring immunisation records and complying with minimum period of exclusion guidelines and timeframes for children and educators/staff.

### Purpose:

This policy provides clear guidelines and procedures to follow when:

- a child attending the service shows symptoms of an infectious disease;
- a child at the service 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.

This policy also includes information on child immunisation.

## Summary of Procedures relating to this Policy:

It is important that the service has implemented good hygiene and infection control procedures, and ensures that they are adhered to by everyone at the service.

The Public Health and Wellbeing Amendment (No Jab No Play) Act 2015 (Vic) was introduced to increase immunisation rates for young children in the community. This means that the person in charge of an early childhood service must ensure that the enrolment of a child is not confirmed unless a parent of the child has provided an immunisation status certificate (refer to *Definitions*) indicating that, in relation to a date that is not more than 2 months immediately before the child attends the service the child is age appropriately immunised. For further information refer to the *Enrolment and Orientation Policy*.

Where an infectious disease has been identified, a parent, authorised nominee or emergency contact of each child at the service must be notified as soon as is practicable, and reasonable steps taken to prevent the spread of that infectious disease. The service must inform DET, DHHS Communicable Diseases Prevention and Control Unit and the relevant parents within 24 hours of becoming aware that a child is suffering or believed to be suffering from an infectious disease, or if a child not immunised against the disease has been in contact with an infected person at the service.

Information about the Department of Health and Human Services minimum exclusion periods (refer to *Definitions*) must be displayed at the service and strictly adhered to. Any exclusion of a child will be based on firm medical evidence following diagnosis of an infectious disease, or on recommendations from the DHHS Communicable Diseases Prevention and Control Unit.

Parents of children attending the service should be provided with information and resources to assist in the identification and management of infectious diseases and infestations. They should be advised at enrolment of their responsibilities regarding advising the service if their child has an infectious disease or head lice. All families must have completed a *Consent form to conduct head lice inspections* on enrolment.

The following attachments are included with this policy:

- Attachment 3: *Consent form to conduct head lice inspections*
- Attachment 4: *Head lice action form*
- Attachment 5: *Head lice notification letter*
- Attachment 6: *Procedures for infection control relating to blood-borne viruses*

## Scope:

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, parents, children and others attending the programs and activities of the service, including during offsite excursions and activities.

The responsibilities of each party listed in the previous paragraph are noted at Attachment 1.

## Background and legislation:

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 *Health (Infectious Diseases) Regulations 2001*.

An approved service must take reasonable steps to prevent the spread of infectious diseases at the service, and ensure that the parent, 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 (Regulations 4, 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. Some vaccines are provided for free under the National Immunisation Program and some are funded by the Victorian Government. For the schedule and eligibility criteria visit: [www.health.vic.gov.au/immunisation/factsheets/schedule-victoria.htm](http://www.health.vic.gov.au/immunisation/factsheets/schedule-victoria.htm). For information about how to obtain an Immunisation Status Certificate refer to *Definitions*.

Attachment 2 contains a list of the legislation and sources relevant to this policy, including Acts and Regulations.

### **Evaluation:**

In order to assess whether the goals and purposes of the policy have been achieved, the Approved Provider will:

- regularly seek feedback from educators, staff, parents, 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 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 at least 14 days before making any change to this policy or its procedures.

### **Definitions:**

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

**Blood-borne virus (BBV):** A virus that is spread when blood from an infected person enters another person's bloodstream. Examples of blood-borne viruses include human immunodeficiency virus (HIV), hepatitis B, hepatitis C and viral haemorrhagic fevers. Where basic hygiene, safety, infection control and first aid procedures are followed, the risks of contracting a blood-borne virus are negligible.

**Exclusion:** Prohibiting attendance or participation 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 immunisation schedule. The Public Health and Wellbeing Amendment (No Jab No Play) Act 2015 (Vic) was introduced to increase immunisation rates for young children in the community. This means that the person in charge of an early childhood service must ensure that the **enrolment of a child is not confirmed unless** a parent of the child has provided an **immunisation status certificate** (see below) indicating that, in relation to a date that is not more than 2 months immediately before the child attends the service the child is age appropriately immunised. There are some exemptions under the Act. For further information refer to the *Enrolment and Orientation Policy*.

**Immunisation status certificate:** To be considered acceptable as an Immunisation Status Certificate for the purposes of enrolment at an early childhood education and care service the document/s need to:

- include the child's full name, date of birth and address
- list vaccines the child has received and when the vaccine was given (can be an attachment)
- show the date of the child's next due vaccine OR include a statement saying the child has completed all their childhood vaccinations
- if relevant, list any vaccines the child cannot receive for medical reasons
- include the immunisation provider's name, organisation name and Medicare provider number or Australian Childhood Immunisation Register number
- be signed and dated by the immunisation provider

<https://www2.health.vic.gov.au/public-health/immunisation/vaccination-children-adolescents/no-jab-no-play/early-childhood-professionals>

Parents can get a copy of their child's Immunisation History Statement:

- through [Medicare online accounts](#) or the Express Plus Medicare mobile app
- at a [local Medicare service centre](#)
- by requesting a statement be posted to them in the mail:
  - phone 1800 653 809
  - email [acir@medicareaustralia.gov.au](mailto:acir@medicareaustralia.gov.au)

Alternatively, parents can get an immunisation status certificate from an immunisation provider such as a GP or local council immunisation service.

**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.

**Notifiable complaint/incident:** The Approved Provider is required to notify the Regulatory Authority of certain circumstances and information in the required timeframe. Notification must occur within 24 hours if it relates to:

- complaints (either written or verbal) alleging the health, safety or wellbeing of a child was or is being compromised, or that the law has been breached;
- an incident that requires the approved provider to close, or reduce the number of children attending, the education and care service for a period;
- additional children being educated and cared for in an emergency (e.g. flood or fire)

Written notification of complaints must be submitted using the appropriate forms, which can be found on the ACECQA website. Further information about notifications can be found in Section 173 and 174 of the National Law and in National Regulations 174 and 175.

**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.

**Minimum period of exclusion:** The period advised 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 (Schedule 7) published by the Department of Health can be accessed at <http://docs.health.vic.gov.au/docs/doc/Minimum-Period-of-Exclusion-from-Primary-Schools-and-Childrens-Services-Centres-for-Infectious-Diseases-Cases-and-Contacts>

**Serious incident:** For the purposes of section 174(5) of the Law, the following are prescribed as serious incidents—

- (a) the death of a child—
  - (i) while being educated and cared for by an education and care service; or
  - (ii) following an incident while being educated and cared for by an education and care service;
- (b) any incident involving serious injury or trauma to, or illness of, a child while being educated and cared for by an education and care service—
  - (i) which a reasonable person would consider required urgent medical attention from a registered medical practitioner; or  
Examples Whooping cough, broken limb, anaphylaxis reaction.
  - (ii) for which the child attended, or ought reasonably to have attended, a hospital;
- (c) any incident where the attendance of emergency services at the education and care service premises was sought, or ought reasonably to have been sought;
- (d) any circumstance where a child being educated and cared for by an education and care service—
  - (i) appears to be missing or cannot be accounted for; or
  - (ii) appears to have been taken or removed from the education and care service premises in a manner that contravenes these Regulations; or
  - (iii) is mistakenly locked in or locked out of the education and care service premises or any part of the premises.

The Approved Provider must notify the Regulatory Authority (DET) in writing within 24 hours of a serious incident occurring at the service (Regulation 176(2)(a)). The Notification of serious incident form (available on the ACECQA website) is to be completed and submitted online using the National Quality Agenda IT System (NQA ITS). Records are required to be retained for the period specified in Regulation 183.

## **Authorisation:**

This policy was adopted by Uniting Victoria Tasmania on: 1/7/2017

**Review date: July 2017**

This policy should be read in conjunction with:

- *Administration of First Aid Policy*
- *Administration of Medication Policy*
- *Dealing with Medical Conditions Policy*
- *Enrolment and Orientation Policy*
- *Hygiene Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Occupational Health and Safety Policy*
- *Privacy and Confidentiality Policy*

## Attachment 1: Responsibilities relating to the Dealing with Infectious Diseases Policy

Action	Approved Provider	Nominee Supervisor	Certified Supervisor; Educators	Parents
Ensure that a child's enrolment at the service is not confirmed unless a parent has provided an immunisation status certificate (refer to <i>Definitions</i> ) indicating that the child is age appropriately immunised (refer to <i>Enrolment and Orientation Policy</i> )	x	x	x	
Ensure information about the National Immunisation Program (NIP) Schedule is displayed and is available to all (refer to <i>Sources – Attachment 2</i> )	x			
Ensure unwell children do not attend the service	x	x	x	x
Inform DET, DHHS Communicable Diseases Prevention and Control Unit (1300651160) and the parents of the child within 24 hours of becoming aware that a child is suffering or believed to be suffering from an infectious disease, or if a child not immunised against the disease and has been in contact with an infected person at the service ( <i>Health (Infectious Diseases) Regulations 2001: Regulation 13(2)</i> ).	x			
Notify DET, DHHS Communicable Diseases Prevention and Control Unit (1300651160) and the parents of the child immediately (within 24 hours) if a child is suspected of having one of the following six excludable infectious diseases: <ul style="list-style-type: none"> <li>• Whooping Cough (Pertussis)</li> <li>• Polio</li> <li>• Measles</li> <li>• Mumps</li> <li>• Rubella ('German measles')</li> <li>• Meningococcal illness</li> </ul>	x			
Ensure that if 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) including isolating unwell children, sending them home and abiding by minimum exclusion periods (refer to <i>Definitions</i> )	x	x		
Ensure that where there is an occurrence of an infectious disease, a parent, authorised nominee or emergency contact of each child at the service is notified of the occurrence as soon as is practicable (Regulation 88(2))	x	x		
Ensure that information about the Department of Health and Human Services minimum period of exclusion (refer to <i>Definitions</i> ) is displayed at the service and is available to all	x			

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Action	Approved Provider	Nom'ed S'visor	Certified S'visor; Educators	Parents
Ensure all staff are fully immunised and know their immunisation status	x			
Support the Nominated Supervisor and the educators/staff at the service to implement the requirements of the minimum exclusion periods	x			
Ensure 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 6)	x			
Conduct a thorough inspection of the service and consult with educators/staff to assess any risks by identifying the hazards and potential sources of infection to educators/staff and children	x	x		
Ensure appropriate resources are available for educators/staff and parents in relation to the identification and management of infectious diseases, blood-borne viruses and infestations	x			
Keep informed about current information and research, ensuring that any changes to the exclusion table or immunisation schedule are communicated to educators/staff and parents in a timely manner	x			
Ensure 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		x		
Establish good hygiene and infection control procedures, and ensuring that they are adhered to by everyone at the service (refer to <i>Hygiene Policy</i> and Attachment 6 – Procedures for infection control relating to blood-borne viruses)		x		
Ensure the exclusion requirements for infectious diseases are adhered to as per the minimum exclusion periods (refer to <i>Definitions &amp; Health (Infectious Diseases) Regulations 2001: Regulation 14</i> )		x		
Notify the Approved Provider and all parents of any outbreak of infectious disease at the service and display this information in a prominent position		x		
Advise parents on enrolment that the minimum period of exclusion will be observed in regard to the outbreak of any infectious diseases or infestations		x		
Advise the parents of a child who is not fully immunised on enrolment and is on a catch-up schedule, that they will be required to keep their child at home when an infectious		x		

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Action	Approved Provider	Nom'ed S'visor	Certified S'visor; Educators	Parents
disease is diagnosed at the service, until there are no more occurrences of that disease and the exclusion period has ceased				
Follow appropriate reporting procedures set out in the <i>Incident, Injury, Trauma and Illness Policy</i> in the event that a child is ill, or is involved in a medical emergency or an incident at the service		X	X	
Request that parents notify the service if their child has, or is suspected of having, an infectious disease or infestation		X	X	
Request consent from parents to be contacted by the Department of Health and Human Services to investigate the suspected disease if necessary. Contact details of the diagnosing doctor or health professional may also be required.		X		
Provide information and resources to parents to assist in the identification and management of infectious diseases, blood-borne viruses and infestations		X	X	
Ensuring all families have completed a <i>Consent form to conduct head lice inspections</i> (refer to Attachment 3) on enrolment		X		
Ensure regular head lice inspections are conducted, 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 of the child if an infestation of head lice is suspected		X		
Provide a <i>Head lice action form</i> (Attachment 4) to the parents of a child suspected of having head lice		X		
Provide a Head lice notification letter (Attachment 5) to all parents when an infestation of head lice has been detected at the service		X		
Maintain confidentiality at all times	X	X	X	
Observe signs and symptoms of children who may appear unwell and inform the Nominated Supervisor			X	
Monitor that all parents have completed a <i>Consent form to conduct head lice inspections</i> (refer to Attachment 3) on enrolment			X	
Monitor any symptoms in children that may indicate the presence of an infectious disease and take appropriate			X	

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Action	Approved Provider	Nom'ed S'visor	Certified S'visor; Educators	Parents
measures to minimise cross-infection				
Comply with the <i>Hygiene Policy</i> of the service and the procedures for infection control relating to blood-borne viruses (refer to Attachment 6)			X	X
Provide the service with an <i>immunisation status certificate</i> (refer to <i>Definitions</i> ) confirming their child has been age appropriately immunised not more than 2 months immediately prior to attending the service				X
Keep child/ren home if they are unwell or have an excludable infectious disease				X
Keep child/ren at home when an infectious disease has been diagnosed at the service and their child is not yet fully immunised against that infectious disease, until there are no more occurrences of that disease and the exclusion period has ceased				X
Inform the service if their child has an infectious disease or has been in contact with a person who has an infectious disease ( <i>Health (Infectious Diseases) Regulations 2001: Regulation 13</i> )				X
Provide consent to be contacted by the Department of Health and Human Services to investigate the suspected disease if necessary. Contact details of the diagnosing doctor or health professional may also be required.				X
Comply with the minimum period of exclusion (refer to <i>Definitions</i> )				X
Regularly check the child's hair for head lice or lice eggs, regularly inspecting all household members, and treating any infestations as necessary				X
Notify the service if head lice or lice eggs have been found in their child's hair and when treatment was commenced				X

**Volunteers and students, while at the service, are responsible for following this policy and its procedures.**

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## ATTACHMENT 2: LEGISLATION AND SOURCES

### 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*
- *Health (Infectious Diseases) Regulations 2001*
- *Health Records Act 2001*
- *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 and Data Protection Act 2014 (Vic)*
- *Public Health and Wellbeing Regulations 2009*
- WorkSafe Victoria Compliance Code: *First aid in the workplace*

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

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

### Sources:

- Communicable Diseases Section, Public Health Group, Victorian Department of Health and 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](mailto:infectious.diseases@health.vic.gov.au)

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- 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:  
[http://docs.health.vic.gov.au/docs/doc/412320256B5A9239CA2578A300265C25/\\$FILE/Industry-guide-Childcare-web.pdf](http://docs.health.vic.gov.au/docs/doc/412320256B5A9239CA2578A300265C25/$FILE/Industry-guide-Childcare-web.pdf)
- Department of Health: [www.immunise.health.gov.au](http://www.immunise.health.gov.au)
- Department of Health, Victoria (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*, ACECQA
- *Guide to the National Quality Standard*, ACECQA
- *Keeping Children Safe Policy* of the Uniting Church in Australia Synod of Victoria and Tasmania, Approved June 2015:  
<http://victasintranet/hr/Documents/Keeping%20Children%20Safe%20Policy.pdf>
- National Health and Medical Research Council (2013) *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5<sup>th</sup> edition):  
<http://www.nhmrc.gov.au/guidelines/publications/ch55>
- National Immunisation Program (NIP): Children, adolescents and adults are eligible to receive some vaccines for free under the National Immunisation Program. Some vaccines are also funded by the Victorian Government. For the schedule and eligibility criteria visit:  
<https://www2.health.vic.gov.au/public-health/immunisation/immunisation-schedule-vaccine-eligibility-criteria>
- Victorian Department of Health: [www.health.vic.gov.au/immunisation](http://www.health.vic.gov.au/immunisation)
- WorkSafe Victoria: *First aid in the workplace compliance code*

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### ATTACHMENT 3

[Place on service letterhead]

### Consent form to conduct head lice inspections

Dear Parents,

[Service Name] 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, [Service Name] will notify the parents 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 [Service Name], or a person approved by [Service Name], 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: \_\_\_\_\_

Signature of parent: \_\_\_\_\_ 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: \_\_\_\_\_

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_

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**ATTACHMENT 4**  
**Head lice action form**

[Place on service letterhead]

Dear Parents,

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 Health and 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 [Service Name], 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 response form**

To [Service Name]

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: \_\_\_\_\_ Date: \_\_\_\_\_

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## ATTACHMENT 5 Head lice notification letter

[Place on service letterhead]

Dear parents,

It has come to our attention that head lice or lice eggs have been detected in your child's group at [Service Name] 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 Health and 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 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.

[Service Name] 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 6**

### **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

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*Each Founding Agency Policy, Procedure, Practice Manual or Form continues to have effect on and after the Date of Establishment as Uniting to the extent that it is not inconsistent with a Uniting Level 1 & 2 Policy and until such time as Uniting replaces it.*

## **Procedure**

1. Before treating the child, you must cover any cuts, sores or abrasions on your hands and arms with waterproof dressings.
2. Put on disposable gloves.
3. When cleaning or treating a child's face that has blood on it, ensure you are not at eye level with the child as blood can enter your eyes/mouth if the child cries or coughs. If a child's blood enters your eyes, rinse them while open, gently but thoroughly for at least 30 seconds. If a child's blood enters your mouth, spit it out and then rinse the mouth several times with water.
4. Raise the injured part of the child's body above the level of the heart (if this is possible) unless you suspect a broken bone.
5. Clean the affected area and cover the wound with waterproof dressing.
6. Remove and place gloves in an appropriate disposable plastic bag/zip lock bag/bio hazard container, seal and place it in a rubbish bin inaccessible to children.
7. Wash hands in warm, soapy water and dry (follow the *Handwashing guidelines* in the *Hygiene Policy*).
8. Remove contaminated clothing and store in leak-proof disposable plastic bags. Give these bags to the parent/guardian for washing when the child is collected from the service.

## **SAFE DISPOSAL OF DISCARDED NEEDLES AND SYRINGES**

### **Equipment (label clearly and keep in an easily accessible location)**

- Disposable gloves
- Long-handled tongs
- Disposable plastic bags
- 'Sharps' syringe disposal container, or rigid-walled, screw-top, puncture-resistant container available for free from local council, who may also provide free training to staff on the collection of sharps
- Detergent/bleach

### **Procedure**

1. Put on disposable gloves.
2. Do **not** try to re-cap the needle or to break the needle from the syringe.
3. Place the 'sharps' syringe disposal container on the ground next to the needle/syringe and open the lid.
4. Using tongs, pick the syringe up from the middle, keeping the sharp end away from you at all times.
5. Place the syringe, needle point down, in the 'sharps' syringe disposal container and close the lid securely on the container.
6. Repeat steps 3 to 5 to pick up all syringes and/or unattached needles.
7. Remove and place gloves in a disposable plastic bag, seal and place it in a rubbish bin inaccessible to children.
8. Clean the area with warm water and detergent/bleach, then rinse and dry.
9. Wash hands in warm, soapy water and dry (follow the *Handwashing guidelines* in the *Hygiene Policy*).

Under no circumstances should work-experience students or children be asked or encouraged to pick up needles/syringes.

If the needle/syringe is not accessible and cannot be collected, mark and supervise the area so that others are not at risk, and contact the Syringe Disposal Helpline on 1800 552 355.

Advice on the handling and disposal of needles/syringes can be accessed from:

- the Syringe Disposal Helpline on 1800 552 355 (24 hours a day, 7 days a week) for the location of the nearest needle exchange outlet or public disposal bin
- the environmental officer (health surveyor) at your local municipal/council offices
- local general practitioners
- local hospitals.

Note: 'Sharps' syringe disposal containers and/or needles/syringes must not be put in normal waste disposal bins.

### **NEEDLE STICK INJURIES**

The risk of transmission of a blood-borne virus from a needle stick injury is low and should not cause alarm. The following procedure should be observed in the case of a needle stick injury.

#### **Procedure**

1. Flush the injured area with flowing water.
2. Wash the affected area with warm soapy water and then pat dry.
3. Cover the wound with a waterproof dressing.
4. Report the injury to the Approved Provider or Nominated Supervisor as soon as possible.
5. Document needle stick injuries involving a staff member or child in the incident report book maintained at the service under OHS laws, and report to WorkSafe Victoria.
6. For incidents involving a child, contact the parents/guardians as soon as is practicable and provide a report to 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.