

## Early Learning

# Hygiene and Infectious Disease Policy

## Policy Statement

Uniting Early Learning is committed to:

- Providing a safe and healthy environment for all children, staff, educators and any other persons attending the service
- The consistent implementation of effective hygiene practices
- Implementing infection control procedures to minimise the likelihood of cross-infection and the spread of infectious diseases and illnesses to children, staff, educators and any other persons in attendance at 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 regulatory exclusion schedules and guidelines
- Providing current and accessible resources for families, staff and educators regarding the protection of all children from infection.

## Current Environmental Context

Infectious diseases are common in children and adults may also be susceptible. Infectious diseases such as the Chicken Pox, Common Cold, Measles and Mumps, are common in children and adults are also susceptible.

Victoria has regulations in place to prevent the spread of infectious disease by requiring some children to temporarily stop attending primary school and children's services such as childcare and kindergarten if their attendance will put them or others at risk of contracting or spreading an infectious disease.

Primary schools and children's services are settings where there can be an increased risk for transmission of certain infectious diseases.

Regulating periods of mandatory exclusion for both infected children and those vulnerable to infection provides a risk-based framework that protects attending children from contracting or spreading some infectious diseases. Short periods of targeted exclusion to prevent the spread of illness can prevent longer or more widespread absences from school and children's services as a result of illness, minimising the potential negative impact on a child's education as well as their health

Exclusion of children with particular infections (known as cases) is the most important way to reduce transmission of infectious disease in these settings. In some limited circumstances, it is important to exclude children who have been exposed to particular infections (known as contacts).

The responsible person of an early learning service must not allow a child to attend the facility in accordance with the regulations:

- If they have been informed the child is infected with an infectious disease/condition listed in the regulations
- If they have been informed the child has been in contact with a person who is infected with an infectious disease/condition listed in the regulations.

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The Public Health and Wellbeing Regulations 2019 (the regulations) has introduced an infringement penalty for failure to exclude a child with, or exposed to, a specified infectious disease from a primary school or children's service in accordance with the regulations (only applicable to a person in charge of a primary school or children's service).

Where an infectious disease as listed in the DHHS school/Child care exclusion table, ([click here](#)) has been identified, a parent, authorised nominee or emergency contact of each child at the service must be notified as soon as is practicable.

- The Public Health and Wellbeing Regulations 2019 (the regulations) has removed the duty of a person in charge of a children's service to notify the Department of Health and Human Services about a child ill from pertussis, poliomyelitis, measles, mumps, rubella or meningococcal C. ([Click here](#))

Information about the Department of Health and Human Services minimum exclusion periods (refer to *Glossary*) 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 agreed to *consent to conduct head lice inspections* on enrolment.

## Immunisation Responsibilities and Exclusion Processes

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 Responsible Person of an early learning 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 *Glossary*) 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*.

As of 1 November 2018, legislation requires early childhood education and care services to take reasonable steps to obtain updated immunisation history statements twice a year. This is in addition to the original requirement, which requires parents and carers to provide evidence of their child's up to date immunisation in order to initially enrol in an early childhood service. This must be provided within the two months prior to the child starting at the service.

There are some children in the community whose families face difficulties accessing vaccinations and/or the required documentation to prove immunisation status.

Under the legislation, some families are eligible to enrol and commence at the childcare/kindergarten service, under a 'grace period' provision, while they bring their children's vaccinations up-to-date and/or obtain the required documentation.

Early childhood education and care services, with help from the Departments of Health and Human Services and Education and Training, will support families of children who are not up to date with their vaccinations and provide them with information as to where they can access vaccinations.

The No Jab No Play regulations specify that parents and carers provide the service with evidence that their child continues to be up to date with immunisations while attending the service at intervals of no greater than seven months.

If there is a disease outbreak at the service, accurate and current evidence of immunisation is needed to identify children at risk (for example, children too young to be fully immunised against a disease or where parents and carers have not provided up to date immunisation history) who may need to stay away from the service until it is safe for them to return.

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**Attachment 28a:** Responsibilities relating to the Hygiene & Infectious Diseases Policy

**Attachment 28b:** Nappy change procedure

**Attachment 28c:** Handwashing guidelines can be downloaded from the website of the National Health and Medical Research Council (refer to Sources).

**Attachment 28d:** Toileting procedures.

**Attachment 28e:** Procedures for infection control relating to blood-borne viruses

**Attachment 28f:** Actions for Early Childhood and Care Services in an Epidemic or Pandemic event

**Form No 28.1:** [Headlice conduct inspection consent](#)

**Form No 28.2:** [Headlice notification letter](#)

**Form No 28.3:** [Headlice action plan](#)

[Treating and controlling headlice](#)

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## Reference/Sources

This policy should be read in conjunction with:

- Child Safety Policy
- Administration of First Aid Policy
- Administration of Medication Policy
- Dealing with Medical Conditions Policy
- Enrolment and Orientation Policy
- Food Safety Policy
- Incident, Injury, Trauma and Illness Policy
- Workplace Health Safety and Wellbeing Policy
- Privacy Policy
- Privacy and Data Protection Act 2014 (Vic)
- Privacy Act 1988 (Cwlth)
- Education and Training Reform Act 2006 (Vic)
- Education and Training Reform Regulations 2017 (Vic)
- Family Law Act 1975 (Cth)
- Public Health and Wellbeing Act 2008 (Vic)
- Public Health and Wellbeing Regulations 2019 (Vic)
- Uniting Early Learning - Business continuity plan [click here](#)
- Uniting Infectious prevention and control, body fluid spills and handling sharps [click here](#)
- Uniting General guidelines for cleaning and disinfecting [click here](#)
- Uniting Environmental cleaning and disinfection guidelines for COVID-19 [click here](#)
- A guide for the management and control of gastroenteritis outbreaks in children's centres. Communicable Disease Prevention and Control Unit, Department of Health (2010) Victorian Government, Melbourne – [click here](#)
- Communicable Disease Section, Public Health Group, Victorian Department of Health & Human Services (2011), The Blue Book: Guidelines for the control of infectious diseases. Available at: [click here](#)
- Children's Services amendment Act 2019
- Children's Services Regulations 2020
- Communicable Disease and Prevention Control Unit: phone – 1300 651 160: [click here](#)
- Department of Health and Human Services – Communicable Disease Prevention and Control Section ( 1300 651 160 Email: [immunisation@dhhs.vic.gov.au](mailto:immunisation@dhhs.vic.gov.au) Web: <https://www2.health.vic.gov.au/public-health/infectious-diseases/infection-control-guidelines>
- Public Health and Wellbeing Regulations 2019
- Public Health and Wellbeing Act 2008
- National Immunisation Program, Department of Health, Australian Government: <https://www.health.gov.au/initiatives-and-programs/national-immunisation-program>
- Department of Health and Human Services - Immunisation Section ( 1300 882 008 (Mon-Fri 9am to 12 midday and 2pm to 3pm) All other times please email your immunisation enquiry to: [immunisation@dhhs.vic.gov.au](mailto:immunisation@dhhs.vic.gov.au) Information about immunisations, including immunisation schedule, DHHS: Immunisation enrolment toolkit for early childhood services. Department of Health and Human Services [click here](#)
- Department of Health and Human Services, Victoria. Food Safety: <https://www2.health.vic.gov.au/public-health/food-safety>
- Education and Care Services National Regulations 2011: Regulations 77, 106, 109, 112, 168
- Department of Health & Human Services, Victoria (2012) Head lice management guidelines: [click here](#)
- No Jab No Play Law (Vic)
- No Jab No Play information for parents **Parent No Jab no Play Parent** [Click here](#)

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- Staying Healthy: Preventing infectious diseases in early childhood education and care services (5<sup>th</sup> edition) National Health and Medical Research Council (2013):
- <https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services>
- Tasmanian Licensing Standards for Centre Based Child Care Class 5 (2014) Standard 12 Health, Hygiene and Infection Control, 12.1, 12.2 Occupational Health and Safety Act 2004

## Authorisation

This policy was adopted by Uniting Early Learning on: 21/12/22

## Review

This policy is to be reviewed by: 21/12/2023

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## Attachment 28a: Responsibilities relating to the Hygiene & Infectious Diseases Policy

### Approved Provider

- Ensure that all educators, students and volunteers are provided with a copy of this policy and have a clear understanding of the procedures and practices outlined within
- Establish robust induction procedures that include the provision of information regarding the implementation of the practices outlined in this policy
- Ensure that a child's initial enrolment or letter of offer is not confirmed unless a parent has provided an Immunisation status certificate (refer to Glossary) indicating that the child is age appropriately immunised or is eligible under the 'grace period' provision (refer to Enrolment and Orientation Policy).-[Grace period eligibility assessment form 8.4](#)
- Ensure information about the National Immunisation Program (NIP) schedule is displayed and available to all
- Ensure that information about the Department of Health and Human Services minimum period of exclusion (refer to Glossary) is displayed at the service and is available to all
- Ensure within 12 hours of becoming aware that a child is suffering or believed to be suffering from a notifiable infectious disease, or if a child not immunised against the disease and has been in contact with an infected person at the service:
  1. The Responsible Person inform DET, Education and Care Unit (Tas) and the Department of Health and Human Services Communicable Disease Prevention and Control telephone: 1300 651 160 (24 hours).
  2. The Responsible Person notify all parents and prominently display a notice identifying the infectious disease.
- Ensure the Responsible Person, educators, staff and volunteers at the service implement adequate health and hygiene practices, infection control, and safe practices for handling, preparing and storing food
- Encourage all staff and educators to be fully immunised
- It is mandatory that all Uniting staff have 2 Covid-19 Vaccines
- Ensure the Responsible Person advises parents of a child who is not fully immunised on enrolment and/or is undertaking the 16 weeks grace period, 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. [Grace period eligibility assessment form 8.4](#)
- Ensure the Responsible Person, and educators at the service implement the requirements of the minimum exclusion periods
- Ensure appropriate resources are available for educators, and parents in relation to the identification and management of infectious diseases, blood-borne viruses and infestations
- Ensure the service has laundry facilities or access to laundry facilities, or other arrangements for dealing with soiled clothing, nappies and linen, including hygienic facilities for storage prior to their disposal or laundering
- Ensure that the laundry and hygiene facilities are located and maintained in a way that does not pose a risk to children
- Ensure that there are adequate and appropriate hygiene facilities provided for nappy changing which are designed, located and maintained in such a way that prevents unsupervised access by children
- Ensure that adequate, developmental and age-appropriate toilet, washing and drying facilities are provided for use by children, and that these are safe and accessible
- Review educator/staff/educator training needs in relation to understanding and implementing effective hygiene practices in early childhood settings
- Provide a copy of the NHMRC publication Staying Healthy: Preventing infectious diseases in early childhood education and care services (refer to Sources)
- Provide hand washing guidelines for display at each hand washing location (refer to Attachment 28c)
- In consultation with Regional Facilities Manager, ensure the cleaning contract is reviewed annually.

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## Responsible Person

- Ensure that a child’s enrolment at the service is not confirmed unless a parent has provided an immunisation status certificate (refer to Glossary) indicating that the child is age appropriately immunised or is eligible under the ‘grace period’ provision (refer to Enrolment and Orientation Policy). -[Grace period eligibility assessment form 8.4](#)
- Ensure that each child’s immunisation history is checked twice per calendar year.
- Advise parents on enrolment that the minimum period of exclusion will be observed in regard to the outbreak of any infectious diseases or infestations
- Ensure information about the National Immunisation Program (NIP) schedule is displayed and available to all.
- Ensure that information about the Department of Health and Human Services minimum period of exclusion (refer to Glossary) is displayed at the service and is available to all
- 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, including isolating unwell children, sending them home and abiding by minimum exclusion periods (refer to Glossary)
- Request parents inform the service if the child is infected with an infectious disease/condition listed in the regulations
- Ensure within 12 hours of becoming aware that a child is suffering or believed to be suffering from a **notifiable** infectious disease, or if a child not immunised against the disease and has been in contact with an infected person at the service:
  1. The Responsible Person inform DET, Education and Care Unit (Tas) and the Department of Health and Human Services Communicable Disease Prevention and Control telephone: 1300 651 160 (24 hours).
  2. The Responsible Person notify all parents and prominently display a notice identifying the infectious disease.
- Conduct a thorough inspection of the service and consult with educators and staff to assess any risks by identifying the hazards and potential sources of infection to educators, staff and children
- 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
- Ensure educators have current and approved first aid qualifications
- Ensure the exclusion requirements for infectious diseases are adhered to as per the minimum exclusion periods (refer to References/Sources)
- Notify the Approved Provider and all parents of any outbreak of infectious disease at the service and display this information in a prominent position
- Provide information and resources to parents to assist in the identification and management of infectious diseases, blood-borne viruses and infestations
- Establish good hygiene and infection control procedures and ensuring that they are adhered to by everyone at the service
- Develop an appropriate cleaning and sanitising schedule that outlines daily, weekly/monthly/quarterly and contact the local council’s Environmental Health Officer for information about obtaining a needle/syringe/sharps disposal unit and instructions for its use annual cleaning and sanitising requirements and responsibilities
- Arrange for the service to be cleaned and sanitised regularly, including floors and other surfaces, as per the cleaning contract and schedule; review the cleaning contract annually
- Implement and ensure that all educator, staff, students and volunteers at the service follow adequate health and hygiene practices, and safe practices for preparing, handling and storing food to minimise risks to children (refer to Food Safety policy)
- Follow appropriate reporting procedures set out in the Incident, Injury, Trauma and Illness Policy in the event that a child is ill
- Actively encourage parents to keep children who are unwell at home to prevent the spread of infection to other children and educators

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- 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
- Request that parents notify the service if their child has, or is suspected of having, an infectious disease or infestation
- Actively encourage educators and staff who have, or are suspected of having, an infectious disease to not attend the service in order to prevent the spread of infection to others attending the service
- Ensure there are supplies of required resources and that staff are educated as to the use of these (blood borne virus clean up).

## Educators

- Check that parents have provided an Immunisation status certificate (refer to Glossary) indicating that the child is age appropriately immunised or is eligible under the ‘grace period’ provision (refer to Enrolment and Orientation Policy).-[Grace period eligibility assessment form 8.4](#))
- Request that parents notify the service if their child has, or is suspected of having, an infectious disease or infestation
- Provide information and resources to parents to assist in the identification and management of infectious diseases, blood-borne viruses and infestations
- Monitor any symptoms in children that may indicate the presence of an infectious disease and take appropriate measures to minimise cross-infection
- In collaboration with the Responsible person, establish a system for daily inspection of the outdoor areas, in particular the sand and soft-fall areas, to ensure they are maintained in a safe and hygienic manner
- Maintain the service in a clean and hygienic manner throughout the day, e.g. wiping benches and tables before and after eating, and cleaning up spills
- Ensure there is a regular and thorough cleaning and disinfecting schedule for all equipment and toys and bedding used by children
- Store or present items, such as beds, bedding and sunhats, in such a way as to prevent cross-contamination.
- Follow effective hygienic systems for cleaning, such as using colour-coded and identifiable sponges/cloths in each area
- Ensure sponges are cleaned, rinsed and stored separately, and replaced regularly
- Ensure that disposable gloves are worn when changing nappies or dealing with open wounds or other body fluids and dispose of those gloves and soiled materials in a sealed container or plastic bag
- Actively encourage parents to keep children who are unwell at home to prevent the spread of infection to other children and educators
- Follow appropriate reporting procedures set out in the Incident, Injury, Trauma and Illness Policy in the event that a child is ill
- Observe signs and symptoms of children who may appear unwell and inform the Responsible person.
- Implement and promote correct hand washing and hygiene practices, as outlined in this policy (refer to Attachment 28c)
- Be conscious of your responsibility to not attend the service when you have or suspect you have an infectious disease
- Ensure any chemicals and cleaning agents are non-toxic, stored out of reach of children and clearly labelled.
- Where possible ensure cleaning products contribute toward the sustainability of the planet.

## In relation to effective environmental cleaning:

- Clean with detergent and warm water followed by rinsing and drying to remove the bulk of infectious organisms from a surface. Particular attention should be paid to the following:
- Toilets/sinks must be cleaned daily and separate cleaning cloths/sponges must be used for each task.
- Mouthed toys must be removed and washed immediately or placed in a separate container for washing at a later time
- All bench tops and floors must be washed regularly.

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- Children’s cups /drink bottles used for water must be washed after each use
- When items are laundered at the service premises, educators and staff should consider washing items separately to minimise cross-contamination, for example, tea towels washed separately from sheets, face washers washed separately from play mats/rugs
- Nappy change areas/mats must be washed with detergent and warm water, rinsed and dried after each use.

### In relation to infestation of head lice

- Act responsibly and respectfully when dealing with members of the centre and broader community especially around the issue of head lice
- Ensure all families agree to consent to conduct head lice inspections (refer to Agreement No. 8.7) on enrolment
- Maintain a sympathetic and respectful attitude families who are experiencing difficulties with control measures
- Support parents and children who have head lice by providing factual information, reducing parental and child anxiety
- Confidentially notify the parent of a child who is suspected of having live head lice and request that the child is treated before returning to the Service the following day
- The child or children with head lice are not to be isolated or excluded from learning.
- If inspecting a child for head lice do so respectfully and confidentially avoiding any embarrassment or anxiety
- Provide a Head lice action form (Form No.28.2) to the parents of a child suspected of having head lice.
- Provide a Head lice notification letter (Form No 28.3) to all parents when an infestation of head lice has been detected at the service
- Maintain confidentiality at all times.

### In relation to changing nappies for children:

- Attend to the individual personal hygiene needs of each child as soon as is practicable.
- Change nappies and attend to individual personal hygiene and toileting needs of each child according to recommended procedures (refer to Attachments 28b and 28c)
- Dispose of soiled nappies in a safe and hygienic manner in line with this policy.

### In relation to toileting of children

(Refer to *Attachment 28d*)

- Ensure soap and drying facilities are available at all times when children are in attendance at the service, including ensuring paper towels are available if hand-dryers are not working
- Ensure children do not share the use of items related to personal care, such as hand towels for drying hands, toothbrushes and hairbrushes
- Encourage children to flush the toilet after use
- Encourage and assist (where required) children to wash their hands according to hand washing guidelines (refer to *Attachment 28c*) after toileting
- Encourage children to tell an educator if they have had a toileting accident
- Monitor and maintain toileting facilities in a safe, clean and hygienic manner while children are in attendance; this requires periodic checking of the bathroom area
- Respect diverse styles of toileting children including those related to cultural or religious practices
- Respect the need to maintain privacy of toileting and dressing
- Inclusive of the individual Childs developmental capabilities
- Maintain record of individual children’s toileting/nappy changing routine.

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### **Cleaning toys, clothing and the service in general:**

- Remove toys that a child has sneezed or coughed on (place in a 'toys-to-be-cleaned' box)
- Wear gloves when cleaning (general purpose gloves are sufficient; wash and hang outside to dry when finished)
- Wash mouthed toys daily using warm water and detergent and, if possible, dry in the sun or suitable alternative
- Wipe over books with a moist cloth treated with detergent
- Ensure washable toys and equipment are cleaned term by term or annually, as required
- Where applicable, wash and disinfect mattress covers and linen
- Follow any recommended guidelines from DHHS

### **In relation to children's contact with one another:**

- Educate and encourage children in good personal hygiene practices, such as:
- Washing their hands after blowing and wiping their nose
- Not touching one another when they are cut or bleeding
- Disposing of used tissues promptly in a bin with a lid
- Using their own equipment for personal care, such as toothbrushes, hats, brushes, combs and eating utensils
- using tongs whenever available
- Only touching the food that they are going to eat
- Using their own drink bottles or cups

### **In relation to indoor and outdoor environments:**

- Keep indoor and outdoor environments as clean and hygienic as possible at all times, including safe disposal of discarded needles/syringes/sharps
- Promptly remove blood, vomit, urine and faeces (including animal) either indoors or outdoors, using the appropriate cleaning procedures
- Cover the sandpit when not in use to prevent contamination
- Empty water containers, such as water trays, each day
- Dispose of any dead animals/insects found on the premises in an appropriate manner
- Regularly clean areas touched by children e.g., door handles.

### **In relation to the safe handling of body fluids or materials in contact with body fluids:**

- Avoid direct contact with blood or other fluids
- Avoid being at eye level when cleaning/treating a child's face that has blood on it, as a child's blood can enter the mouth/nose/eyes of an educator and staff member when a child cries or coughs
- Wear gloves wherever possible
- Cover any cuts/abrasions on their own hands with a waterproof dressing
- Dispose of waste.

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## Parents

- Provide the service with an immunisation status certificate (refer to Glossary) confirming their child has been age appropriately immunised not more than 2 months immediately prior to attending the service. Your child may be eligible under the 'grace period' provision. During the 16-week grace period you should endeavor to have your child vaccinated and obtain the required Immunisation History Statement from the AIR and provide it to the service. -[Grace period eligibility assessment form 8.4](#))
- Early childhood services can provide parents with support and information to do this
- Provide evidence that their child continues to be up to date with immunisations while attending the service at intervals of no greater than seven (7) months
- Keep child/ren home if they are unwell or have an infectious disease that requires their exclusion from the education and care service
- Inform the service if their child has an infectious disease or has been in contact with a person who has an infectious disease
- Comply with the minimum periods of exclusion (refer to Glossary).
- Regularly check the child's hair for head lice or lice eggs, regularly inspecting all household members, and treating any infestations as necessary
- Notify the service if head lice or lice eggs have been found in their child's hair and when treatment was commenced
- Support this policy by complying with the hygiene practices when attending the service or when assisting with a service program or activity.
- Encourage child/ren to develop and follow effective hygiene practices at all times, including hand washing on arrival at the service

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

## Attachment 28b: Nappy change procedure

Download and attach the poster: Changing a nappy without spreading germs from the website of the National Health and Medical Research Council (2013) Staying Healthy: Preventing infectious diseases in early childhood education and care services (5<sup>th</sup> edition): [Click here](#)

## Attachment 28c: Handwashing guidelines

Download and attach the poster: How to wash hands from the website of the National Health and Medical Research Council (2013) Staying Healthy: Preventing infectious diseases in early childhood education and care services (5<sup>th</sup> edition): [Click here](#)

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## Attachment 28d: Toileting procedures

Educators will encourage children to go to the toilet independently, assisting when necessary, and talking about hygienic practices during toilet routine.

In addition to meeting children's physical needs, nappy changing, and toilet training is an important time to:

- Support children's agency to develop an understanding and control of their own bodily functions
- Give children your full attention and build respectful, trusting and caring relationships
- Interact with children using verbal and nonverbal communication
- Build children's understanding of what is happening now and promote their ability to predict what will happen next in the routine
- Help children to develop and extend their self-help skills.
- Toilet area is to be supervised by educators as per roster.

### Children Training:

- Educator to remind children individually to visit the toilet and encourage them to go to toilet between each mealtime.
- provide any support the child requires to use the toilet
- Educator will put on gloves if they need to assist a child to wipe their bottom
- Educator will put on gloves if they need to assist a child with wet or soiled clothing (as per procedure for wet/soiled clothing)
- Educator will put on gloves to clean up areas if they are wet or soiled (as per procedure for cleaning up bodily fluid spills)
- Educator will support each child throughout the toileting routine, talk about going on the toilet, wiping bottom – front to back, pulling up clothes when finished, flushing the toilet and then washing and drying hands before going back to play experiences
- Older children who have accidents are also to be encouraged to go to the toilet between mealtimes, or if showing signs of needing to go
- Educators will ensure that the toilet area is clean and dry at all times.
- After initial routine, educators will keep checking area and supervise children using the toilets to maintain supervision and hygiene.

### Attachment 28e: Procedures for infection control relating to blood-borne viruses

*This procedure is based on information available from the Department of Education and Training (DET), the Victorian Government's Better Health Channel and the National Health and Medical Research Council.*

### Important note on blood spills

A person responding to an incident involving blood at the service must first cover any cuts, sores or abrasions on their own hands and arms with waterproof dressings.

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## Attachment 28e - 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* refer to *Attachment 28c*).

### First Aid for child who is 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

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/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* refer to *Attachment 28c*).
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.

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## 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 and educators on the collection of sharps

### 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* refer to *Attachment 28c*).

### Under no circumstances should students, volunteers 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 Responsible Person as soon as possible.
5. Needle stick injuries involving educators and staff members must be recorded in RiskMan as a WHS incident.
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 Glossary section of this policy).
7. See a doctor as soon as possible and discuss the circumstances of the injury.

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## Attachment 28f - Actions for Early Childhood and care services in an Epidemic or Pandemic Event

**Important note:** 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. ELAA 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.

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, follow current Uniting Procedures [Click here](#)
- 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
- 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

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- 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 to gather in groups, especially in foyers and in children’s play areas.
- 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.

## 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.

- 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 staff, visitors, 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.
- Support the visitor to become familiar with the safety protocols in place at the time.

## 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:

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- 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).

### 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.

- Children should be isolated in an appropriate space with suitable supervision and collected by a parent/carer as soon as possible
- 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
- 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.

### 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.

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