DEALING WITH INFECTIOUS DISEASE POLICY

The spread of infections in the early childhood environment is facilitated by microbial contamination of the environment, as well as the greater exposure to young children who are still developing hygienic behaviours and habits. Our Service will minimise children’s exposure to infectious diseases by adhering to all recommended guidelines from relevant government authorities regarding the prevention of infectious diseases, promoting practices that reduce the transmission of infection, ensuring the exclusion of sick children and educators, supporting child immunisation, and implementing effective hygiene practices.

Our Service will provide up-to-date information and advice to parents, families and educators sourced from the Australian Government Department of Health, Australian Health Protection Principal Committee (AHPPC) and state Ministry of Health about infectious diseases as required. Recommendations from the Health Department will be strictly adhered to at all times.

NATIONAL QUALITY STANDARD (NQS)

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|  QUALITY AREA 2: CHILDREN’S HEALTH AND SAFETY |
| 2.1.1 | Wellbeing and comfort  | Each child’s wellbeing and comfort is provided for, including appropriate opportunities to meet each child’s needs for sleep, rest and relaxation. |
| 2.1.2 | Health practices and procedures  | Effective illness and injury management and hygiene practices are promoted and implemented. |
| 2.2 | Safety  | Each child is protected.  |

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| EDUCATION AND CARE SERVICES NATIONAL REGULATIONS |
| 77 | Health, hygiene and safe food practices |
| 85 | Incident, injury, trauma and illness policies and procedures  |
| 86 | Notification to parents of incident, injury, trauma and illness  |
| 87 | Incident, injury, trauma and illness record  |
| 88 | Infectious diseases  |
| 90 | Medical conditions policy |
| 93 | Administration of medication |
| 162 | Health information to be kept in enrolment record |
| 168 | Education and care service must have policies and procedures |
| 170 | Policies and procedures to be followed |
| 172(2)(g) | a notice stating that there has been an occurrence of an infectious disease at the premises |
| 173 | Prescribed information to be displayed |
| 175 (2)(c) | Prescribed information to be notified to the Regulatory Authority-(2) any circumstance arising at the service that poses a risk to the health, safety or wellbeing or a child or children attending th |
| EDUCATION AND CARE SERVICES NATIONAL LAW |
| 172 | Offence to fail to display prescribed information |

RELATED POLICIES

|  |  |
| --- | --- |
| Administration of Medication Policy Bottle Safety and Preparation PolicyChild Safe Environment PolicyDental Health PolicyEnrolment PolicyFamily Communication Policy Governance PolicyHand Washing Policy Health and Safety Policy  | Immunisation Policy Incident, Injury, Trauma and Illness Policy Medical Conditions Policy Nappy Change and Toileting Policy Physical Environment Policy Pregnancy in Early Childhood PolicySick Children Policy Sleep and Rest PolicyWork Health and Safety Policy |

PURPOSE

Children encounter many other children and adults within the Service environment which can result in the contraction of infectious illnesses. Our Service has a duty of care to ensure that children, families, educators, and visitors of the Service are provided with a high level of protection during the hours of the Service’s operation. We aim to manage illnesses and prevent the spread of infectious diseases throughout the Service.

Immunisation is a simple, safe, and effective way of protecting people against harmful diseases before they come into contact with them in the community. Immunisation not only protects individuals, but also others within the community, by reducing the spread of disease and illnesses.

SCOPE

This policy applies to children, families, educators, staff, visitors, approved provider, nominated supervisor and management of the Service.

IMPLEMENTATION

Under the Education and Care Services National Regulations, the approved provider must ensure policies and procedures are in place in relation to dealing with infectious diseases. (ACECQA, August 2021).

Our Service is committed to minimise the spread of infectious diseases and viruses by implementing recommendations as stated in the Staying healthy: *Preventing infectious diseases in early childhood education and care services (*Fifth Edition) developed by the Australian Government National Health and Medical Research Council and advice provided from the Australian Health Protection Principal Committee (AHPPC).

We are guided by decisions regarding exclusion periods and notification of infectious diseases by the *Australian Government- Department of Health* and local Public Health Units in our jurisdiction as per the Public Health Act.

The need for exclusion and the length of time a person is excluded from the Service depends on:

* how easily the infection can spread
* how long the person is likely to be infectious and
* the severity of the infectious disease or illness.

This policy must be read in conjunction with our other Quality Area 2 policies:

* Immunisation Policy
* Sick Children Policy
* Incident, Injury, Trauma and Illness Policy
* Medical Conditions Policy
* Handwashing Policy

PREVENTING INFECTIOUS DISEASES

Children enter education and care services when their immune systems are still developing. They have not been exposed to many common germs and therefore are susceptible to bacteria that may cause infections. Given the close physical contact children have with other children in early childhood and care, it is very easy for infectious diseases and illnesses to spread through normal daily activities.

Our Service implements rigorous hygienic practices to limit the spread of illness and infectious diseases including:

* effective hand washing hygiene
* cough and sneeze etiquette
* appropriate use of gloves
* exclusion of children, educators or staff when they are unwell or displaying symptoms of an infectious disease or virus
* effective environmental cleaning including toys and resources (including bedding)
* requesting parents and visitors to wash their hands with soap and water or hand sanitizer upon arrival and departure at the Service
* physical distancing (if recommended by Australian Health Protection Principal Committee [AHPPC] and/or Safe Work Australia)
* use of face masks (as mandated by PHO or service decision)
* restricting parents and visitors from entering venues to reduce threat of spread of a community disease (e.g.: COVID-19)
* ensuring adequate ventilation
* encouraging children, educators o0r stall to seek medical attention and get tested if they show symptoms of an infectious disease or virus, including COVID-19

Immunisation requirements

Immunisation is a reliable way to prevent many childhood infectious diseases. As of January 2018, unvaccinated children due to their parent’s conscientious objection are no longer able to be enrolled in approved early childcare services. Children who cannot be fully vaccinated due to a medical condition or who are on a recognised catch-up schedule may still be enrolled upon presentation of the appropriate form signed by a medical practitioner who meets the criteria stated by the Australian Government.

Only parents of children (less than 20 years of age) who are fully immunised or are on a recognised catch-up schedule can receive Child Care Subsidy (CCS) ~~and the Family Tax Benefit Part A end of year~~ ~~supplement.~~ The relevant vaccinations are those under the *National Immunisation Program* (NIP), which covers the vaccines usually administered before age five. These vaccinations must be recorded on the Australian Immunisation Register (AIR).

Educators and other staff at our Service are highly recommended to keep up to date with all immunisations including yearly influenza vaccinations. These include vaccinations recommended by the National Health and Medical Research Council (NHMRC). Our service recommends educators and children keep up to date with vaccinations for COVID 19

Reporting Outbreaks to the Public Health Unit and Regulatory Authority (REG. 175(2)(C)

Outbreaks of communicable diseases and contagious viruses represent a threat to public health. To help prevent outbreaks, the Department of Health monitors the number of people who contract certain infectious diseases and their characteristics, the recent travel or attendance of infected people in a public place or on public transport and works with health specialists and doctors to help prevent the transmission of diseases to other people.

The Public Health Act 2010 lawfully requires and authorises doctors, hospitals, laboratories, school principals and childcare centre directors to confidentially notify the Public Health Unit (PHU) of patients with certain conditions, and to provide the required information on the notification forms. Specialist trained public health staff review this information and if necessary, contact the patient’s doctor, and sometimes the patient, to provide advice about disease control and to complete the collection of information.

All information is held confidentially in order to protect the patient’s privacy. Both the NSW and Commonwealth Privacy Acts only release/disclose patient information where it is lawfully required or authorised.

Management is required to notify the local PHU by phone (call 1300 066 055) as soon as possible after they are made aware that a child enrolled at the Service is suffering from one of the following vaccine preventable diseases ~~or any confirmed case of COVID-19:~~

* Diphtheria
* Mumps
* Poliomyelitis
* Haemophilus influenzae Type b (Hib)
* Meningococcal disease
* Rubella (‘German measles’)​
* Measles ​
* Pertussis (‘whooping cough’​)
* Tetanus ​

Notification is also required for:

* An outbreak of 2 or more people with gastrointestinal or respiratory illness

Management will closely monitor health alerts and guidelines from Public Health Units and the Australian Government- Department of Health for any advice and emergency health management in the event of a contagious illness outbreak.

The Approved Provider must also notify the Regulatory Authority of any incidence of a notifiable infectious disease or illness, or when there is an outbreak of 5 or more people with COVID-19 within a 7 day period via the NQA-ITS [acecqa contact regulatory authority](https://www.acecqa.gov.au/help/contact-your-regulatory-authority)

THE BOARD OF DIRECTORS WILL ENSURE:

* that all information regarding the prevention and transmission of infectious diseases is sourced from a recognised Government Health authority [Australian Government Department of Health](https://www.health.gov.au/)
* exclusion periods for people with infectious diseases recommended by Government Authorities are implemented for all staff, children, parents, families and visitors
* the Service implements recommendations from [*Staying healthy: Preventing infectious diseases in early childhood education and care services*](https://nhmrc.govcms.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services)to maintain a healthy environment
* advice and recommendations from the Australian Health Protection Principal Committee (AHPPC) and Safe Work Australia will be implemented where reasonably possible
* children are protected from harm by ensuring relevant policies and procedures are followed regarding health and safety within the Service
* required enrolment information, including health and immunisation records of enrolled children is collected, maintained and appropriately and securely stored
* all educators and staff are encouraged to report any previous infectious diseases and provide copies of their immunisations to be kept on staff files
* the Public Health Unit is notified as soon as p possible after they are made aware that a child enrolled has a vaccinated preventable disease
* the Public Health Unit is notified in the event of an outbreak of viral gastroenteritis. The Nominated Supervisor must document the number of cases, dates of onset, duration of symptoms. An outbreak is when two or more children or staff have a sudden onset of diarrhoea or vomiting in a 2-day period. (NSW Government- Health 2019)
* a notification is lodged through the [NQA-ITS](https://public.nqaits.acecqa.gov.au/Pages/Landing.aspx) of an outbreak of COVID-19 when there are 5 cases or more within a 7-day period [check requirements for your state/territory]
* a notice is clearly displayed stating that there has been an occurrence of an infectious disease at the OSHC service
* required enrolment information, including health and immunisation records of enrolled children is collected,. maintained and appropriately and securely stored.
* daily attendance records for staff, children and visitors are up to date at all times
* existing risk assessments for emergencies include a response to COVID-19

Managing a positive case of COVID-19 in an ECEC settings

Changes may occur to how our Service manages positive cases of COVID-19 ~~during 2022~~. We will be directed by our regulatory authority as to what procedures need to be followed to ensure the health and safety of all staff, children and families.

As COVID-19 is easily transmissible in education and care services, our Service has implemented a range of risk mitigation strategies to assist in protecting children, adults, and visitors at the service.

Although it is no longer a legal requirement for a child or adult to self-isolate if diagnosed with COVID-19our service strongly recommends that any person who tests positive to COVID-19 informs their workplace/employer and education and care service as soon as possible. Children, educators and staff w who test positive for COVID-19 will be required to be excluded whilst unwell.

If a child or staff member has attended the service while infectious, management will:

* identify the period of time that the positive case was in the service during the infectious period
* if this is part of an outbreak of five or more people with COVID-19 in a 7 day period the Nominated Supervisor/Responsible Person will notify the service community as soon as practicable
* undertake a thorough clean of the service
* The Board of Directors/Nominated Supervisor must notify families and the Regulatory Authority when an outbreak of COVID-19 has occurred at the Service. [5 or more cases within a 7 day period] (Reg 88, 175)

Exemptions may apply for staff who work as essential workers.

The Approved Provider must notify the Regulatory Authority of a positive case/or cases of COVID-19 within 7 days, or as soon as possible through the [(NQA ITS)](https://public.nqaits.acecqa.gov.au/Pages/Landing.aspx) as per Regulation 175(2)(c )

* management will determine staff, children and visitors who were in attendance with the case during the infectious period
* management will notify those in attendance and send a risk of COVID-19 letter
* isolation is no longer mandatory for exposures in ECE services, however it is recommended
* the service will undertake a thorough clean and disinfection
* a decision to close the service may be required if staffing ratios are affected and all families and staff will be notified of the closure
* privacy and confidentiality laws are adhered to- the person/s who has the confirmed case of COVID-19 will be on a ‘need to know’ basis only
* re-opening dates will be confirmed to the Regulatory Authority, DESE and families.

See: [Management of COVID positive cases in ECE service NSW](https://education.nsw.gov.au/content/dam/main-education/early-childhood-education/coronavirus/managing_confirmed_cases.pdf)

A NOMINATED SUPERVISOR/ RESPONSIBLE PERSON WILL ENSURE:

* a hygienic environment is promoted and maintained
* children are supported in their understanding of health and hygiene practices throughout the daily program and routine (hand washing, hand drying, cough and sneeze etiquette)
* educators and staff are aware of relevant immunisation guidelines for children and themselves
* wall charts about immunisation are displayed in each room/venue
* an Immunisation History Statement for each child is collected on enrolment and maintained/updated regarding the child’s immunisation status (AIR) and any medical conditions
* families are provided with relevant sourced materials and information on infectious diseases, health, and hygiene including:
	+ the current National Immunisation Schedule
	+ exclusion guidelines in the event of a vaccine preventable illness at the Service for children that are not immunised or have not yet received all their immunisations
	+ advice and information regarding any infectious diseases in general and information regarding any specific infectious illnesses that are suspected/present in the Service.
* families are provided with information about an infectious disease verbally and via email
* information or factsheets related to the disease/infection and the necessary precautions/exclusions required will be provided to families
* families are advised that they are requested to the Service if their child is diagnosed with an Infectious Illness, including COVID-19
* all educators are mindful and maintain confidentiality of individual children’s medical circumstances
* that opportunities for educators to source pertinent up to date information from trusted sources on the prevention of infectious diseases and maintaining health and hygiene are provided
* that opportunities for staff, children, and families to have access to health professionals by organising visits/guest speakers to attend the Service to confirm best practice are provided
* families are advised to keep children at home if they are unwell. If a child has been sick, they must be well for 48hrs before returning to the Service. For example, if a child is absent due to illness or is sent home due to illness, they will be unable to attend the next day as a minimum. The Nominated Supervisor may approve the child’s return to the Service if families provide a doctor’s certificate/clearance certifying that the child is no longer contagious and is in good health. Please note; it is not always possible to obtain a doctor’s certificate or clearance for suspected cases of an illness. The decision to approve a child’s return is up to the Approved Provider/Nominated supervisor
* to complete the register of *Incident, Injury, Trauma or Illness* and/or document incidents of infectious diseases no later than 48 hours of an illness or infectious disease occurring in the Service
* educators or staff who have diarrhoea or an infectious disease do not handle food for others and are not to return to work until they have been symptom free for 48 hours
* any risk to a child or adult with complex medical needs is minimised in the event of an outbreak of an infectious disease or virus. This may require a risk assessment and decision-making regarding the suitability of attendance of the child or staff member during this time

EDUCATORS WILL ENSURE:

* that any child suspected of having an infectious illness is responded to and their health and emotional needs supported at all times
* any child suspected of having an infectious illness is isolated from other children and supervised whilst waiting for collection by parents or guardian
* that appropriate health and safety procedures are implemented when treating ill children- wear disposable gloves, face mask or other PPE if needed
* families are aware of the need to collect their unwell child/ children as soon as practicable from the Service
* after confirmation that a child is suffering from an infectious disease, and as soon as practical, the family of each child must be notified whilst maintaining the privacy of the ill/infectious child. Communication may be:
	+ verbally
	+ through a letter from the educator or Approved Provider
	+ posting a note or sign at the entry of the residence
	+ via electronic message- text message or email
* all resources or items touched by a child with a suspected illness are thoroughly cleaned and disinfected- (cushions, pillows, toys)
* their own immunisation status is maintained, and the Approved Provider/Nominated Supervisor is advised of any updates to their immunisation status
* opportunities are provided for children to participate in hygiene practices, including routine opportunities, and intentional practice such as hand washing, sneezing and cough etiquette
* consideration is given to the combination of children to decrease the risk of attaining an infectious illness when planning the routines/program of the day
* they adhere to the Service’s health and hygiene policy including:
	+ hand washing
	+ daily cleaning of the Service
	+ wearing gloves (particularly when in direct contact with bodily fluids- nappy changing and toileting)
	+ appropriate and hygienic handling and preparation of food
	+ wearing face masks if mandated by PHU
	+ COVIDSafe Plan
* they maintain up-to-date knowledge with respect to Health and Safety through on-going professional development opportunities
* that children rest ‘head to toe’ to avoid cross infection while resting or sleeping
* that cots or mattresses are placed at least 1.5m away from each other if physical distancing measures are required to be implemented
* children do not to share beds at the same time
* bedding is cleaned using detergent and water after each use and if the surface is known to be contaminated with a potential infectious disease
* that all play dough is freshly made every week. If there is an outbreak of vomiting and/or diarrhoea, or any other contagious communicable disease, play dough is to be discarded at the end of each day and a new batch made each day for the duration of the outbreak, or playdough use will be avoided during this time
* children wash their hands before and after using play dough.

Prevention strategies for minimising the spread of disease within our Service include all educators and staff ensuring:

* full adherence to the NHMRC childcare cleaning guidelines <https://www.nhmrc.gov.au/health-advice>
* to clean surfaces first with detergent and water before using disinfectants. (Disinfectants cannot kill germs unless areas are clean)
* mops used for toilet accidents are to be soaked in disinfectant in a bucket in the laundry sink and then air-dried
* that a daily clean is carried out on other surfaces that may transmit germs such as high touch objects including doorknobs, tables, light switches, handles, low shelving, etc. This will be increased to several times a day if an outbreak of an infectious disease/virus has been recorded in the Service or to minimise the risk of transmission of a virus such as COVID-19
* that if a child has a toileting accident, the items are placed in a plastic bag with the child’s name on it.
* cloths are colour coded so that a separate cloth is used to clean floors, bathroom, art and craft, and meal surfaces
* that any toy that is mouthed by a child is placed immediately in the ‘toys to be washed’ basket located o the top shelf in the nappy change area and washed with warm soapy water at the end of the day. All washable toys out on display for the children are to be washed on a weekly basis to decrease the risk of cross contamination and recorded with the date and a signature as evidence.
* toys and equipment (that are difficult to wash) will be washed with detergent (or soap and water) and air-dried in sunlight
* washable toys and equipment will be washed in detergent and hot water or the dishwasher and aired to dry. All toys and equipment that have been cleaned will be recorded on the toy cleaning register.
* to reduce the risk of cross contamination, children’s dummies are placed in their cots when bags are unpacked. Dummies are placed in their bags after they have had a sleep. If a child is upset and has a dummy outside the cot room, it is put back in their bag as soon as they settle.
* furnishings, fabric tablecloths and pillowcases will be laundered at the end of each week
* floor surfaces will be cleaned on a daily basis after each meal and at the end of each day
* toilets/bathrooms will be cleaned in the middle of the day, the end of the day and whenever needed throughout the day using detergent and water followed by disinfectant and paper towel
* when cleaning up spills of faeces, vomit or urine off beds, floors, bathrooms etc. educators will use disinfectant on the surface after cleaning it with detergent and warm water
* pregnant staff members should not change nappies or assist in toileting or cleaning up toileting accidents to prevent unexpected cross contamination and risk of contracting Cytomegalovirus (CMV). (see *Pregnancy in Early Childhood Policy)*

FAMILIES WILL:

* adhere to the Service’s policies regarding *Dealing with Infectious Diseases*, *Immunisation*, *Sick Children* and exclusion requirements
* adhere to the Service’s restrictions of entry into the Service in the event of an outbreak of an infectious disease or virus
* adhere to the Service’s policy regarding *Hand Washing*
* exclude their child from care if they display symptoms of an infectious illness or disease or in the event of a vaccine preventable disease occurs in the Service and their child is not immunised fully
* advise the service if their child is diagnosed with an infectious illness, including COVID-19
* advise the Service of their child’s immunisation status, by providing a current Immunisation History Statement recorded on the Australian Immunisation Register (AIR) for the Service to copy and place in the child’s file
* advise the Service when their child’s medical action plan is updated
* provide sufficient spare clothing, particularly if the child is toilet training
* adhere to the Service’s risk minimisation strategies if their child has complex medical needs in the event of an outbreak of an infectious disease or virus
* provide proof of a negative COVID-19 test if their child is tested for the virus

Resources

[Gastro Pack NSW Health](https://www.health.nsw.gov.au/Infectious/gastroenteritis/Documents/ccc-gastro-pack.pdf)

[Recommended exclusion periods- Poster](https://nhmrc.govcms.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services) Staying Healthy: Preventing Infectious diseases in early childhood education and care services

[Time Out Keeping your child and other kids healthy!](https://www.health.qld.gov.au/__data/assets/pdf_file/0022/426820/timeout_poster.pdf) (Queensland Government)

Time Out Brochure [Why do I need to keep my child at home?](https://www.health.qld.gov.au/__data/assets/pdf_file/0025/702619/timeout-brochure.pdf)

Continuous Improvement/Reflection

Our Dealing with Infectious Diseases Policy will be reviewed on an annual basis in consultation with children, families, staff, educators and Management

Childcare Centre Desktop Resources

|  |  |
| --- | --- |
| Hand Washing procedureIllness Management ProcedureIllness or Infectious Disease Register | Immunisation RegisterIncident, Injury, Trauma and Illness RecordReporting Infectious Diseases Procedure |

SOURCE

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(2017).

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Guide to the National Quality Standard. (2020).

Medicare Australia (Department of Human Services): <https://www.humanservices.gov.au/individuals/medicare>

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*education and care services.*

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<https://www.health.nsw.gov.au/immunisation/Pages/childcare_qa.aspx>

NSW Public Health Unit: <https://www.health.nsw.gov.au/Infectious/Pages/phus.aspx>

*Public Health Act 2010*

*Public Health Amendment Act 2017*

Public Health Regulation 2012

Public Health and Wellbeing Regulations 2019 Victoria

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Safe Work Australia

[Western Australian Education and Care Services National Regulations](https://www.legislation.wa.gov.au/legislation/statutes.nsf/main_mrtitle_12929_subsidiary.html)

REVIEW

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| --- | --- | --- | --- |
| POLICY REVIEWED BY | Lorraine Harveyson | Operations Co-ordinator | 29th February 2024 |
| POLICY REVIEWED | February 2024 | NEXT REVIEW DATE | February 2025 |
| VERSION NUMBER | V15.03.23 |
| MODIFICATIONS | * Change of name of policy from *Control of Infectious Diseases* to *Dealing With Infectious Diseases*
* Edits to COVID-19 practices and references
* removal of reference to the COVID-19 Management Policy
* policy maintenance
* hyperlinks checked and repaired as required
* minor formatting edits within text
* continuous improvement/reflection section added
* Childcare Centre Desktop Related resources section added
* link to Western Australian Education and Care Services National Regulations added in ‘Sources’
 |
| POLICY REVIEWED BY | Kim Durham  |  | March 2022 |
| POLICY REVIEWED | MARCH 2022 | NEXT REVIEW DATE | MARCH 2023 |
| MODIFICATIONS | * deleted information about a confirmed COVID-19 case replaced by *Managing a positive case of COVID-19 in an ECEC Service*
* services must check with their state regulatory authority for current guidelines for managing a positive case of COVID-19 as definitions of close contacts and management of cases may change
* minor edits
* sources checked for currency
 |
| POLICY REVIEWED | PREVIOUS MODIFICATIONS | NEXT REVIEW DATE |
| OCTOBER 2021 | * Additional law/regulations added- ACECQA Guidelines to Policy and Procedures document- Dealing with Infectious Diseases (August 2021)
* additional related policies added
* Additional information added re: mandated COVID-19 vaccinations
 | MARCH 2022 |
| MARCH 2021 | * review of policy changed to March each year in readiness for cold/flu season
* Information to be displayed in services deleted (this is included in Immunisation Policy)
* sources checked for currency and links updated where needed
* additional resources added for Queensland services
 | MARCH 2022 |
| SEPTEMBER 2020 | * addition of use of detergent and water to clean surfaces before disinfecting as per Staying Healthy: Preventing infectious diseases in ECEC guidelines
* Additional information related to procedures for positive case of COVID-19 at the service
 | JUNE 2021 |
| MAY 2020 | * Additional information from Australian Health Protection Principal Committee and Safe Work Australia re: physical distancing, immunisation for staff, risk minimisation for vulnerable children/adults, additional cleaning
* Requirement of a doctor’s certificate for suspected cases of infectious disease made editable for individual services to decide upon
* Pregnancy in Early Childhood reference and risks of CMV and pregnancy
* Inclusion of recommended exclusion periods Poster link – Staying Healthy: Preventing infectious diseases in ECEC
 | JUNE 2021 |

MANAGING SPILLS OF BLOOD AND BODY FLUIDS PROCEDURE

For the safety of Educators and children, it is essential to follow the appropriate procedure for managing spills of body fluids. Body fluids include blood, faeces, urine, vomit, saliva, broken skin, mucous membranes and any other fluids that instigate from the human body.

Working in conjunction with the *Administration of First Aid Policy, Sick Children Policy and Control of Infectious Disease Policy*, this procedure provides detailed steps for educators to follow if they come into contact with blood or body fluids at the service.

*Education and Care Services National Law or Regulations (R.12, 85, 86, 87, 88, 89, 97, 136, 161 and 162) NQS QA 2: Element 2.1.1, 2.1.2, 2.2.1 and 2.2.2 Health practices and procedures
Related Policy:* *Administration of First Aid Policy, Sick Children Policy, Control of Infectious Disease Policy*

|  |
| --- |
| MANAGING EXPOSURE TO BLOOD OR BODY FLUIDS PROCEDURE |
| 1 | Educators are to ensure children are supervised at all times |  |
| 2 | The responding educator is to comfort the child and move them to safety if required  |  |
| 3 | Educators are to avoid contact with blood or body fluids and wear gloves when administering first aid and cleaning spills |  |
| 4 | The responding educator is to contact the first aid officer to administer first aid if required as per *Administration of First Aid Policy* and Procedure and utilise a spill kit if available  |  |
| 5 | Educators are to use tissues to wipe children’s noses and thoroughly wash hands each time to reduce the spread of colds/germs |  |
| 6 | Educators are to use disposable gloves if available |  |
| 7 | The first aid officer is to apply pressure to the bleeding area with bandage or paper towel. When the wound is no longer bleeding, remove gloves, paper towel and place in double sealed bag in a garbage bin away from children |  |
| 8 | If an educator comes into contact with blood or body fluid in the eyes, rinse the area gently, but thoroughly with water while the eyes are open. Report the incident to Nominated Supervisor/Responsible Person and complete an *Incident, Injury, Trauma and Illness Record* and seek medical advice |  |
| 9 | If an educator comes into contact with blood or body fluid in the mouth, spit it out and rinse the mouth with water several times, spitting the water out each time. Report the incident to Director/ Nominated Supervisor and complete an *Incident, Injury, Trauma and Illness Record* and seek medical advice |  |
| 10 | The Nominated Supervisor/ Responsible Person is to follow the *Administration of First Aid Policy* and Procedure and complete an *Incident, Injury, Trauma and Illness Record* and notify the parent/guardian |  |

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| MANAGING SURFACE CLEANING  |
| 1 | Educators are to ensure the blood or body fluid is dealt with as soon as possible |  |
| 2 | Educators are to manage the risk to other children and staff, if required move children to another area |  |
| 3 | Educators are to ensure standard precautions are applied, including personal protective equipment (PPE) including disposable gloves, eye protections, plastic apron, face shield etc |  |
| 4 | Educators are to remove as much blood or body fluid as possible with paper towel, for larger spills, place paper towel over the spill and allow spill to soak into towel |  |
| 5 | Educators are to carefully remove paper towel and any solid matter, place into a sealed plastic bag with gloves and dispose in garbage bag |  |
| 6 | Using new disposable gloves, educators are to clean the area with warm water and detergent using paper towel/disposable sponge. Dispose of paper towel/disposable sponge and gloves into a sealed bag and place in garbage bag |  |
| 7 | Warm water and detergent is adequate to clean surfaces for most small spills however if a spill is from a person who is known to have an infectious disease or involves blood, vomit or faeces, use a disinfectant to clean the surface with warm water and allow to dry.  |  |
| 7 | Educators are to ensure the area is left clean and dry with a caution/wet floor sign or barricaded from children and staff |  |
| 8 | Disinfectant must remain on the surface for at least 10 minutes before rinsing |  |
| 9 | For large spills (more than the size of the palm of your hand)* Wear gloves
* Cover the area with an absorbent agent (e.g., kitty litter or sand) and allow the spill to soaked in
* Use a disposable scraper and pan to scoop up the absorbent material and any unabsorbed blood or body fluids
* Carefully remove the paper towel and solid matter and place in plastic bag
* Plastic bag should be double bagged and placed in the garbage bin
* Remove gloves and place in garbage bin
* Mop area with warm water and detergent; wash the mop after use
* Using gloves, wipe area with diluted bleach and allow to dry
* Dispose of gloves in garbage bin
* Wash hands thoroughly with soap and warm water
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|  | Read and follow the safety and handling directions on the labelDilute bleach according to directionsWear gloves when handling and preparing bleach |  |
|  | NEVERUse bleach in a spray bottleUse hot water to dilute bleachMix bleach with other chemicals |  |