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# Bendigo Regional YMCA Children’s Services – Dealing With Infectious Diseases Policy and Procedures

Mandatory – Quality Area 2

<b>Policy Number</b>	<b>CS 2.13</b>	<b>Version</b>	<b>1</b>
<b>Drafted by</b>	CSM	<b>Approved by CEO on</b>	10.04.2018
<b>Responsible Person</b>	CSM	<b>Scheduled Review date</b>	10.04.2019

## 1. OBJECTIVE

This policy will provide guidelines and procedures for BRYMCA Children’s Services to follow when:

- a child attending shows symptoms of an infectious disease
- a child attending has been diagnosed with an infectious disease
- managing and minimising the spread of infectious diseases, illnesses and infestations (including head lice)
- managing and minimising infections relating to blood-borne viruses.

**Note: This policy includes information on child immunisation.**

## 2. SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities.

## 3. POLICY

BRYMCA 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 Victorian 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.

## 4. PROCEDURES

**BRYMCA is responsible for:**

- ensuring that where there is an occurrence of an infectious disease at the service, reasonable steps are taken to prevent the spread of that infectious disease
- ensuring that where there is an occurrence of an infectious disease at the service, a parent/guardian or authorised emergency contact of each child at the service is notified of the occurrence as soon as is practicable

- contacting the parent/guardian and Communicable Disease Prevention and Control Unit within 24 hours if on reasonable grounds, the BRYMCA believes that a child enrolled at the service is suffering from a vaccine-preventable disease being:
  - Pertussis, or
  - Poliomyelitis, or
  - Measles, or
  - Mumps, or
  - Rubella, or
  - Meningococcal C,
 as required under Regulation 84(2) of the *Public Health and Wellbeing Regulations 2009*
- contacting the Communicable Disease Prevention and Control Unit – if there is an outbreak of three or more cases of respiratory illness at the service within a 72 hour period, and/or if there is an outbreak of two or more cases of gastrointestinal illness in a 48 hour period.
- ensuring children who are offered a confirmed place have acceptable immunisation documentation
- ensuring when directed by the Secretary, that a child who is not immunised against a vaccine-preventable disease does not attend the service until the Communicable Disease Prevention and Control Unit directs that such attendance can be resumed (Regulation 85(2) of the *Public Health and Wellbeing Regulations 2009*)
- notifying DET within 24 hours of a serious incident
- supporting the Directors, Coordinators, Supervisors and the educators/staff at the service to implement the requirements of the recommended minimum exclusion periods
- ensuring information about immunisation legislation is displayed and is available to all stakeholders (refer to: [www.health.vic.gov.au/immunisation/factsheets/schedule-victoria.htm](http://www.health.vic.gov.au/immunisation/factsheets/schedule-victoria.htm))
- conducting a thorough inspection of the service on a regular basis, and consulting with educators/staff to assess any risks by identifying the hazards and potential sources of infection
- ensuring that everyone at the service adheres to the *Hygiene Policy* and the procedures for infection control relating to blood-borne viruses (refer to Attachment 1)
- ensuring that appropriate and current information and resources are provided to educators/staff and parents/guardians regarding the identification and management of infectious diseases, blood-borne viruses and infestations
- keeping informed about current legislation, information, research and best practice
- ensuring that any changes to the exclusion table or immunisation laws are communicated to educators/staff and parents/guardians in a timely manner.

**The ELC Director, OSHC Coordinator, Occasional Care Supervisor and OSHC Supervisors are responsible for:**

- ensuring that where there is an occurrence of an infectious disease at the service, reasonable steps are taken to prevent the spread of that infectious disease (Regulation 88(1))
- ensuring that information from the Department of Health Services about the recommended minimum exclusion periods is displayed at the service and is available to all stakeholders including staff, parents/guardians, students and volunteers
- ensuring that a child is excluded from the service in accordance with the recommended minimum exclusion periods when informed that the child is infected with an infectious disease or has been in contact with a person who is infected with an infectious disease as required under Regulation 85(1) of the *Public Health and Wellbeing Regulations 2009*
- advising the Community Services Manager if there is an outbreak of three or more cases of respiratory illness at the service within a 72 hour period, and/or if there is an outbreak of two or more cases of gastrointestinal illness in a 48 hour period.
- establishing good hygiene and infection control procedures, and ensuring that they are adhered to by everyone at the service

- ensuring the exclusion requirements for infectious diseases are adhered to as per the recommended minimum exclusion periods , notifying the Community Services Manager and parents/guardians of any outbreak of infectious disease at the service, and displaying this information in a prominent position
- advising the parents/guardians of a child who is not fully immunised on enrolment that they will be required to keep their child at home when an infectious disease is diagnosed at the service, and until there are no more occurrences of that disease and the exclusion period has ceased
- requesting that parents/guardians notify the service if their child has, or is suspected of having, an infectious disease or infestation
- providing information and resources to parents/guardians to assist in the identification and management of infectious diseases and infestations
- notifying the parent/guardian when an infestation of head lice has been detected requesting they collect the child and commence treatment
- notifying all parents/guardians when an infestation of head lice has been detected at the service
- maintaining confidentiality at all times (refer to *Privacy and Confidentiality Policy*).

**All Educators are responsible for:**

- encouraging parents/guardians to notify the service if their child has an infectious disease or infestation
- observing signs and symptoms of children who may appear unwell, and informing their Supervisor
- monitoring any symptoms in children that may indicate the presence of an infectious disease and taking appropriate measures to minimise cross-infection
- complying with the *Hygiene Policy* of the service and the procedures for infection control relating to blood-borne viruses (refer to Attachment 1)
- maintaining confidentiality at all times

**5. LEGISLATION AND STANDARDS**

Relevant legislation and standards include but are not limited to:

*Education and Care Services National Law Act 2010*

*Education and Care Services National Regulations 2011: Regulation 88*

*Family Assistance Legislation Amendment (Child Care Rebate) Act 2011*

*Health Records Act 2001*

*Information Privacy Act 2000 (Vic)*

*National Quality Standard, Quality Area 2: Children's Health and Safety*

*National Quality Standard, Quality Area 6: Collaborative Partnerships with Families and Communities*

*Occupational Health and Safety Act 2004*

*Privacy Act 1988 (Cth)*

*Public Health and Wellbeing Act 2008*

*Public Health and Wellbeing Amendment (No Jab, No Play) Regulations 2015 (Vic)*

*Public Health and Wellbeing Regulations 2009*

## 6. DEFINITIONS

The terms defined in this section relate specifically to this policy.

<b>Blood-borne Virus</b>	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.
<b>Communicable Disease and Prevention Control Unit</b>	Responsibility for communication and advice in relation to infectious diseases on behalf of the Secretary of the Victorian Department of Health and Human Services. The unit must be contacted by telephone on 1300 651 160.
<b>Exclusion</b>	Inability to attend or participate in the program at the service
<b>Illness</b>	Any sickness and/or associated symptoms that affect the child's normal participation in the program at the service.
<b>Infestation</b>	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.
<b>Infectious disease</b>	An infectious disease designated by the Communicable Disease and Prevention Control Unit, Victorian Department of Health and Human Services in Schedule 7 of the <i>Public Health and Wellbeing Regulations 2009</i> , the Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts.
<b>Minimum exclusion period</b>	The period recommended by the Communicable Disease and Prevention Control Unit (see <i>Definitions</i> ) Victorian Department of Health and Human Services for excluding any person from attending a children's service to prevent the spread of infectious diseases as specified in Schedule 7 of the <i>Public Health and Wellbeing Regulations 2009</i> , the Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts. The exclusion period table, published by the Department of Health and Human Services, can be accessed at ( <a href="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">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</a> ).
<b>Pediculosis</b>	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.
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## 7. ROLES AND RESPONSIBILITIES

Department/Area	Role/Responsibility
Educators, Supervisors, Directors and Coordinators	<ul style="list-style-type: none"> <li>Supervisors, Directors and Coordinators will oversee the implementation and service adherence to this policy</li> <li>All Educators are responsible for the daily implementation of the policy when directly supervising children.</li> </ul>
Community Services Manager	<ul style="list-style-type: none"> <li>Is responsible for ensuring suitable resources and support systems to enable compliance with this policy.</li> <li>Drive the consultation process and provide leadership and advice on the continuous improvement of the policy. Seek individual community feedback and facilitate an active consultation process with service users as appropriate.</li> </ul>
CEO	<ul style="list-style-type: none"> <li>Policy Approval</li> </ul>

## 8. MONITORING, EVALUATION AND REVIEW

BRYMCA management team is responsible for formally reviewing and updating this policy every twelve months, in consultation with representatives from key stakeholder groups and in accordance with current legislation, research, policy and best practice. Small changes and additions may be made outside of the formal review to ensure the policy remains relevant and current. We retain records of each review undertaken. Such records may include minutes of meetings and documentation of changes to policies and procedures that result from a review.

## ATTACHMENTS

Attachment 1: Procedures for infection control relating to blood-borne viruses

## **ATTACHMENT 4**

### **Procedures for infection control relating to blood-borne virus**

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.

#### **Equipment and procedures for responding to incidents that present blood-borne virus hazards**

##### **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

###### **Procedure**

Put on disposable gloves.

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.

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.

Clean the affected area and cover the wound with waterproof dressing.

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.

Wash hands in warm, soapy water and dry (follow the *Handwashing guidelines* in the *Hygiene Policy*).

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.

##### **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*).

## 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 children, work-experience students or volunteers 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 DET within 24 hours (refer to 'serious incident' in the *Definitions* section of this policy).