

ILLNESS, INFECTIOUS DISEASE AND EMERGENCY CARE POLICY

1. Authorisation

This policy was endorsed by the Dawson Street Child Care Cooperative (DSCCC) Management Committee at its meeting on 28 May 2014.

The Management Committee approved the incorporation of the *HIV/AIDS and Hepatitis Policy* into this policy at its meeting on 26 November 2014.

A minor update was made and adopted by the Management Committee on 20 July 2016.

2. Review Date

This policy shall be reviewed in November 2018.

3. Scope

This policy describes what will happen if a child becomes injured, is ill or suffers trauma at the Centre.

This policy also describes how the Centre will manage HIV/AIDS and hepatitis at the Centre, and contains procedures for effective infection control.

This policy applies to the Management Committee, the Director, all staff including educators, relievers and agency staff, parents/guardians, children, volunteers and students attending the programs and activities at DSCCC, including during offsite excursions and activities.

In some cases it will be appropriate to refer to specific policies for guidance, such as the *DSCCC Dealing with Medical Conditions Policy*, *DSCCC Asthma Policy* and *DSCCC Anaphylaxis Policy*.

4. Relevant Legislation

Relevant legislation and standards include but are not limited to:

- *Education and Care Service National Law Act 2010*
- *Education and Care Service National Regulations 2011*
- *Equal Opportunity Act 2010*
- *Occupational Health and Safety Act 2004*
- *Public Health and Wellbeing Act 2008*
- *Public Health and Wellbeing Regulations 2009*
- School Exclusion Table, which is based on Schedule 7 of the *Public Health and Wellbeing Regulations 2009*.
- *WorkSafe Victoria Compliance Code: First aid in the workplace (2008)*
- Department of Health & Ageing - National Immunisation Program Schedule.
- *National Quality Standard, Quality Area 2: Children's Health and Safety*
 - Standard 2.1: Each child's health is promoted
 - Element 2.1.1: Each child's health needs are supported
 - Element 2.1.3: Effective hygiene practices are promoted and implemented
 - Element 2.1.4: Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines

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- *National Quality Standard, Quality Area 3: Physical Environment*
 - Standard 3.1: The design and location of the premises is appropriate for the operation of a service
 - Element 3.1.2: Premises, furniture and equipment are safe, clean and well maintained
- *National Quality Standard, Quality Area 7: Leadership and Service Management*
 - Standard 7.3: Administrative systems enable the effective management of a quality service
 - Element 7.3.1: Records and information are stored appropriately to ensure confidentiality, are available from the service and are maintained in accordance with legislative requirements
 - Element 7.3.2: Administrative systems are established and maintained to ensure effective operation of the service.

5. Definitions

Ability to cope in group care: The ability of a child to participate in the program without requiring an unmanageable level of staff time due to illness.

AIDS: Acquired Immuno Deficiency Syndrome.

First aid: The provision of initial care in response to an illness or injury. It generally consists of a series of techniques to preserve life, protect a person (particularly if unconscious), prevent a condition worsening and promote recovery. First aid training should be delivered by approved first aid providers, and a list is published on the ACECQA website:

www.cecqa.gov.au/qualifications/approved-first-aid-qualifications

Hazard: A source or situation with a potential for harm in terms of human injury or ill health, damage to property, damage to the environment or a combination of these.

HIV: The virus that causes AIDS, which is known as Human Immuno Deficiency Virus.

Hepatitis: This is a general term for inflammation of the liver, which can be caused by alcohol, drugs (including prescribed medications) or viral infections. There are several types of viral hepatitis namely A, B, C, D, E and G.

Illness: Any sickness and/or associated symptoms that affect the child's normal participation in the program.

Immunisation status: The extent to which a child has been immunised in relation to the recommended immunisation schedule.

Incident: Any unplanned event resulting in or having potential for injury, ill health, damage or other loss.

Infection Control: The name given to a combination of basic hygiene measures to prevent the spread of infection.

Injury: Any physical damage to the body caused by violence or an incident.

Medication: Any substance, as defined in the *Therapeutic Goods Act 1989* (Cth), that is administered for the treatment of an illness or medical condition.

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Medical management plan: A document that has been prepared and signed by a doctor that describes symptoms, causes, clear instructions on action and treatment for the child's specific medical condition, and includes the child's name and a photograph of the child. An example of this is the Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan.

Medical emergency: An injury or illness that is acute and poses an immediate risk to a person's life or long-term health.

Minor accidents: Accidents where a cut, scratch, bruise is small, does not require medical attention and does not affect the consciousness of the child.

Minor incident: An incident that results in an injury that is small and does not require medical attention.

Notifiable incident: An incident involving workplace health and safety that is required by law to be reported to WorkSafe Victoria. Notification is required for incidents that result in death or serious injury/illness, or dangerous occurrences. For a complete list of incidents that must be reported to WorkSafe Victoria, refer to the Guide to Incident Notification on the WorkSafe Victoria website: www.worksafe.vic.gov.au

Secretary (Exclusion table): Department of Health representative authorised to confer decisions in regard to infectious diseases.

Serious incident: An incident resulting in the death of a child, or an injury, trauma or illness for which the attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a child appears to be missing, cannot be accounted for, is removed from the service in contravention of the regulations or is mistakenly locked in/out of the service premises (Regulation 12).

Serious medical emergency situations or accidents: Accidents or situations where the child requires medical attention, and/or which affects the consciousness of the child.

Trauma: An emotional wound or shock that often has long-lasting effects or any physical damage to the body caused by violence or an incident.

6. Policy Statements

General principles

DSCCC is committed to:

- Providing a safe and healthy environment for children and staff while at DSCCC.
- Preventing injuries and trauma to children.
- Responding to the needs of the child if a child is injured, becomes ill, or is traumatised while attending the centre.
- Preventing the spread of illness through simple hygiene practices and monitoring immunisation records
- Complying with all legislative requirements, including the exclusion requirements for infectious diseases set out in the DSCCC Exclusion Table (see Appendix 2 of this policy).

HIV/AIDS and Hepatitis

Viruses such as HIV/AIDS and hepatitis are health issues which concern everyone. HIV/AIDS and hepatitis have aroused community anxiety, often because of misinformation and a lack of understanding.

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DSCCC will

- endorse a caring and supportive approach to this issue
- help to inform parents and staff about the facts of HIV/ AIDS and hepatitis
- provide a safe environment for staff, children and parents.

No employee, prospective employee, employer, parent/guardian or child will be discriminated against or harassed on the grounds of having, or being assumed to have, a HIV or hepatitis infection.

Information regarding HIV/ AIDS and the hepatitis status of any child, parent/guardian, or staff member will remain confidential and all reasonable steps will be taken to protect the privacy of that person (see "Confidentiality" below).

Upon request, DSCCC will provide access to information for parents/guardians, the Management Committee, the staff and volunteers involved in the operation of DSCCC that includes:

- The basic facts on preventative measures for HIV/ AIDS and hepatitis.
- Where they may access further information.
- Support services as required.

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7. Procedures

(a) What will happen if a child is ill at the Centre?

- Children will be excluded from attending the centre in the following circumstances:
 - When the Director, or their nominee, determines that a child cannot cope in group care or require unmanageable level of staff time due to illness;
 - When a child has a fever (38 degrees or higher);
 - When a person has been diagnosed with an illness as set out in the DSCCC Exclusion Table (Appendix 2 in this policy);
 - When the Director, or their nominee, considers it likely that a person has an illness set out in the DSCCC Exclusion Table (Appendix 2 in this policy).
- Staff will notify the Director if they believe a child should be sent home from the Centre due to illness.
- In making a decision to send a child home, the Director, in consultation with staff, shall take reasonable steps to establish the symptoms of illness, including the symptoms of any of the infectious diseases listed in the DSCCC Exclusion Table (Appendix 2 in this policy).
- If the child shows any of the symptoms of the infectious diseases listed in the DSCCC Exclusion Table, parents/guardians will be requested by staff to collect their child within an hour of notification. Emergency numbers are referred to if the parents cannot be contacted and the child needs urgent medical treatment, or if the child has not been collected within an hour.
- The child's medical management plan will be implemented, where appropriate.
- An ill child will be kept comfortable and under observation until the parent/guardian or person authorised to collect the child from the centre arrives to collect the child. If it is believed the child is infectious, every effort will be made to separate the child from the rest of the children.
- Information relating to the symptoms shown by the child, will be recorded by staff in the accident, injury and illness book.
- The Centre can refer to the Community Health Centre in Brunswick to determine whether it is safe for a child to remain at the Centre or any other situation where they feel the need to consult with medical professionals. Note the Community Health Centre has agreed to be the medical resource for Child Care Centres in Brunswick.
- The staff will notify a Licensee representative of the Management Committee of any illness that requires treatment by a medical practitioner or an admission to hospital. The nominated representative will notify the regional DEECD office as soon as practicable.
- Staff will ensure that a parent/guardian of the child is notified as soon as is practicable, but not later than 24 hours after the occurrence, if the child is involved in any incident, injury, trauma or illness while at the service (Regulation 86).

Parents and guardians should:

- Follow the exclusions set out in the DSCCC Exclusion Table (Appendix 2 in this policy).
- Notify the centre if a child has been administered any medicine (including Panadol) prior to attending the Centre.
- Notify the centre if their child has an infectious disease.

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- Give authorisation for an ambulance and/or medical/hospital facility to be sought by the centre in the case of a medical emergency, prior to their child commencing at DSCCC (Regulation 161(1)).
- Be responsible for all costs associated with an ambulance service called to attend their child at the centre.
- Notify the service by telephone when their child will be absent from their regular program.
- Notify staff/educators if there is a change in the condition of their child's health, or if there have been any recent accidents or incidents that may impact on the child's care e.g. any bruising or head injuries.

(b) Procedures for children returning to DSCCC following illness

- Sick children should not return to the Centre until:
 - completely well and able participate in the program without creating unreasonable demands on staff to the detriment of other children, or
 - the DSCCC Exclusion Table exclusion table requirements are met (Appendix 2 in this policy); or
 - a medical certificate is produced stating that they are well.
- If parents are requested to consult a doctor for their child, a medical certificate stating that the child is able to continue attending the Centre will be required.
- In cases where a child has suffered a fever (38 degrees or higher), they should not return to the Centre for 24 hours to allow their body time to recover and ensure they are completely well before they return.
- It is important that staff are not pressured by parents to accept a sick child. Should a child be returned to the centre while still ill in a way which requires exclusion (as set out in this policy including when a child repeatedly suffers a fever), the Director can determine that the child be excluded for a further 48 hours or the scheduled exclusion, whichever is higher. The Director will immediately notify the Chair of the Management Committee when this occurs.

(c) Procedures for particular illnesses

- If the Director believes a child to have one of the following illnesses, the Director will notify the parent or guardian of the child and the Department of Health:
 - Pertussis; or
 - Poliomyelitis; or
 - Measles; or
 - Mumps; or
 - Rubella; or
 - Meningococcal C.

The staff will:

- Ensure that the DSCCC Exclusion Table (Appendix 2 of this policy) is displayed in a prominent position within the centre.
- Adhere to the exclusion requirements for infectious diseases, as set out in the DSCCC Exclusion Table.

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- Notify parent/guardians of each child at the centre any outbreak of an infectious disease within the centre as soon as practicable by placing a notice on the door at the entry to the Centre.
- Request parent/guardians to notify DSCCC if their child has an infectious disease.

The parents/guardians will:

- Notify the centre if their child has an infectious disease.

(d) Procedures for staff illness

- To protect all children and other staff from cross-infection, staff at the Centre must also adhere to the same exclusion rulings in relation to infectious diseases as the children.

(e) Procedure relating to immunisation of children

- Effective from 1 January 2016, DSCCC requires the immunisation of all children in care at the Centre in accordance with amendments made to the Public Health and Wellbeing Act 2008.
- The Centre will advise the parents of children who are not immunised on enrolment, that during an outbreak of any of the infectious diseases listed in the Immunisation Calendar attached as Appendix 1, children who are not immunised against the particular disease will not be able to attend.
- In accordance with amendments made to the Public Health and Wellbeing Act 2008, effective from 1 January 2016, parents must provide documentation at enrolment that shows their child:
 - is fully vaccinated for their age, or;
 - is on a recognised catch-up schedule if their child has fallen behind with their vaccinations; or
 - has a medical reason not to be vaccinated.
- The centre will keep children's enrolment records up-to-date, including the immunisation status of each child.

(f) Procedures for handling minor accidents

Staff will:

- Notify the Director if appropriate.
- Provide first aid as required.
- Record all details, including the treatment given, in the accident, injury and illness book.
- Notify the parent/guardian either immediately after the accident, or when they collect their child from the centre, depending on the severity of the accident and the emotional state of the child.
- Review the cause of any incident, injury or illness and taking appropriate action to remove the cause if required, for example, removing a nail found protruding from climbing equipment or retraining staff to adhere more closely to the service's Hygiene Policy.

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(g) Procedures for handling serious emergency medical situations or accidents

Staff will:

- Immediately notify the Director or her nominee.
- Notify parents/guardians immediately of any serious medical emergency or accident concerning their child, and make arrangements for the child to be collected from DSCCC as soon as possible.
- Carry out all possible medical assistance for the child, prior to the parent or ambulance arriving.
- In accordance with regulation 99(4)(d) of the *Education and Care Service National Regulations* 2011, staff can remove a child requiring medical, hospital or ambulance care from the premises without the parents/guardians consent.
- Where an ambulance is required and the parent/guardian is not present to accompany the child, a staff member and/or a nominated representative of the licensee will accompany the child in the ambulance. If the Centre is then understaffed a Management Committee licensee representative or reliever will be called in to assist.
- Record relevant information in the accident, injury and illness book.
- Review the cause of any incident, injury or illness and taking appropriate action to remove the cause if required, for example, removing a nail found protruding from climbing equipment or retraining staff to adhere more closely to the service's Hygiene Policy.

The Licensee's representative will:

- Notify their regional DEECD office of the death of a child or an accident, illness or trauma that requires treatment by a registered medical practitioner or admission to a hospital.
- Complete the Accident, Injury and Illness Record and forward this as soon as practicable to the relevant regional DEECD office.

(h) Procedures for administering medicine

The staff will:

- Administer all medication in accordance with the *Education and Care Service National Regulations* 2011 (Division 4) and the *Children's Services Regulations* 2009 (Regulation 83).
- Make available, at all times the centre is operating, the medication book for parent/guardians to record their authorisation for the administration of any medication while the child is attending DSCCC.
- Display in a prominent position all requirements concerning the signing of the medication book.
- Administer the first dose of any medication where parent/guardian has provided verbal permission to 2 staff members. Staff should follow procedures outlined in the *DSCCC Administration of Medication Policy*.
- Assess the child's condition to ascertain if they can cope with group care. If the child is deemed by the Director to be not coping with group care due to their illness, the parents/guardians will be contacted to pick up the child as soon as possible.

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- If children are reliant on non-prescribed medication to get through the day (such as Panadol), they are deemed not able to cope with group care and will be sent home. The final decision on this issue will rest with the Director or their nominee.

The parents/guardians will:

- Ensure they record any medications to be administered at DSCCC in the medication book.
- Provide medications that are to be administered at DSCCC in their original container bearing the original label, instructions and the expiry date.
- Notify staff of the appropriate storage for medication provided.

(i) First aid and infection control training and equipment

The Management Committee will:

- Provide a First Aid Kit and give staff funding and authority to purchase supplies to suitably maintain it.
- Ensure the Director provides appropriate equipment and materials for the implementation of the step by step infection control procedure.

The Director, or their nominee will:

- Ensure that the orientation and induction of new and relief staff includes an overview of their responsibilities in the event of an incident or medical emergency.
- Roster at least one staff member with the required first aid qualification on duty whenever children are being cared for or educated by DSCCC.
- Ensure that there is an OH&S Representative to monitor and replenish the First Aid Kit.
- Monitor the expiration date of staff's first aid qualifications.

The staff will:

- Monitor the First Aid Kit and arrange for it to be replenished when needed.
- Display the current Local Government immunisation dates, times and locations at DSCCC.
- Ensure that the step-by-step procedure for infection control is displayed in a prominent position within the centre and implemented at all times.
- Adhere to appropriate policy or guidelines to minimise infectious disease risk where possible (e.g. for animal farm incursions, activities involving food, hygiene practices and when handling body fluids including nappy changing).
- Be trained in infection control procedures, either on the job or through an external agency. Organisations offering training for staff are provided in Appendix 4.

The Parent/guardian will:

- When assisting at DSCCC, practice the centre's step by step infection control procedures.

(j) Procedures for infection control

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All body fluid spills and abrasions are a potential hazard. Therefore infection control procedures will be used when dealing with these in order to provide maximum protection from the potential hazard.

The following statements are based on the principle that all people are potentially infectious and that infection control procedures will be practised at all times:

- Staff will have access to materials as required that will enable them to implement infection control procedures. This will include bleach, latex gloves etc. Disposable latex gloves will be available in the First Aid cabinet at all times.
- A step-by-step procedure on infection control (Appendix 3) will be displayed and complied with by DSCCC. Both existing staff and new staff as part of their induction will be made aware of this procedure.
- The service will have available a booklet/publication on infection control. (Information on publications on infection control is contained in Appendix 3 attached to this policy.)

Full details of any exposure to a body fluid spill and abrasion must be recorded in the Incident, Injury, Trauma and Illness Record for children and the Incident/Injury Register for staff, students and volunteers.

Following any incident which a staff member believes may have resulted in exposure to HIV/AIDS or hepatitis, the staff member should seek the advice of a qualified medical practitioner immediately, to assess the need for testing and report this to the Director. The Director will notify the Management Committee who will treat this information as confidential.

(k) Procedures for exclusion of children or staff members with acute Hepatitis A

As the Department of Health Primary School and Children's Services Centres Exclusion Table requires the exclusion of children and staff with acute Hepatitis A, parents/guardians and staff must inform DSCCC if their child attending the service or the staff member has contracted this disease.

(l) Confidentiality

There is no obligation, legal or otherwise for anyone to inform an employer, service provider, or service of their own or their child's HIV/AIDS, Hepatitis B or C, or other blood borne virus status. Consequently:

- Such information must not be disclosed without informed consent of the individual [or guardian for a person under the age of 18 years].
- The only reason a parent would inform the staff member of the child's blood-borne disease status would be for the benefit of the child.
- Staff or committee members, in receipt of verbal or written information relating to the HIV/AIDS or blood borne disease status and condition of any child or staff member, must take all reasonable precautions to protect the child or staff member's privacy.
- All such information must be kept securely [under lock and key] within the service; access to this information must only be by the person who has been informed. Information relating to the blood borne status will be destroyed once the person leaves the employment of, or ceases to attend DSCCC unless it forms part of the child's medical record or an *Incident, Injury, Trauma and Illness Record*, which must be stored according to legislative timeframes.
- No routine or mandatory blood borne disease testing may be carried out on children or staff.

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- No testing may be carried out without the informed consent of the individual and provision of pre and post-test counselling, by an accredited counsellor or qualified medical practitioner. (Contacts for accredited counsellors are listed under Resources and Support.)
- (m) **How will the Centre protect staff from injury, trauma and illness?**
- DSCCC will provide all staff with information on their responsibilities towards service users and people in their care in relation to this policy.
 - DSCCC shall at all times follow proper infection control procedures to minimise the risk of the transmission of blood borne viruses such as HIV and hepatitis.
 - No child, staff member or parent/guardian will be denied First Aid at any time.
 - DSCCC will ensure that First Aid equipment for protection against the risk of infection from blood borne viruses will be available and used at all times.
 - Staff are required to take reasonable care to protect their own health and safety and that of others in the workplace at all times.
- (n) **Record keeping**
- An accurate *Incident, Injury, Trauma and Illness Record* will be stored confidentially at the Centre until the child is 25 years old (Regulation 183(2)). Medication records will also be kept until the end of 3 years after the child's last attendance (Regulation 92, 183).

An entry will be recorded in the *Incident, Injury, Trauma and Illness Record* for:

- an incident in relation to a child, an injury received by a child or trauma to which a child has been subjected; and/or
- an illness that becomes apparent.

The *Incident, Injury, Trauma and Illness Record* must contain:

- the name and age of the child
- the circumstances leading to the incident, injury or trauma, or relevant circumstances surrounding the child becoming ill (including any symptoms)
- the time and date the incident occurred, the injury was received or the child was subjected to the trauma, or the apparent onset of the illness
- the action taken by the service, including any medication administered, first aid provided or medical personnel contacted
- details of any person who witnessed the incident, injury or trauma, or the apparent onset of illness
- the name of any person the service notified, or attempted to notify, of any incident, injury, trauma or illness that a child suffered while being educated and cared for by the service, and the time and date of the notifications/attempted notifications
- the name and signature of the person making an entry in the record, and the time and date that the entry was made
- signature of a parent/guardian to verify that they have been informed of the occurrence.

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All information will be included in the Incident, Injury, Trauma and Illness Record as soon as is practicable, but not later than 24 hours after the incident, injury or trauma, or the onset of the illness.

The Director, or their nominee, will:

- Ensure that children's enrolment forms provide authorisation for the service to seek emergency medical treatment by a medical practitioner, hospital or ambulance service.
- Ensure that an incident report (SI01) is completed and a copy forwarded to the regional DEECD office as soon as is practicable but not later than 24 hours after the occurrence.
- Be aware and understanding the requirements of any medical condition action plans relevant to children present at the centre.

The staff will:

- Maintain children's enrolment records regarding their current immunisation status.
- Record details of any incident, injury or illness in the *Incident, Injury, Trauma and Illness Record* as soon as is practicable but not later than 24 hours after the occurrence
- Ensure that regulatory and legislative responsibilities are met in relation to any incident, injury or medical emergency.
- Be aware and understanding the requirements of any medical condition action plans relevant to children present at the centre.

The Parent/Guardian will:

- Ensure that they provide the service with a current medical management plan, if applicable (Regulation 162(d)).
- Notify DSCCC, upon enrolment or diagnosis, of any medical conditions and/or needs, and any management procedure to be followed with respect to that condition or need (Regulation 162).
- Sign the *Incident, Injury, Trauma and Illness Record*, acknowledging that they have been made aware of the incident.
- Provide all information required on the children's enrolment records and immunisation details as requested by the Centre and in accordance with the amendments made to the Public Health and Wellbeing Act 2008,.

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9. Resources and Support

Related Documents

- Department of Health School Exclusion Table (Copies available by contacting Communicable Diseases Unit on 9637 4126 or 9637 4125.)
- VMIA Insurance Guide, Community Service Organisations program: www.vmia.vic.gov.au
- Staying Healthy in Child Care (Commonwealth Department of Health and Family Services).
- National Health and Medical Research Council (2005), *Staying Healthy in Child Care: Preventing infectious diseases in child care*, available at www.nhmrc.gov.au/guidelines or email nhmrc.publications@nhmrc.gov.au (Note: this publication is currently being revised and will have significant changes. It is important that services refer to the most up-to-date version of this resource.)
- Emergency Procedures, Guidelines for Kindergartens and Child Care Centres (DHS, Metropolitan Fire Brigade, and the Country Fire Authority).
- WorkSafe Victoria: *Guide to Incident Notification*
- Ambulance Victoria: *AV How to Call Card*
- DSCCC's Anaphylaxis Policy
- DSCCC's Asthma Policy
- DSCCC's Administration of Medication and First Aid Policy
- DSCCC's Complaints and Grievances Policy
- DSCCC's Occupational Health and Safety Policy
- DSCCC's Privacy and Confidentiality Policy
- DSCCC's Excursions and Service Events Policy
- DSCCC's Food Safety and Hygiene Policy

Phone Numbers to be displayed

- Licensee representatives of the Management Committee
- DEECD Regional Office
- Ambulance
- Local Fire Brigade
- Police
- Poisons Information Centre 13 11 26
- Asthma Victoria (03) 9326 7055 or toll free 1800 645 130

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10. Evaluation

In order to assess whether the policy has achieved the values and purposes set out under '6. Policy Statement', the Management Committee will:

- Assess whether there is a satisfactory resolution of issues relating to accidents and illness of children at the centre.
- If appropriate, conduct a survey in relation to this policy or incorporate relevant questions within the general parent/guardian survey.
- Take into consideration feedback, regarding infection control and the policy, from staff, parents/guardians and Committee members and adjust infection control procedures, or provide additional information on the subject, if appropriate..
- Monitor complaints and incidents regarding accidents and illness of children attending the centre.
- In consultation with staff, review the infection control procedures and adherence to them at least annually.

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Date Reviewed	Details of Changes (if any)	Date of Next Review
July 2016	Updated in line with amendments in the Public Health and Wellbeing Act 2008	November 2018
November 2014	Incorporation of HIV/ AIDS and Hepatitis Policy and restructure of policy for ease of use	November 2018
July 2013	Updated to reflect new regulations and policy	July 2014
March 2012	Update to reflect new regulations and to simplify operation of procedures, particularly, procedures when children become ill and are excluded	July 2012
August 2011	Update to reflect new regulations. Better align with school exclusions table, and consolidate with the infectious disease policy Improved procedures around parents returning sick children to the centre	July 2012
July 2010	None	July 2010
October 2009	Insertion of rules about conjunctivitis, change reference to updated Children's Services Regulations	June 2010
March 2008	Clarification of policy of administration of non-prescription medication.	June 2010
June 2007	Updated to allow staff to administer non-prescription drugs – Section 7	June 2010
December 2006	Initial DSCCC policy based on 2005 KPV Illness & Emergency Care policy.	December 2009

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Appendix 1: Immunisation Calendar

Based on the Department of Health & Ageing - National Immunisation Program Schedule (1 July 2011)

Age	Disease
Birth	<ul style="list-style-type: none">• Hepatitis B
2 months	<ul style="list-style-type: none">• Diphtheria, tetanus, pertussis, hepatitis B, poliomyelitis, <i>Haemophilus influenzae</i> type b• Pneumococcal• Rotavirus
4 months	<ul style="list-style-type: none">• Diphtheria, tetanus, pertussis, hepatitis B, poliomyelitis, <i>Haemophilus influenzae</i> type b• Pneumococcal• Rotavirus
6 months	<ul style="list-style-type: none">• Diphtheria, tetanus, pertussis, hepatitis B, poliomyelitis, <i>Haemophilus influenzae</i> type b• Pneumococcal• Rotavirus
12 months	<ul style="list-style-type: none">• Measles, mumps, rubella• <i>Haemophilus influenzae</i> type b• Meningococcal C
18 months	<ul style="list-style-type: none">• Chickenpox
4 years	<ul style="list-style-type: none">• Diphtheria, tetanus, pertussis, polio• Measles, mumps, rubella

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Appendix 2: Dawson Street Child Care Cooperative Exclusion Table

Please note, this table has been established using the Victorian Government school exclusion table as a guide. Additional exclusions have been added as agreed by the Management Committee in the interests of minimising cross infection amongst the DSCCC community.

http://www.health.vic.gov.au/ideas/regulations/phw_regs/exclusiontable

Disease or Condition	Exclusion of Cases	Exclusion of Contacts
Amoebiasis (Entamoeba histolytica)	Exclude until diarrhoea has ceased (at least 24 hours after last motion) or until medical certificate of recovery is produced.	Not excluded
Campylobacter	Exclude until diarrhoea has ceased (at least 24 hours after last motion) or until medical certificate of recovery is produced.	Not excluded
Chicken Pox	Exclude until all blisters have dried. This is usually at least 5 days after the rash appears in unimmunised children, but may be less in previously immunised children.	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded.
Conjunctivitis (acute infection)	Until discharge from eye has ceased	Not excluded
Diphtheria	Excluded until medical certificate of recovery is received following at least 2 negative throat swabs, the first not less than 24 hours after finishing a course of antibiotics and the other 48 hours later.	Exclude family/household contacts until cleared to return by the Secretary
Diarrhoea (once clearly established i.e. 2-3 abnormal stools)	Exclude until diarrhoea has ceased (at least 24 hours after last motion) .	Not excluded.
Haemophilus Type B (Hib)	Exclude until at least 4 days of appropriate antibiotic treatment has been completed and medical certificate has been received.	Not excluded.
Hand, Foot and Mouth disease (Coxsackie virus)	Exclude until all blisters have dried.	Not excluded
Hepatitis A	Exclude until a medical certificate of recovery is received, but not before 7	Not excluded.

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Disease or Condition	Exclusion of Cases	Exclusion of Contacts
	days after the onset of jaundice or illness.	
Hepatitis B and C	Exclusion is not necessary.	Not excluded.
Herpes (Cold sores)	Young Children unable to comply with good hygiene practices should be excluded while the lesion is weeping. Lesions to be covered by dressing, where possible.	Not excluded.
Human immuno-deficiency virus infection (HIV/ AIDS)	Exclusion is not necessary unless the child has a secondary infection	Not excluded.
Impetigo	Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing	Not excluded.
Influenza and Influenza like illnesses	Exclude until well	Not excluded unless considered necessary by the Secretary.
Leprosy	Exclude until approval to return has been given by Secretary	Not excluded.
Measles	Exclude until at least 4 days after the onset of rash	Immunised contacts not excluded. Unimmunised contacts should be excluded until 14 days after the first day of appearance of rash in the last case. If unimmunised contacts are vaccinated within 72 hours of their first contact with the first case, or received NHIG within 144 hours of exposure, they may return to the facility.
Meningitis (bacteria)	Exclude until well	Not excluded.
Meningococcal Infection	Exclude until adequate carrier eradication therapy has been completed.	Not excluded if receiving carrier eradication therapy.
Mumps	Exclude for 9 days or until swelling goes down (whichever is sooner)	Not excluded.
Pediculosis (head lice)	Re-admit the day after appropriate treatment has commenced	Not excluded.
Poliomyelitis	Exclude for at least 14 days from onset. Re-admit after receiving medical certificate of recovery	Not excluded.

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Disease or Condition	Exclusion of Cases	Exclusion of Contacts
Respiratory tract infections (colds, influenza, otitis, media, bronchitis)	Exclude if temperature is > 38°C or child is unable to cope in a group situation	Not excluded.
Ringworm	Re-admit the day after appropriate treatment has commenced	Not excluded.
Rubella (german measles)	Excluded until fully recovered or for at least four days after the onset of rash.	Not excluded.
Salmonella Shigella	Exclude until there has not been a loose bowel motion for 24 hours.	Not excluded.
Scabies	Re-admit the day after appropriate treatment has commenced	Not excluded.
Severe Acute Respiratory Syndrome (SARS)	Exclude until medical certificate of recovery is produced.	Not excluded unless considered necessary by the Secretary
Streptococcal infection (inc Scarlet Fever)	Exclude until the child has received antibiotic treatment for at least 24 hours and the child feels well.	Not excluded.
Trachoma	Re-admit the day after appropriate treatment has commenced.	Not excluded.
Tuberculosis	Exclude until receipt of a medical certificate from the treating physician stating that the child is not considered to be infectious	Not excluded.
Typhoid (including Paratyphoid fever)	Exclude until approval to return has been given by the Secretary.	Not excluded unless considered necessary by the Secretary.
Vero toxin producing Escherichia coli (VTEC)	Exclude if required by the Secretary and only for the period specified by the Secretary	Not excluded.
Vomiting	A child shall be excluded until vomiting has ceased and the child is able to cope with normal group interaction. (48 hours after last motion)	Not excluded.
Whooping cough (Pertussis)	Exclude the child for 21 days after the onset of cough or until they have completed 5 days of a course of antibiotic treatment.	Contacts aged less than 7 years in the same room as the case who have not received three effective doses of pertussis vaccine should be excluded for 14 days after the last exposure to the infectious case, or until they have taken 5 days of a course of effective antibiotic treatment.

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Disease or Condition	Exclusion of Cases	Exclusion of Contacts
Worms (intestinal)	Exclude until there has not been a loose bowel motion for 24 hours.	Not excluded

Exclusion of cases and contact is not required for Cytomegalovirus Infection, Glandular fever (mononucleosis), Hepatitis B or C, Hookworm, Molluscum contagiosum, or Parvovirus (erythema infectiosum fifth disease).

Appendix 3: Step by Step Procedure for Infection Control Relating to Blood-Borne Viruses

Blood spills

Equipment and procedures for managing blood spills and providing first aid for patients who are bleeding are detailed below:

Anyone working with children, who may need to respond to an incident involving blood, needs to cover cuts, sores or abrasions they may have on their hands and arms with waterproof dressings, while at the service.

Cleaning and removal of blood spills

Equipment

Disposable gloves

Disposable plastic bags

Warm water and detergent

Disposable towels

Bleach. Strength should be 10,000 parts per million, approximately to one quarter of a cup of household bleach to one cup of water. Ensure that bleach has not passed its use by date and that it is mixed fresh on each occasion.

Procedure

- Put on disposable gloves.
- Saturate disposable towel in bleach solution.
- Cover the spill with the towel.
- Leave the towel in place for 10 minutes.
- Place towel in disposable plastic bag.
- Wash area with warm water and detergent.
- Place gloves into disposable plastic bag.
- Seal bag and dispose of it appropriately taking into consideration health and safety issues.
- Wash hands in warm soapy water.
- Soak any utensils used in bleach solution for 30 minutes, then wash in warm to hot soapy water and rinse.
- *Care needs to be taken to ensure that children do not have access to the bleach saturated towel.*

Providing first aid for children who are bleeding

Equipment

Antiseptic

Disposable plastic bags

Disposable gloves

Waterproof dressings

Disposable towels

Warm water and detergent

Procedure

- 1. Adult treating child to cover any uncovered cuts, sores or abrasions on arms and hands with waterproof dressings.
- 2. Put on disposable gloves.
- 3. Wash wound under warm running water and apply antiseptic to wound.
- 4. Apply waterproof dressing to the wound if necessary.

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- Remove gloves and place in disposable plastic bag, tie securely.
- Seal bag and dispose of it appropriately taking into consideration health and safety issues.
- Wash hands in warm soapy water.
- Contaminated clothing or sick room linen should be removed and stored in leak-proof disposable plastic bags until they can be washed as follows using gloves:
- Rinse in cold water.
- Soak in 1:10 bleach solution (1 Part bleach 10 parts water) for 30 minutes, then rinse off bleach.
- After soaking, wash clothes and sick room linen separately from other laundry, at a high temperature on a long cycle.

Safe disposal of discarded needles/syringes

Equipment and procedures for the safe disposal of discarded needles and syringes are detailed below:

Equipment

Disposable gloves.

Long handled tongs.

Disposable plastic bags.

'Sharps' syringe disposal container or plastic container with a screw-top lid.

Procedure:

- Put on disposable gloves.
- Do not try to recap the needle.
- Place the disposal container on the ground next to the syringe.
- Pick up the syringe as far from the needle end as possible, using tongs if not easily accessible.
- Place the syringe, needle point down, in the disposal container and screw the lid back on firmly.
- Repeat this procedure to pick up all syringes and/or unattached needles.
- Remove gloves and place in disposable plastic bag.
- Seal and dispose of the plastic bag.
- If tongs are used, soak in bleach solution for 30 minutes, then wash in hot soapy water and rinse.
- Wash hands in warm, soapy water.

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

Syringe disposal containers or syringes must not be put in normal waste disposal bins.

Syringe disposal containers may be disposed of by:

- Telephoning the Disposal Help Line on 1800 552355 for the location of the nearest needle exchange outlet or public disposal bin.
- Contacting the local hospital.
- Contacting the Risk Reduction Unit at the Department of Human Services on 03 9637 4000.
- Contacting the environmental officer (health surveyor) at the local municipal/council offices; also for any further concerns about syringe disposal.

Needle stick injuries

The Department of Human Services has indicated that the risk of infection from needle stick injury is low and should not cause alarm.

The following procedures should be observed in case of needle stick injury:

- Flush the affected part with running water and detergent.
- Wash in warm, soapy water.
- Dry area, apply antiseptic to the wound and cover with a waterproof dressing if necessary.
- Report the injury to the Director and Chair of Management Committee.
- See a doctor as soon as possible and report the circumstances of the injury.

This procedure is based on advice provided by the Department of Education, Employment and Training and the Department of Human Services.

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Appendix 4: Relevant Publications and Training Providers

Publications

Department of Health

Health Protection Section

- *AIDS Your Questions Answered*
- *Public Health – Hepatitis A*
- *Hepatitis B – the facts*
- *Hepatitis C – the facts*

Youth Family and Community Services

- *DHS Children's Services Licensing Operational Guide* (Chapter 4 Health and Welfare of Children)

Information Victoria 1300 366 356

356 Collins Street Melbourne.

- *Health (General Amendment) Act 1988.*
- *Equal Opportunity Act 1995.*
- *Victorian Occupational Health and Safety Act 1985.*

Victorian Equal Opportunity and Human Rights Commission 1300 292 153

- *HIV, AIDS & Hepatitis C Discrimination*
- *Discrimination against people living with HIV or AIDS*
- *Hepatitis C Discrimination.*

Lady Gowrie Child Centre (03) 9347 6388

36 Newry Street North Carlton 3054

- *Staying Healthy in Child Care*
- *HIV/AIDS and Child Care*
- *Managing the Risks in Children's Services.*

Community Child Care Co Op Ltd (NSW) (02) 9557 5599

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Locked Bag 19 Newtown 2042

- *HIV/AIDS and Child Care*

AECA -Victorian Branch (03) 9427 8474

9-11 Stewart Street Richmond 3121

Guidelines for Prevention and Control of Infection in Child Care Settings

Training for Staff

Red Cross 1800 811 700

171 City Road South Bank

- Inservices held across Victoria
- First Aid Course level 2
- Essential First Aid

St John's Ambulance 13 13 94

98 York St. South Melbourne. (Headquarters)

- Inservices held across Victoria
- Emergency First Aid, level 2
- Basic Life Support.

Accredited Counsellors

Contact **Coordinator, HIV Service (03) 9342 8834**

Victorian Infectious Diseases Service

Royal Melbourne Hospital

Grattan Street Parkville

Postal Address: VIDS, 9 North C/- PO RMH 3050

Victorian AIDS Council 1800 134840

- 6 Claremont Street South Yarra 3141