

Dealing with Infectious Diseases Policy

Version	Final
NQF Requirements	Quality Area 2 - Mandatory
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Important note: A pandemic is an epidemic of an infectious disease that has spread across a large region, for instance multiple continents or worldwide, affecting a substantial number of people. ELAA advises that the contents of this policy are relevant to a pandemic event. In considering what actions are required by an Approved Provider, information and guidance provided by the Australian Health Protection Principal Committee (AHPPC), Victorian Government, the Department of Health and Human Services (DHHS) and the Department of Education and Training (DET) should be followed and adhered to.

Purpose

This policy will provide clear guidelines and procedures to follow when:

- a child attending Highgate Early Learning Centre shows symptoms of an infectious disease
- a child at Highgate Early Learning Centre 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
- managing and minimising infections relating to epidemics (refer to *Definitions*) and pandemics (refer to *Definitions*) (e.g., coronavirus (COVID-19))

Values

Highgate Early Learning Centre 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
- preventing the spread of vaccine-preventable diseases
- complying with current exclusion schedules and guidelines set by the Department of Health and Human Services (DHHS)
- complying with the advice of the Australian Health Protection Principal Committee (AHPPC), Victorian Chief Health Officer and DHHS

- 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.

Highgate Early Learning Centre supports the Immunise Australia Program and National Immunisation Program (NIP), which is currently recommended by the National Health and Medical Research Council (NHMRC) and supported by the Commonwealth Government. All educators/staff at Highgate Early Learning Centre are committed to preventing the spread of infectious diseases through simple hygiene practices such as hand washing, effective cleaning procedures and assessing acceptable immunisation documentation and complying with recommended exclusion guidelines and timeframes for children and educators/staff

Scope

This policy applies to the Approved Provider, Person with Management or Control, Nominated Supervisor, Person in day-to-day Charge, staff, students on placement, volunteers, parents/guardians, children, and others attending the programs and activities of Highgate Early Learning Centre, including during offsite excursions and activities.

Procedures

The Approved Provider and Person with Management or Control 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 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 (Regulation 88(2))
- ensuring that information from the DHHS about the minimum exclusion periods (refer to *Definitions*) is displayed clearly 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 minimum exclusion periods (refer to *Definitions*) when informed that the child is infected with an infectious disease (refer to *Definitions*) or has been in contact with a person who is infected with an infectious disease (refer to *Definitions*) as required under Regulation 111(1) of the *Public Health and Wellbeing Regulations 2019*
- notifying the Communicable Disease Section, DHHS, on 1300 651160, within 24 hours, if there is an outbreak of two or more cases of gastrointestinal illness in a 48-hour period.
- ensuring obligations under No Jab No Play legislation (*Public Health and Wellbeing Act 2008*), including to request, assess and manage immunisation documentation and to assist parents/carers and families who may face difficulties in meeting the requirements are met (refer to *Enrolment and Orientation Policy*)

- ensuring when directed by the Chief Health Officer, that a child who is at material risk of contracting a vaccine-preventable disease is excluded until the Chief Health Officer directs that attendance can be resumed (Regulation 111(2)(4) of the *Public Health and Wellbeing Regulations 2019*)
- notifying DET within 24 hours of a serious incident (refer to *Definitions*) via the [NQA ITS](#)
- supporting the Nominated Supervisor and the educators/staff at the service to implement the requirements of the minimum exclusion periods
- 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 the Nominated Supervisor, staff, and everyone at the service adheres to the *Hygiene Policy* and the procedures for infection control relating to blood-borne viruses (refer to Attachment 4)
- ensuring that appropriate and current information and resources are provided to all 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 all staff and parents/guardians in a timely manner
- complying with the advice of the Australian Health Protection Principal Committee (AHPPC), Victorian Chief Health Officer and DHHS in an epidemic or pandemic event (refer to Attachment 5).
- teaching children in our learning programs about coughing and sneezing etiquette. Educators/staff are also encouraged to role-model these etiquette throughout their working hours.

The Nominated Supervisor and Person in Day-to-Day Charge 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 where there is an occurrence of an infectious disease at the service, a parent/guardian, authorised emergency contact of each child and staff at the service is notified of the occurrence as soon as is practicable (Regulation 88(2))
- ensuring that information from the DHHS about the minimum exclusion periods (refer to *Definitions*) is displayed at the service and is available to all stakeholders including staff, parents/guardians, students, and volunteers.
- ensuring that a child or staff member is excluded from the service in accordance with the minimum exclusion periods (refer to *Definitions*) when informed that the child is infected with an infectious disease (refer to *Definitions*) or has been in contact with a person who

is infected with an infectious disease (refer to *Definitions*) as required under Regulation 111(1) of the *Public Health and Wellbeing Regulations 2019*

- in the absence of the Approved Provider or Person with Control notifying the Communicable Disease Section, DHHS, on 1300 651160, within 24 hours, if there is an outbreak of two or more cases of gastrointestinal illness in a 48-hour period.
- ensuring that a minimum of one educator with current approved first aid qualifications is in attendance and immediately available at all times the service is in operation (refer to *Administration of First Aid Policy*).

As a demonstration of duty of care and best practice, ELAA recommends that **all educators** have current approved first aid qualifications and anaphylaxis management training and asthma management training

- establishing good hygiene and infection control procedures, and ensuring that they are adhered to by everyone at the service (refer to *Hygiene Policy* and Attachment 4 – Procedures for infection control relating to blood-borne viruses)
- ensuring the exclusion requirements for infectious diseases are adhered to as per the minimum exclusion periods (refer to *Definitions*), notifying the Approved Provider, staff, and parents/guardians of any outbreak of infectious disease at the service, and displaying this information in a prominent position.
- contacting the advising parents/guardians on enrolment that the minimum exclusion periods will be observed in regard to the outbreak of any infectious diseases or infestations (refer to: <https://www2.health.vic.gov.au/public-health/infectious-diseases/school-exclusion/school-exclusion-table>).
- advising the parents/guardians of a child who is not fully immunised on enrolment and/or is undertaking the 16 weeks grace period, that they will be required to keep their child at home when an infectious disease is diagnosed at the service, and until there are no more occurrences of that disease and the exclusion period has ceased.
- ensuring that parents/guardians understand that they must inform the Approved Provider or Nominated Supervisor as soon as practicable if the child is infected with an infectious disease or infestation, or has been in contact with a person infected with a condition for which the exclusion of contacts is specified (Regulation 110, *Public Health and Wellbeing Regulations 2019*)
- providing information and resources to parents/guardians to assist in the identification and management of infectious diseases and infestations.
- always maintaining confidentiality (refer to *Privacy and Confidentiality Policy*)
- complying with the advice of the Australian Health Protection Principal Committee (AHPPC), Victorian Chief Health Officer and DHHS in an epidemic or pandemic event (refer to Attachment 5).

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 the Nominated Supervisor
- providing access to information and resources for parents/guardians to assist in the identification and management of infectious diseases and infestations
- monitoring any symptoms in children that may indicate the presence of an infectious disease and taking appropriate measures to minimise cross-infection
- following Highgate Early Learning Centre's guidelines for illness and recording instances of illness in the "Centre record of infectious diseases"
- complying with the *Hygiene Policy* of the service and the procedures for infection control relating to blood-borne viruses (refer to Attachment 4)
- maintaining confidentiality at all times (refer to *Privacy and Confidentiality Policy*)
- their own health and well-being, including being aware of recommended vaccinations for educators as advised by the NHMRC.
- complying with the advice of the Australian Health Protection Principal Committee (AHPPC), Chief Health Officer and DHHS in an epidemic or pandemic event (refer to Attachment 5).

Parents/guardians are responsible for:

- keeping their child/ren at home if they are unwell or have an excludable infectious disease (refer to *Definitions*)
- informing the Approved Provider, Nominated Supervisor or Persons in Day-to-Day Charge as soon as practicable if their child has an infectious disease (refer to *Definitions*) or has been in contact with a person who has an infectious disease (Regulation 110 of the *Public Health and Wellbeing Regulations 2019*)
- complying with the minimum exclusion periods (refer to *Definitions*) or as directed by the Approved Provider, Nominated Supervisor or person in day-to-day charge.
- complying with the minimum exclusion periods (refer to *Definitions*) or as directed by the Approved Provider or Nominated Supervisor after the Chief Health Officer directed them to exclude a child enrolled who the Chief Health Officer has determined to be at material risk of contracting a vaccine-preventable disease (Regulation 111(2) of the *Public Health and Wellbeing Regulations 2019*)
- complying with the *Hygiene Policy* and the procedures for infection control relating to blood-borne viruses (refer to Attachment 4) when in attendance at the service.

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

Evaluation

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

- regularly seek feedback from educators, staff, parents/guardians, children, management, and all affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints, and incidents in relation to this policy
- ensure that all information related to infectious diseases on display and supplied to parents/guardians is current
- keep the policy up to date with current legislation, research, policy, and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any change to this policy or its procedures unless a lesser period is necessary because of a risk.

Acknowledgements

This policy is based on the ELAA Dealing with Infectious Diseases Policy which was last updated in November 2020 and information provided DHHS' website 2021.

Attachments

- Attachment 1: Background and legislation
- Attachment 2: Definitions
- Attachment 3: Sources and related policies
- Attachment 4: Procedures for infection control relating to blood-borne viruses
- Attachment 5: Actions for early childhood and care services in an epidemic or pandemic event

Attachment 1: Background and legislation

Background

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

Children are at a greater risk of exposure to infections in a children's service than at home due to the amount of time spent with a large number of other children.

The DHHS publishes the Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Disease Cases and Contacts Table (2019), to assist in protecting the public by preventing, or containing, outbreaks of infectious conditions common in schools and children's services and is regulated by the Public Health and Wellbeing Regulations 2019.

During an epidemic or pandemic, further instruction and guidance may be issued by the DHHS and the Australian Health Protection Principal Committee (AHPPC).

An approved service must take reasonable steps to prevent the spread of infectious diseases at the service, and ensure that the parent/guardian, authorised nominee or emergency contact of each child enrolled at the service is notified of the occurrence of an infectious disease as soon as possible. The service must have policies and procedures in place for dealing with infectious diseases (Regulation 88 of the Education and Care Services National Regulations 2011). The service has duty of care to ensure that everyone attending the service is provided with a high level of protection during all hours that the service is in operation.

Protection can include:

- Notifying (as soon as possible) children, families, and educators/staff when an excludable illness/disease is detected at the service.
- Complying with relevant health department exclusion guidelines, advice, and information.
- Increasing educator/staff awareness of cross-infection through physical contact with others.

The Victorian Government offers an immunisation program for children to assist in preventing the spread of infectious diseases. There is also the Immunise Australia Program and National Immunisation Program (NIP), which is currently recommended by the National Health and Medical Research Council (NHMRC) and supported by the Commonwealth Government.

Early childhood education and care services that are regulated under the *Education and Care Services National Law Act 2010* have obligations under No Jab No Play legislation (*Public Health and Wellbeing Act 2008*), including to request, assess and manage immunisation documentation and to assist parents/carers and families who may face difficulties in meeting the requirements (refer to *Enrolment and Orientation Policy*).

Attachment 1: Background and legislation (*continued*)

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 (Jobs for Families Child Care Package) Act 2017*
- *Health Records Act 2001*
- *National Quality Standard, Quality Area 2: Children's Health and Safety*
- *National Quality Standard, Quality Area 6: Collaborative Partnerships with Families and Communities*
- *No Jab No Play Law (Vic)*
- *Occupational Health and Safety Act 2004*
- *Privacy and Data Protection Act 2014 (Vic)*
- *Privacy Act 1988 (Cwlth)*
- *Public Health and Wellbeing Act 2008*
- *Public Health and Wellbeing Regulations 2019*

Attachment 2: Definitions

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

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

Communicable Disease Section: Responsibility for communication and advice in relation to infectious diseases on behalf of the Secretary of the Victorian DHHS.

Epidemic: is an outbreak of a contagious disease that spreads rapidly and extensively and affects many individuals simultaneously in an area or population.

Exclusion: Inability to attend or participate in the program at the service.

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

Infection: The invasion and multiplication of micro-organisms in bodily tissue.

Infestation: The lodgement, development, and reproduction of arthropods (such as head lice), either on the surface of the body of humans or animals, or in clothing.

Infectious disease: An infectious disease designated by the Communicable Disease Section (refer to *Definitions*), Victorian DHHS as well as those listed in Schedule 7 of the *Public Health and Wellbeing Regulations 2019*, the Minimum Period of Exclusion from Primary Schools, Education and Care Service Premises and Children's Centres for Infectious Diseases Cases and Contacts.

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

Minimum exclusion period: The minimum period for excluding any person from attending a children's service to prevent the spread of infectious diseases as specified in Schedule 7: Minimum Period of Exclusion from Primary Schools and Children's Services for Infectious Diseases Cases and Contacts of the *Public Health and Wellbeing Regulations 2019*, the. An infringement penalty for failure to exclude a child with, or exposed to, a specified infectious disease applies (applicable to a person in charge). The exclusion period table, published by the DHHS (2019), can be accessed at <https://www2.health.vic.gov.au/public-health/infectious-diseases/school-exclusion>

Pandemic: is an epidemic (refer to Definitions in Section No.4) occurring worldwide, or over a wide geographic area and affecting a large proportion of the population.

Attachment 2: Definitions (*continued*)

Pediculosis: Infestation of head lice that is transmitted by having head-to-head contact with another person who has head lice. Pediculosis does not contribute to the spread of any infectious diseases, and outbreaks of this condition are common in schools and childcare facilities.

Serious incident: A serious incident (regulation 12) is defined as any of the following:

- the **death of a child** while being educated and cared for at the service or following an incident while being educated and cared for by the service
- any **incident involving serious injury or trauma to a child** while the child is being educated and cared for, which:
 - a reasonable person would consider required urgent medical attention from a registered medical practitioner; or
 - the child attended or ought reasonably to have attended a hospital e.g., a broken limb*
 - any **incident involving serious illness of a child** while that child is being educated and cared for by a service for which the child attended, or ought reasonably to have attended, a hospital e.g., severe asthma attack, seizure, or anaphylaxis*

Note: In some cases (for example rural and remote locations) a General Practitioner conducts consultation from the hospital site. Only treatment related to serious injury, illness or trauma is required to be notified, not other health matters.

- any emergency for which **emergency services** attended

Note: This means an incident, situation, or event where there is an imminent or severe risk to the health, safety or wellbeing of a person at an education and care service. It does not mean an incident where emergency services attended as a precaution.

- a child appears to be **missing or cannot be accounted** for at the service
- a child appears to have been **taken or removed** from the service in a manner that contravenes the National Regulations
- a child was mistakenly **locked in or out of the service** premises or any part of the premises.

Notifications of serious incidents should be made to the regulatory authority (DET) through the [NQA IT System](#). If this is not practicable, the notification can be made initially in whatever way is best in the circumstances.

Note: some of serious incidents above are also reportable incidents under the *Occupational Health and Safety Act 2004* and require notification to WorkSafe.

Attachment 3: Sources and related policies

Sources

- Communicable Disease Section, Public Health Group, Victorian Department of Health & Human Services (2011), *The Blue Book: Guidelines for the control of infectious diseases*. Available at:
<https://www2.health.vic.gov.au/about/publications/researchandreports/The-blue-book>
- Communicable Disease Section, Victorian Department of Health & Human Services (2019), *A guide to the management and control of gastroenteritis outbreaks in children's centres*. Victorian Government, Melbourne:
<https://www2.health.vic.gov.au/about/publications/researchandreports/A-guide-to-the-management-and-control-of-gastroenteritis-outbreaks-in-childrens-centres>
- National Immunisation Program, Department of Health, Australian Government:
<https://www.health.gov.au/initiatives-and-programs/national-immunisation-program>
- Department of Health & Human Services, Victoria (2012) *Head lice management guidelines*:
<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Head-lice-management-guidelines>
- *Immunisation Enrolment Toolkit for early childhood services*
<https://www2.health.vic.gov.au/public-health/immunisation/vaccination-children/no-jab-no-play/immunisation-enrolment-toolkit>
- *Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011* (2017), ACECQA:
<https://www.acecqa.gov.au/sites/default/files/2018-01/NQF-Resource-02-Guide-to-ECS-Law-Regs.pdfv>
- *Guide to the National Quality Standard* (2017), ACECQA:
<https://www.acecqa.gov.au/sites/default/files/acecqa/files/National-Quality-Framework-Resources-Kit/NQF-Resource-03-Guide-to-NQS.pdf>
- National Health and Medical Research Council (2013) *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th edition):
<https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services>
- Information about immunisations, including immunisation schedule, DHHS:
www.health.vic.gov.au/immunisation
- WorkSafe, Victoria (2008) *Compliance code: First aid in the workplace*:
<https://www.worksafe.vic.gov.au/resources/compliance-code-first-aid-workplace>
- Statements Section for statements on health emergencies, AHPPC. Available at:
<https://www.health.gov.au/committees-and-groups/australian-health-protection-principal-committee-ahppc>

Attachment 3: Sources and related policies (*continued*)

Service policies

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

Attachment 4: Procedures for infection control relating to blood-borne viruses

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

Important note on blood spills

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

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

Cleaning & Removal of Blood Spills

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

- Disposable gloves
- Disposable plastic bags/zip lock bags/biohazard container (if available)
- Detergent/bleach
- Disposable towels
- Access to warm water

Procedure

1. Put on disposable gloves.
2. Cover the spill with paper towels.
3. Carefully remove the paper towel and contents.
4. Place the paper towels in an appropriate disposable plastic bag/zip lock bag/biohazard container.
5. Clean the area with warm water and detergent/bleach, then rinse and dry.
6. Remove and place gloves in an appropriate disposable plastic bag/zip lock bag/biohazard container, seal and place it in a rubbish bin inaccessible to children.
7. Wash hands in warm, soapy water and dry (follow the *Handwashing guidelines* in the *Hygiene Policy*).

Safe Disposal of Discarded Needles & 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

Attachment 4: Procedures for infection control relating to blood-borne viruses (continued)

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.

Attachment 5: Actions for early childhood and care services in an epidemic or pandemic event

Early childhood education and care services should consider a variety of strategies to support physical distancing and good hygiene practices to reduce the risk of infection transmission within the practical limitations of an early learning environment.

The following actions are to be considered, adapted, and implemented as necessary according to the education setting and the individual needs of the staff, children and the wider service community.

- Display educational materials, which can be downloaded and printed from the [Department of Health and Human Services \(DHHS\) website](#)
- Comply with National Health and Medical Research Council (NHMRC) guidance [Staying healthy: Preventing infectious diseases in early childhood education and care services](#)
- Alert your approved provider about any child or staff absenteeism due to an infectious outbreak.
- Keep parents and staff informed of the actions you are taking.

Actions

Perhaps the most important action early childhood services can take to reduce the risk of infection transmission is to ensure that any unwell staff and children remain at home.

Staff or children most at risk of severe illness should individually assess appropriateness for on-site attendance at this time, with support from their medical practitioner.

It is important that visitors to early childhood services are limited to those delivering or supporting essential services and operations during a pandemic situation.

- All unwell staff and children must stay home.
- Staff and children who have pandemic symptoms e.g., COVID, should get tested and remain at home until they receive their results.
- Staff and children are not to return to the centre until symptom free, even if their coronavirus test is negative, except in circumstances where there are prolonged post-viral symptoms (such as runny nose and cough, hay fever) and a medical certificate or written correspondence from a GP is provided confirming the staff or child may return to care.
- Parents/carers of children with complex medical needs (including those with compromised immune systems), should seek advice from the child's medical practitioner to support decision-making about whether on-site education and care is suitable, noting that this advice may change depending on the status of the pandemic in Victoria.
- Additional staff, including parent volunteers, should be discouraged from attending the service at this time. Ensure vigilance is maintained through the use of the visitor signing in and out record book including their contact details.
- Parent information sessions and interviews should meet physical distancing requirements of 1.5 metres between adults, or else be replaced with virtual alternatives.

Attachment 5: Actions for early childhood and care services in an epidemic or pandemic event (*continued*)

Hygiene

Everyone can protect themselves and prevent the spread of infection by continuing effective hand hygiene.

- All staff and children should undertake regular hand hygiene, particularly on arrival to the service, before and after eating, after blowing their nose, coughing, sneezing, or using the toilet. You are a good role model for the children and their parents/carers, so actively talk about why everyone needs to wash their hands and the importance of everyone doing this.
- Make sure liquid soap and running water, or alcohol-based hand sanitiser, is available at the entrance of the facility and throughout.
- Tissues should be readily accessible with bins provided in each room and in outdoor areas for easy disposal.
- It is recommended that children do not drink directly from drinking fountains at this time. Children should bring their own water bottle for use (and refilling) at the service.
- Ensure the highest hygiene practices amongst food handlers as per NHMRC guidance [Staying healthy: Preventing infectious diseases in early childhood education and care services](#). Sharing of food should not occur.

Arrival & Departure

To assist in minimising the spread of infection, procedures to reduce close proximity between attendees at the service should be considered.

- Consider the arrival and departure procedures for children and, where possible, minimise opportunities for parents and carers to gather in groups, especially in foyers and in children's play areas.
- It may be possible, for example, for children to be dropped off and picked up in the service entrance or foyer.
- Greeting parents and children at the front door in the morning and during pick up times will allow for one-on-one communication with families while practising physical distancing and providing opportunities to consider whether children are showing any signs of being unwell.

Attachment 5: Actions for early childhood and care services in an epidemic or pandemic event (*continued*)

Considerations for Teaching & Learning Environments

Maintaining a physical distance of 1.5 metres will not be practical in early childhood services. Physical distancing is most important between adults.

Reducing mixing between different age or room groups is recommended as a precautionary measure to minimise risk of spread of transmission and aid containment.

- Consider small group play, staggered mealtimes, and indoor/outdoor play opportunities whenever possible.
- Windows should be open during the day to promote air flow where possible.
- Consider the setup of the room and the placement of the activities and limit the number of whole group activities.
- Rather than having group times where everyone is sitting on the mat, consider using informal opportunities to engage with the children/read books/do storytelling with small groups of children at a time.
- For younger children, particularly consider the rotation of toys more often and increase the frequency of cleaning toys. Sharing of toys that have been placed in mouths should be monitored and avoided.
- Wherever possible and where you have enough staffing for adequate supervision, consider operating an indoor/outdoor program.
- A greater range of activities will encourage children and staff to spread out more broadly.
- Mixing of staff and children between rooms should be minimised where possible. It is acknowledged that staff may need to move between rooms to support breaks and, in these situations, staff should be reminded of the importance of hand hygiene.
- Where multiple staff are in a room, remind staff to maintain physical distancing from each other as much as practical.

Considerations for Offices & Staff Facilities

- Close proximity between staff should be avoided, where possible, and especially in offices and staff rooms.
- Workstations should be spaced out as much as possible, and the number of staff in offices limited. Where possible, staff should use separate offices.
- Remind staff to maintain physical distancing from each other as much as possible in the reception, staff room and offices.

Attachment 5: Actions for early childhood and care services in an epidemic or pandemic event (*continued*)

Cleaning & Facilities Management

- Environmental cleaning, coupled with regular hand hygiene, remains important to reduce the risk of infection transmission.
- Services should maintain full adherence to the DHHS workplace cleaning guidelines, in addition (<https://www.dhhs.vic.gov.au/coronavirus-cleaning-guidelines-for-workplaces-doc>):
 1. clean and disinfect high-touch surfaces at least daily (e.g., play gyms, tables, hard-backed chairs, doorknobs, light switches, phones, remotes, handles, desks, toilets, sinks, kitchenware).
 2. wash and launder play items and toys including washable plush toys, as appropriate, in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.
 3. note, disinfecting and cleaning of toys and equipment is not required after every use.
- Hand hygiene before and after use of shared equipment is recommended. (For example, prior to a new activity).
- Excursions should not be undertaken other than to local parks.

Provision of Routine Care & First Aid

Physical distancing is not practical when providing direct care. In this situation, standard precautions, including hand hygiene, are important for infection control.

- Standard precautions are advised when coming in to contact with someone for the purpose of providing routine care, assistance or first aid. Also see NHMRC guidance [Staying healthy: Preventing infectious diseases in early childhood education and care services](#).
- Always wash hands with soap and water or use a hand sanitiser before and after performing routine care or first aid.
- Additional Personal Protective Equipment (PPE), for example face masks, is not required to provide routine care or first aid for children who are well.

Attachment 5: Actions for early childhood and care services in an epidemic or pandemic event (*continued*)

Management of an Unwell Child or Staff Member

It is important that any staff member or child who becomes unwell while at an early childhood service goes home and returns when symptoms resolve.

- Whilst waiting for a child to be collected by a parent or carer, children should be isolated and supervised in an appropriate space and collected by a parent/carer as soon as possible.
- Staff managing a sick child should practice hand hygiene, physical distancing and where possible, wear a face mask.
- Whilst caring for a sick child or are sick themselves, staff members should wear a mask if they can safely or practically tolerate a mask.
- Urgent medical attention should be sought as needed.
- Health care plans, where relevant, should be updated to provide additional advice on monitoring and identification of the unwell child in the context of an epidemic or pandemic.
- If a staff member is unsure whether a child is unwell, it is advisable in the first instance to contact the parent/carer to discuss any concerns about the health status of the child and, taking a precautionary approach, request the parent/carer to collect their child if concerns remain. A trained staff member could take the temperature of the child, where appropriate, to support decision making. Gloves should be worn for the purpose of taking a temperature.
- Staff or children experiencing symptoms compatible with the infection should be encouraged to seek the advice of a healthcare professional who can advise on next steps. A medical certificate is not required to return to an early childhood setting after a period of illness, however staff and children should not return until symptoms resolve.
- Follow cleaning guidelines as provided by Department of education and Training and DHHS.

Source

[Health and safety advice for early childhood education and care services in the context of coronavirus \(COVID-19\)](#), Department of Education and Training and DHHS.