

Manual:	Early Years Services
Scope:	This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day-to-day Charge staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of the Early Years Services, including during offsite excursions and activities.
Responsible Position:	Director of Community Services
1.	<p>STATEMENT</p> <p>Infectious diseases are common in children. 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. Infectious diseases are divided into four categories (A, B, C and D) on the basis of the method of notification and the information required. The Department of Health publishes the <i>Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts</i>, to assist in protecting the public by preventing, or containing, outbreaks of infectious conditions common in schools and other children's services and is regulated by the <i>Public Health and Wellbeing Regulations 2009</i>.</p> <p>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). The service has a 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:</p> <ul style="list-style-type: none"> • Notifying children, families and educators/staff when an excludable illness/disease is detected at the service. • Complying with the relevant Health Department exclusion guidelines. • Increasing educator/staff awareness of cross-infection through physical contact with others. <p>The Victorian Government offers an immunisation program for children to assist in preventing the spread of infectious diseases.</p> <p>A standard immunisation calendar is available at: www.health.vic.gov.au/immunisation/factsheets/schedule-victoria.htm</p> <p>If an immunisation record cannot be provided at enrolment, the parent/guardian can access this information by requesting an immunisation history statement from:</p> <ul style="list-style-type: none"> • The Australian Childhood Immunisation Register, by calling 1800 653 809. This service is free of charge and it takes 7–10 working days to process a request. • Any Medicare office. <p>Early childhood education and care services that are regulated under the <i>Education and Care Services National Law Act 2010</i> have legislative responsibilities under the <i>Public Health and Wellbeing Act 2008</i> to only offer a confirmed place in their programs to children with acceptable immunisation documentation (refer to <i>Definitions</i>).</p>
2.	OBJECTIVES

	<p>This policy will provide clear guidelines and procedures to follow when:</p> <ul style="list-style-type: none"> • A child attending the Early Years' Service shows symptoms of an infectious disease. • A child at the Early Years' Service 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 and pandemics (e.g. Coronavirus (COVID-19)). <p>The Early Years Services are committed to:</p> <ul style="list-style-type: none"> • 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. • 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. <p>The Early Years Services 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.</p> <p>All educators/staff at the Early Years Services are committed to preventing the spread of vaccine-preventable 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.</p> <p>Note: This policy includes information on child immunisation and Minimum period of exclusion from primary schools and children's services for infectious diseases cases and contacts.</p>
3.	RESPONSIBILITIES
3.1	<p>The Approved Provider and Persons with Management or Control are responsible for:</p> <ul style="list-style-type: none"> • 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). • 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 Department of Health about the recommended minimum exclusion periods (refer to <i>Definitions</i>) is displayed at the service and is available to all

	<p>stakeholders including staff, parents/guardians, students and volunteers and is adhered to in the event of an outbreak of an infectious disease (as designated by the Department).</p> <ul style="list-style-type: none"> • Contacting the parent/guardian and Communicable Disease Prevention and Control Unit (refer to <i>Definitions</i>) within 24 hours if on reasonable grounds, the Approved Provider believes that a child enrolled at the service is suffering from a vaccine-preventable disease being: <ul style="list-style-type: none"> a) Pertussis, or b) Poliomyelitis, or c) Measles, or d) Mumps, or e) Rubella, or f) Meningococcal C, as required under Regulation 84(2) of the <i>Public Health and Wellbeing Regulations 2009</i>. • Ensuring that a child is excluded from the service in accordance with the recommended minimum exclusion periods (refer to <i>Definitions</i>) when informed that the child is infected with an infectious disease (refer to <i>Definitions</i>) or has been in contact with a person who is infected with an infectious disease (refer to <i>Definitions</i>) as required under Regulation 85(1) of the <i>Public Health and Wellbeing Regulations 2009</i>. • Contacting the Communicable Disease Prevention and Control Unit (refer to <i>Definitions</i>) 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 (refer to <i>Definitions</i>). • 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 (refer to <i>Definitions</i>) directs that such attendance can be resumed (Regulation 85(2) of the <i>Public Health and Wellbeing Regulations 2009</i>). • Notifying DET within 24 hours of a serious incident (refer to <i>Definitions</i>). • Supporting the Nominated Supervisor and the educators/staff at the service to implement the requirements of the recommended minimum exclusion periods as per Minimum period of exclusion from primary schools and children's services for infectious diseases cases and contacts. • 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). • 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 <i>Hygiene Policy</i> 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 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.
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	<ul style="list-style-type: none"> Complying with the advice of the Australian health Protection Principal Committee (AHPPC), Victorian Chief Health Officer and DHHS in an epidemic or pandemic event. Providing and reviewing a plan for specific epidemics and pandemics.
3.2	<p>The Nominated Supervisor and Persons in Day-to-Day Charge are responsible for:</p> <ul style="list-style-type: none"> Notifying the Approved Provider and parents/guardians of any outbreak of infectious disease at the service, and displaying this information in a prominent position. Establishing good hygiene and infection control procedures, and ensuring that they are adhered to by everyone at the service (refer to Hygiene Policy). 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 Department of Health and Human Services about the recommended minimum exclusion periods (refer to <i>Definitions</i>) is displayed at the service and is available to all stakeholders including staff, parents/guardians, students and volunteers. Contacting the parent/guardian and Communicable Disease Prevention and Control Unit (refer to <i>Definitions</i>) within 24 hours if on reasonable grounds, the Approved Provider believes that a child enrolled at the services is suffering from a vaccine-preventable disease being: <ul style="list-style-type: none"> a) Pertussis, or b) Poliomyelitis, or c) Measles, or d) Mumps, or e) Rubella, or f) Meningococcal C, as required under Regulation 84(2) of the <i>Public Health and Wellbeing Regulations 2009</i> Ensuring that a child is excluded from the service in accordance with the recommended minimum exclusion periods (refer to <i>Definitions</i>) when informed that the child is infected with an infectious disease (refer to <i>Definitions</i>) or has been in contact with a person who is infected with an infectious disease (refer to <i>Definitions</i>) as required under Regulation 85(1) of the <i>Public Health and Wellbeing Regulations 2009</i>. Contacting the Communicable Disease Prevention and Control Unit (refer to <i>Definitions</i>) 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 <i>Administration of First Aid Policy</i>). (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 <i>Hygiene Policy</i> 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 recommended minimum exclusion periods (refer to <i>Definitions</i>), notifying the Approved

	<p>Provider and parents/guardians of any outbreak of infectious disease at the service, and displaying this information in a prominent position.</p> <ul style="list-style-type: none"> • Advising parents/guardians on enrolment that the recommended 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 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. • Ensuring all families have completed a <i>Consent form to conduct head lice inspections</i> on enrolment. • Conducting regular head lice inspections, at least once per term and whenever an infestation is suspected, which involves visually checking children's hair and notifying the Approved Provider and parents/guardians of the child if an infestation of head lice is suspected. • Providing a <i>Head lice action form</i> to the parents/guardians of a child suspected of having head lice. • Providing a head lice notification letter to all parents/guardians when an infestation of head lice has been detected at the service. • Maintaining confidentiality at all times (refer to <i>Privacy and Confidentiality Policy</i>). • Complying with the advice of the Australian health Protection Principal Committee (AHPPC), Victorian Chief Health Officer and DHHS in an epidemic or pandemic event. • Following any epidemic or pandemic specific plans implemented by the approved provider
3.3	<p>All other educators are responsible for:</p> <ul style="list-style-type: none"> • 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 that all parents/guardians have completed a <i>Consent form to conduct head lice inspections</i> on enrolment. • 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 <i>Hygiene Policy</i> 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 <i>Privacy and Confidentiality Policy</i>). • Complying with the advice of the Australian health Protection Principal Committee (AHPPC), Victorian Chief Health Officer and DHHS in an epidemic or pandemic event.

	<ul style="list-style-type: none"> Following any epidemic or pandemic specific plans implemented by the approved provider
3.4	<p>Parents/guardians are responsible for:</p> <ul style="list-style-type: none"> Keeping their child/ren at home if they are unwell or have an excludable infectious disease (refer to <i>Definitions</i>). Keeping their child/ren at home when an infectious disease has been diagnosed at the service and their child is not fully immunised against that infectious disease, until there are no more occurrences of that disease and the exclusion period has ceased. 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 <i>Definitions</i>) or has been in contact with a person who has an infectious disease (Regulation 84(1) of the <i>Public Health and Wellbeing Regulations 2009</i>) and providing acceptable immunisation documentation for their child. Complying with the recommended minimum exclusion periods (refer to <i>Definitions</i>) or as directed by the Approved Provider or Nominated Supervisor in consultation with the Communicable Disease Prevention and Control Unit (refer to <i>Definitions</i>). Providing accurate and current information regarding the immunisation status of their child/ren when they enrol, and informing the service of any subsequent changes to this while they are enrolled at the service. Where a child is on an immunisation catch-up schedule, ensuring that the child's immunisations are updated in line with the schedule and providing acceptable immunisation documentation to the service. Regularly checking their child's hair for head lice or lice eggs, regularly inspecting all household members, and treating any infestations as necessary. Notifying the service if head lice or lice eggs have been found in their child's hair and when treatment was commenced. Complying with the <i>Hygiene Policy</i> and the Procedures for Infection Control Relating to Blood-borne Viruses (refer to Attachment 4) when in attendance at the service. Following any epidemic or pandemic specific plans implemented at the service.
3.5	<p>Volunteers and students, while at the service, are responsible for following this policy and its procedures.</p>
4.	<p>DEFINITIONS</p> <p>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 Glossary of Terms – Early Years.</p> <p>Acceptable immunisation documentation: documentation as defined by the <i>Immunisation Enrolment Toolkit for early childhood education and care services</i> as:</p> <ol style="list-style-type: none"> acceptable evidence that a child is fully vaccinated for their age; or is on a recognised catch-up schedule if their child has fallen behind their vaccinations; or has a medical reason not to be vaccinated; or Has been assessed as being eligible for a 16 week grace period. <p>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</p>

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 and Prevention Control Unit: 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.

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

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

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: A disease that can be spread, for example, by air, water or interpersonal contact. An infectious disease designated by the Communicable Disease and Prevention Control Unit (refer to *Definitions*), Victorian Department of Health and Human Services in Schedule 7 of the *Public Health and Wellbeing Regulations 2009*, the Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts.

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

Minimum exclusion period: The period recommended by the Communicable Disease and Prevention Control Unit (see *Definitions*) 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 *Public Health and Wellbeing Regulations 2009*, 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 <https://www2.health.vic.gov.au/public-health/infectious-diseases/school-exclusion/school-exclusion-table>.

Pandemic: is an epidemic (refer to definitions) occurring worldwide, or over a wide geographic area and affecting a large portion of the population.

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 at the service
- any incident involving serious injury or trauma 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*

	<ul style="list-style-type: none"> 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 or illness or trauma are 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/s 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. <p>Examples of serious incidents include amputation (e.g. removal of fingers), anaphylactic reaction requiring hospitalisation, asthma requiring hospitalisation, broken bone/fractures, bronchiolitis, burns, diarrhoea requiring hospitalisation, epileptic seizures, head injuries, measles, meningococcal infection, sexual assault, witnessing violence or a frightening event. If the approved provider is not aware that the incident was serious until sometime after the incident, they must notify the regulatory authority within 24 hours of becoming aware that the incident was serious. Notifications of serious incidents should be made through the NQA IT System portal (http://www.acecqa.gov.au). If this is not practicable, the notification can be made initially in whatever way is best in the circumstances.</p>
5.	PROCEDURE
5.1	<p>Aim for Immunisation:</p> <p>Immunisation is a simple, safe and effective way of protecting individuals against harmful diseases before they come into contact with them in the community. Immunisation not only protects individuals, but also others in the community, by reducing the spread of disease.</p> <p>The service must be able to quickly access immunisation records and determine who has not been immunised. If there is a case of a vaccine preventable disease, and your child has not been fully immunised for that disease, they may be excluded from preschool or childcare for a period of time.</p> <p>Implementation:</p> <p>The Australian Government Department of Health and Aging Immunise Australia Program: 1800 671 811 or www.immunise.health.gov.au/</p> <p>Department of Health, Victoria Immunisation Program http://www.health.vic.gov.au/immunisation/ Telephone - 1300 882 008</p>
5.1.1	<p>Acceptable immunisation records must be provided:</p> <p>Whilst the Early Years Services actively encourages each child, educator and family member using the service to be immunised, we recognise that immunisation is not compulsory.</p> <p>Parents who wish to enrol their child at the Early Years Services are required to provide/present evidence of their child's immunisation status.</p> <p>A child will only be able to enrol and attend the Early Years Services when they are able to provide/present evidence of:</p>

	<p>a) An Immunisation History Statement provided by the Australian Childhood Immunisation Register (ACIR) or</p> <p>b) A recognised catch-up schedule or</p> <p>c) A medical reason not to be vaccinated or</p> <p>d) Assessed as being eligible for a 16 week grace period</p> <p>Please note: Homeopathic immunisation is not recognised</p> <p>To be fully immunised your child needs to have received all vaccines recommended for their age as part of the National Immunisation Program (NIP).</p> <p>If a child's immunisation status falls under b), c), or d), or if the child has not been immunised against certain diseases due to age, then the child will be recorded as being not fully immunised by the service.</p> <p>This information allows children at risk of catching a vaccine preventable disease to be identified if there is a case of that disease at the service.</p> <p>If there is a case of a vaccine preventable disease at the service, your child may be excluded from school or childcare for a period of time or until the evidence of immunisation in an approved record is provided.</p> <p>If a child is not fully immunised and has been in contact with someone with a vaccine preventable disease outside of the service, they may need to be excluded from the service for a period of time.</p>
5.1.2	<p>Process for Obtaining & Updating Immunisation Information</p> <p>Obtaining Immunisation Evidence:</p> <p>a) Immunisation History Statement</p> <p>You can get your child's statement if they are under 14 years of age.</p> <ul style="list-style-type: none"> The quickest way to get your child's statement is by using your Medicare online account. Do this through the: <ul style="list-style-type: none"> myGov website Express Plus Medicare mobile app You can save and email the statement directly to the Early Years Office or upload directly onto your child's enrolment forms via your QK Enrol account. You can also ask your general practitioner or vaccination provider to print a copy for you. You can also call the AIR enquiries line. It can take up to 10 business days to get your statement in the post. <p>b) Recognised catch-up schedule</p> <p>Catch-up immunisations aim to provide optimal protection against disease as quickly as possible by completing the vaccinations recommended for a person.</p> <ul style="list-style-type: none"> Immunisation providers actively review a patient's vaccination history and give the appropriate catch-up vaccines. If a person has not received all the vaccines in the National Immunisation Program (NIP) Schedule appropriate for their age, plan and document a catch-up schedule. Call your state and territory health department for assistance if required. <p>c) Medical reason not to be vaccinated</p> <ul style="list-style-type: none"> From 1 January 2016, notifications of medical contraindications and natural immunity will NOT be accepted on practice/GP letterhead and must be provided on the approved ACIR Immunisation Medical Exemption Form.

	<ul style="list-style-type: none"> ○ The form includes guidance for general practitioners on what is, and is not, considered a valid reason for a medical exemption. ○ Medical contraindications to vaccination are rare. The medical basis for vaccination exemption is based on guidance in the Australian Immunisation Handbook 10th edition. ○ Natural immunity to hepatitis B, measles, mumps, rubella and varicella must be confirmed via laboratory testing or physician based clinical diagnosis. Exemption to a combination vaccine on the bases of natural immunity is only valid if immunity is confirmed for all vaccine antigens. <ul style="list-style-type: none"> • Conscientious objection (vaccination objection on non-medical grounds) is no longer a valid exemption from the immunisation requirements. <p>d) Assessed as being eligible for a 16 week grace period</p> <ul style="list-style-type: none"> • Speak to Early Years Administration or • Access information using the following link https://www2.health.vic.gov.au/public-health/immunisation/vaccination-children/no-jab-no-play <p>Updating Immunisation Information:</p> <p>The Early Years Services online enrolment form includes a section to upload the details of the immunisation history statement or acceptable immunisation documentation of children who will be attending.</p> <ul style="list-style-type: none"> • Uploading of document is checked at submission of the child's enrolment form, before the child/ren begins attendance <ul style="list-style-type: none"> – If not uploaded, Early Years Administration will be followed up by contacting parent and provide assistance. • If a catch up schedule has been provided, Early Years Administration will record with in the Qikkids program and request any updated immunisation information. • At the child's next birthday, families are contacted by Early Years Administration to request any updated immunisation information.
5.1.4	<p>Catering for Children with Overseas Immunisation Records:</p> <p>Overseas immunisation schedules often differ from the schedule recommended in Australia and a child may require extra vaccinations to be up to date with the Australian schedule.</p> <p>Parents are responsible for having their child's overseas immunisation record transcribed onto the Australian Childhood Immunisation Register (ACIR), if your child is less than seven years of age.</p> <p>Overseas immunisations</p> <p>How to add immunisations you've had overseas to the Australian Immunisation Register (AIR).</p> <ul style="list-style-type: none"> • If you've had immunisations in another country, you can have them added to the AIR. • You'll need documents in English that show what immunisations you've had. Take these to a recognised vaccination provider in Australia. • You can ask them to: <ul style="list-style-type: none"> ○ check if the immunisations you've had match the National Immunisation Program ○ help you to catch up if you're missing any immunisations ○ add your overseas immunisations to the AIR. ○ These immunisations will then be on your immunisation history statement. <p>If your documents aren't in English, you can get them translated. Read about the Free Translating</p>

	<p>Service on the Department of Home Affairs website. You can use this service if you're settling in Australia or if you're already living here permanently.</p> <p>The Australian Immunisation Register can only accept information directly from a recognised vaccination provider in Australia.</p> <p>Children from overseas may be eligible for the 16 week grace period, however you may need an Immunisation History Statement for child care as Centrelink uses them to determine eligibility for some family assistance payments.</p>												
5.1.6	<p>Educators Immunisation Recommendation:</p> <p>The National Health and Medical Research Council (NHMRC) recommend that educators should be immunised against:</p> <ul style="list-style-type: none">• Hepatitis A• Measles-Mumps-Rubella (MMR) <p>Educators born during or since 1966 who do not have vaccination records of two doses of MMR, or do not have antibodies for rubella, require vaccination.</p> <ul style="list-style-type: none">• Varicella – if they have not previously been infected with chickenpox.• Pertussis – an adult booster dose is especially important for those educators caring for the youngest children who are not fully vaccinated. <p>Although the risk is low, educators who care for children with intellectual disabilities should seek advice about Hepatitis B immunisation if the children are unimmunised.</p> <ul style="list-style-type: none">• All staff should also consider having yearly influenza vaccinations. Influenza is very infectious and can spread through the air by coughing and sneezing, as well as by hands, cups and other objects that have been in contact with an infected person's mouth or nose. <p>The MTHCS Infection Control Coordinator is available to advise staff on immunisations.</p>												
5.1.7	<p>National Immunisation Program Schedule From 1 April 2019</p> <p>Australian Government Department of Health, National Immunisation Program, A joint Australian, State and Territory Government Initiative</p> <p>Changes include:</p> <ul style="list-style-type: none">• introduction of meningococcal ACWY vaccine for adolescents• change in timing for the whooping cough vaccine for pregnant women• change in eligibility for funded annual influenza vaccination for Aboriginal and Torres Strait Islander people. <table><tr><th>Age</th><th>Disease</th><th>Vaccine Brand</th></tr><tr><td colspan="3">Childhood vaccination (also see influenza vaccine)</td></tr><tr><td>Birth</td><td>Hepatitis B (usually offered in hospital)^a</td><td>H-B-Vax® II Paediatric or Engerix B® Paediatric</td></tr><tr><td>2 months Can be given from 6 weeks of age</td><td>Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, <i>Haemophilus influenzae</i> type b (Hib) Pneumococcal Rotavirus^b</td><td>Infanrix® hexa Prevenar 13® Rotarix®</td></tr></table>	Age	Disease	Vaccine Brand	Childhood vaccination (also see influenza vaccine)			Birth	Hepatitis B (usually offered in hospital) ^a	H-B-Vax® II Paediatric or Engerix B® Paediatric	2 months Can be given from 6 weeks of age	Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, <i>Haemophilus influenzae</i> type b (Hib) Pneumococcal Rotavirus ^b	Infanrix® hexa Prevenar 13® Rotarix®
Age	Disease	Vaccine Brand											
Childhood vaccination (also see influenza vaccine)													
Birth	Hepatitis B (usually offered in hospital) ^a	H-B-Vax® II Paediatric or Engerix B® Paediatric											
2 months Can be given from 6 weeks of age	Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, <i>Haemophilus influenzae</i> type b (Hib) Pneumococcal Rotavirus ^b	Infanrix® hexa Prevenar 13® Rotarix®											

4 months	Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, <i>Haemophilus influenzae</i> type b (Hib) Pneumococcal Rotavirus ^b	Infanrix [®] hexa Prevenar 13 [®] Rotarix [®]
6 months	Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, <i>Haemophilus influenzae</i> type b (Hib)	Infanrix [®] hexa
Additional vaccines for Aboriginal and Torres Strait Islander children (QLD, NT, WA and SA) and medically at-risk children ^c	Pneumococcal	Prevenar 13 [®]
12 months	Meningococcal ACWY Measles, mumps, rubella Pneumococcal	Nimenrix [®] M-M-R [®] II or Priorix [®] Prevenar 13 [®]
Additional vaccines for Aboriginal and Torres Strait Islander children (QLD, NT, WA and SA)	Hepatitis A	Vaqta [®] Paediatric
18 months	<i>Haemophilus influenzae</i> type b (Hib) Measles, mumps, rubella, varicella (chickenpox) Diphtheria, tetanus, pertussis (whooping cough)	ActHIB [®] Priorix-Tetra [®] or ProQuad [®] Infanrix [®] or Tripacel [®]
Additional vaccines for Aboriginal and Torres Strait Islander children (QLD, NT, WA and SA)	Hepatitis A	Vaqta [®] Paediatric
4 years	Diphtheria, tetanus, pertussis (whooping cough), polio	Infanrix [®] IPV or Quadracel [®]
Additional vaccines for medically at-risk children ^c	Pneumococcal	Pneumovax 23 [®]
Age	Disease	Vaccine brand
Adolescent vaccination (also see influenza vaccine)		
12-13 years (School programs ^d)	Human papillomavirus (HPV) ^e Diphtheria, tetanus, pertussis (whooping cough)	Gardasil [®] 9 Boostrix [®]

14-16 years (School programs ^d)	Meningococcal ACWY	Nimenrix [®]
Adult vaccination (also see influenza vaccine)		
15 – 49 years Aboriginal and Torres Strait Islander people with medical risk factors ^c	Pneumococcal	Pneumovax 23 [®]
50 years and over Aboriginal and Torres Strait Islander people	Pneumococcal	Pneumovax 23 [®]
65 years and over	Pneumococcal	Pneumovax 23 [®]
70–79 years ^f	Shingles (herpes zoster)	Zostavax [®]
Pregnant women	Pertussis (whooping cough) ^g Influenza ^h	Boostrix [®] or Adacel [®]
Funded annual influenza vaccination ^h		
6 months and over with certain medical risk factors ^c		
All Aboriginal and Torres Strait Islander people 6 months and over		
65 years and over		
Pregnant women		
<p>a Hepatitis B vaccine: Should be given to all infants as soon as practicable after birth. The greatest benefit is if given within 24 hours, and must be given within 7 days.</p> <p>b Rotavirus vaccine: First dose must be given by 14 weeks of age, the second dose by 24 weeks of age.</p> <p>c Refer to the current edition of <i>The Australian Immunisation Handbook</i> for all medical risk factors.</p> <p>d Contact your state or territory health service for school grades eligible for vaccination.</p> <p>e Observe Gardasil[®]9 dosing schedules by age and at-risk conditions. 2 doses: 9 to <15 years - 6 months minimum interval. 3 doses: ≥15 years and/or have certain medical conditions - 0, 2 and 6 month schedule. Only 2 doses funded on the NIP unless 12-13 year old has certain medical risk factors.</p> <p>f All people aged 70 years old, with a five year catch-up program for people aged 71-79 years old until 31 October 2021.</p> <p>g Single dose recommended each pregnancy, ideally between 20-32 weeks, but may be given up until delivery.</p> <p>h Refer to annual influenza information for recommended vaccine brand for age.</p> <ul style="list-style-type: none"> Contact your State and Territory Health Department for further information on any additional immunisation programs specific to your State or Territory. 		

	<ul style="list-style-type: none"> • All people aged less than 20 years are eligible for free catch up vaccines. • Adult refugees and humanitarian entrants are eligible for free catch up vaccines. <p>For more information visit health.gov.au/immunisation</p> <p>State/Territory Contact Number</p> <p>Australian Capital Territory (02) 6205 2300</p> <p>New South Wales 1300 066 055</p> <p>Northern Territory (08) 8922 8044</p> <p>Queensland 13 HEALTH (13 4325 84)</p> <p>South Australia 1300 232 272</p> <p>Tasmania 1800 671 738</p> <p>Victoria 1300 882 008</p> <p>Western Australia (08) 9321 1312</p>
5.2	<p>Recommended Minimum Exclusion Periods for Infectious Conditions:</p> <p>The service will use the Recommended Minimum Exclusion Periods for Infectious Conditions as advised by the National Health and Medical Research Council to exclude children and educators and inform parents of exclusion and non-exclusion periods for infectious diseases. We will minimise the spread of potential infectious diseases between children, other children and educators by excluding children who may have an infectious disease or are too ill to attend the service and facilitating the prevention and effective management of acute illness in children. Notification of the child's parents or nominated contacts will occur immediately.</p> <p>All appropriate notifications to the local Children's Service Department, Public Health Unit are available under the 'Infectious Diseases requiring Notification to the local Public Health Unit and must occur within 24 hours. The Nominated Supervisor is responsible for notifying the local Public Health Unit.</p> <p>Children might be brought to the service with symptoms or signs of illness or while in care suddenly develop an illness that has not been diagnosed by a doctor, and that might be potentially infectious or potentially life-threatening for the child. Symptoms may not clearly fit those listed in exclusion diseases making it difficult for the service to decide whether to accept or exclude the child from the service. Many illnesses, while not fitting exclusion criteria, can transmit disease to other children in care, and many non-exclusion diseases can make a child too ill to participate in normal care activities.</p>
5.2.1	<p>If a suspicion of an infectious disease arises at the service we will respond to any symptoms in the following manner:</p> <ul style="list-style-type: none"> • Isolate the child from other children. • Ensure the child is comfortable and appropriately supervised by educators. • A fully immunised educator will look after the child <p>Contact the child's parents or nominated emergency contact. If the child's parents are unavailable we will contact the next nominated individual. We will inform the contact of the child's condition and ask for a parent or other authorised individual to pick the child up as quickly as possible and seek medical advice.</p> <ul style="list-style-type: none"> • Staff are to follow the MTHCS Hand Hygiene Procedure, ensure that gloves are worn and hand

	<p>washing is performed to eliminate cross infection.</p> <ul style="list-style-type: none">Any individual picking the child up from the service must be approved by the child's parents and be able to show identification.Complete <i>Record of Illness</i> at centre form and illness record and children's incident, injury, trauma, illness record.Ensure all toys used by the child are disinfected.Ensure all bedding, towels and clothing which has been used by the child is disinfected. These items will be washed separately and if possible air dried in the sun, or dried in the dryer on a hot setting.Ensure all eating utensils used by the child are separated and washed in hot soapy water.Provide information in the child's home languages to the best of our ability.Inform all service families and educators of the presence of an infectious disease.Ensure confidentiality of any personal health related information obtained by the service and educators in relation to any child or their family.If a child or educator has been unable to attend the service because of an infectious illness the individual must provide a doctors certificate which specifically states the child/staff member is ok to return to the service.																					
5.2.2	<p>Infectious Diseases requiring Notification to the local Public Health Unit: Infectious Diseases require notification from doctors and laboratories.</p> <p>A list of diseases can be found on the following form: http://ideas.health.vic.gov.au/notifying.asp</p>																					
5.2.3	<table><tr><th colspan="3">Minimum period of exclusion from primary schools and children's services for infectious diseases cases and contacts</th></tr><tr><th>Column 1 Conditions</th><th>Column 2 Exclusion of cases</th><th>Column 3 Exclusion of Contacts</th></tr><tr><td>Chickenpox</td><td>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</td><td>Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded</td></tr><tr><td>Conjunctivitis</td><td>Exclude until discharge from eyes has ceased</td><td>Not excluded</td></tr><tr><td>Cytomegalovirus (CMV) infection</td><td>Exclusion is not necessary</td><td>Not excluded</td></tr><tr><td>Diarrhoeal illness*</td><td>Exclude until there has not been vomiting or a loose bowel motion for 24 hours</td><td>Not excluded</td></tr><tr><td>Diphtheria</td><td>Exclude until medical certificate of recovery is received following at least two negative throat swabs, the first not less than 24 hours after finishing a course of antibiotics and the other 48 hours later</td><td>Exclude family/household contacts until cleared to return by the Chief Health Officer</td></tr></table>	Minimum period of exclusion from primary schools and children's services for infectious diseases cases and contacts			Column 1 Conditions	Column 2 Exclusion of cases	Column 3 Exclusion of Contacts	Chickenpox	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	Exclude until discharge from eyes has ceased	Not excluded	Cytomegalovirus (CMV) infection	Exclusion is not necessary	Not excluded	Diarrhoeal illness*	Exclude until there has not been vomiting or a loose bowel motion for 24 hours	Not excluded	Diphtheria	Exclude until medical certificate of recovery is received following at least two 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 Chief Health Officer
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Glandular fever (Epstein-Barr Virus infection)	Exclusion is not necessary	Not excluded
Hand, Foot and Mouth disease	Exclude until all blisters have dried	Not excluded
Haemophilus influenzae type b (Hib)	Exclude until 48 hours after initiation of effective therapy	Not excluded
Hepatitis A	Exclude until a medical certificate of recovery is received, but not before 7 days after the onset of jaundice or illness	Not excluded
Hepatitis B	Exclusion is not necessary	Not excluded
Hepatitis 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)	Exclusion is not necessary	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 Chief Health Officer
Leprosy	Exclude until approval to return has been given by the Chief Health Officer	Not excluded
Measles	Exclude for at least 4 days after 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 exposure with any infectious case, or received Normal Human Immunoglobulin (NHIG) within 144 hours of exposure of any infectious case, they may return to the facility
Meningitis (bacterial — other than	Exclude until well	Not excluded

meningococcal meningitis)		
Meningococcal infection	Exclude until adequate carrier eradication therapy has been completed	Not excluded if receiving carrier eradication therapy
Mumps	Exclude for 5 days or until swelling goes down (whichever is sooner)	Not excluded
Molluscum contagiosum	Exclusion is not necessary	Not excluded
Pertussis (Whooping cough)	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
Poliovirus infection	Exclude for at least 14 days from onset. Re-admit after receiving medical certificate of recovery	Not excluded
Ringworm, scabies, pediculosis (head lice)	Exclude until the day after appropriate treatment has commenced	Not excluded
Rubella (German measles)	Exclude until fully recovered or for at least four days after the onset of rash	Not excluded
Severe Acute Respiratory Syndrome (SARS)	Exclude until medical certificate of recovery is produced	Not excluded unless considered necessary by the Chief Health Officer
Shiga toxin or Verotoxin producing Escherichia coli (STEC or VTEC)	Exclude if required by the Chief Health Officer and only for the period specified by the Chief Health Officer	Not excluded
Streptococcal infection (including scarlet fever)	Exclude until the child has received antibiotic treatment for at least 24 hours and the child feels well	Not excluded
Tuberculosis (excluding latent 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 fever (including paratyphoid fever)	Exclude until approval to return has been given by the Chief Health Officer	Not excluded unless considered necessary by the Chief Health Officer

	<p>*It is Mallee Track Health and Community Services- Early Years Services Policy that any Staff member or Child presenting with a symptom of Vomiting or Diarrhoea, will be excluded from the Centre until there has not been any symptoms and a loose bowel motion or vomiting for 48 hours.</p> <p>In this Schedule, medical certificate means a certificate of a registered medical practitioner.</p> <p>Regulation 111</p> <p>A person in charge of a primary school, education and care service premises or children's services centre must not allow a child to attend the primary school, education and care service premises or children's services centre for the period or in the circumstances:</p> <ul style="list-style-type: none"> • specified in column 2 of the Table in Schedule 7 if the person in charge has been informed that the child is infected with an infectious disease listed in column 1 of that Table; or • specified in column 3 of the Table in Schedule 7 if the person in charge has been informed that the child has been in contact with a person who is infected with an infectious disease listed in column 1 of that Table. <p>*Diarrhoeal illness includes instances where certain pathogens are identified including Amebiasis (<i>Entamoeba histolytica</i>), Campylobacter spp., Salmonella spp., Shigella spp. and intestinal worms, but is not limited to infection with these pathogens.</p> <p>Further information</p> <p>Please contact the Communicable Disease Prevention and Control Section on 1300 651 160 or visit www2.health.vic.gov.au/public-health/infectious-diseases/school-exclusion ¹</p> <p>Children's services cover the terms 'education and care service premises' or 'children's services centre' used in the regulations. It includes centres such as childcare centres and kindergartens.</p> <p>Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne. © State of Victoria, Department of Health and Human Services December 2019. Available at https://www2.health.vic.gov.au/public-health/infectious-diseases/school-exclusion.</p>
5.3	<p>Procedures for Infection Control Relating to Blood-borne Viruses</p> <p>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.</p> <p>Important note on blood spills:</p> <ul style="list-style-type: none"> • 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. <p>Equipment and procedures for responding to incidents that present blood-borne virus hazards:</p> <ul style="list-style-type: none"> • Providing first aid for children who are bleeding. • Cleaning and removal of blood spills. • Safe disposal of discarded needles and syringes. • Needle stick injuries.
5.3.1	<p>PROVIDING FIRST AID FOR CHILDREN WHO ARE BLEEDING</p> <p>Equipment (label clearly and keep in an easily accessible location):</p> <ul style="list-style-type: none"> • Disposable plastic bags/zip lock bags/bio hazard container (if available). • Disposable gloves. • Waterproof dressings.

	<ul style="list-style-type: none"> • Disposable towels. • Detergent. • Access to warm water. <p>Procedure:</p> <ol style="list-style-type: none"> 1. Put on disposable gloves. 2. 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. 3. 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. 4. Clean the affected area and cover the wound with waterproof dressing. 5. 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. 6. Wash hands in warm, soapy water and dry (follow the <i>Handwashing guidelines</i> in the <i>Hygiene Policy</i>). 7. 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.
5.3.2	<p>CLEANING AND REMOVAL OF BLOOD SPILLS</p> <p>Equipment (label clearly and keep in an easily accessible location):</p> <ul style="list-style-type: none"> • Blood Spills Kit including: <ul style="list-style-type: none"> ○ Disposable towels. ○ Disposable gloves. ○ Disposable plastic bags/zip lock bags/bio-hazard container (if available). • Detergent/bleach • Access to warm water <p>Procedure:</p> <ol style="list-style-type: none"> 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 <i>Handwashing guidelines</i> in the <i>Hygiene Policy</i>).
5.3.3	<p>SAFE DISPOSAL OF DISCARDED NEEDLES AND SYRINGES</p> <p>Equipment (label clearly and keep in an easily accessible location):</p> <ul style="list-style-type: none"> • Disposable gloves. • Long-handled tongs.

	<ul style="list-style-type: none"> • 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. <p>Procedure:</p> <ol style="list-style-type: none"> 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 <i>Handwashing guidelines</i> in the <i>Hygiene Policy</i>). <p>Under no circumstances should children, work-experience students or volunteers be asked or encouraged to pick up needles/syringes.</p> <p>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.</p> <p>Advice on the handling and disposal of needles/syringes can be accessed from:</p> <ul style="list-style-type: none"> • 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 (GPs). • Local Hospitals. <p>Note: ‘Sharps’ syringe disposal containers and/or needles/syringes must not be put in normal waste disposal bins.</p>
5.3.4	<p>NEEDLE STICK INJURIES</p> <p>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.</p> <p>Procedure:</p> <ol style="list-style-type: none"> 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.

	<p>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 <i>Definitions</i> section of this policy).</p> <p>See a Doctor as soon as possible and discuss the circumstances of the injury.</p>
5.3.5	<p>PANDEMIC/EPIDEMIC</p> <p>In the event of epidemic or pandemic MTHCS would take advice from DHHS and DET and develop specific risk minimisation plans relevant to the epidemic or pandemic event. MTHCS infection control nurse would provide guidance along with an incident control groups that would provide up to date information to all MTHCS staff. Refer to MTHCS Code brown procedure.</p> <p>At a minimum 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 would be considered, adapted and implemented as necessary according to the medical advice received, education setting and the individual needs of the staff, children and the wider service community.</p> <ul style="list-style-type: none"> • Display educational materials on the event, 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 • Provide regular guidelines to staff in response to the epidemic/pandemic and risk minimisation plans and strategies • Alert management about any child or staff absenteeism due to an infectious outbreak and ensure that any unwell staff and children remain at home. • Keep parents and staff informed of the actions you are taking. • Support 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. <p>Refer to attachment 1 for additional strategies that services should consider in the event of an epidemic or pandemic.</p>
6.	<p>EVALUATION</p> <p>In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider will:</p> <ul style="list-style-type: none"> • 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.

	<ul style="list-style-type: none"> 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.
Forms & Records:	Head Lice Inspections Consent Form Head Lice Action form Head Lice Fact Sheet Head Lice Letter Record of All Illness
Related MTHCS Policy / Procedure:	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 – Early Years Privacy and Confidentiality Policy MTHCS Infection Control Manual on Prompt External Emergency - Code Brown Procedure
References:	<p>Communicable Diseases Section, Public Health Group, Victorian Department of 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</p> <p>Communicable Disease Prevention and Control Unit, 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</p> <p>Immunise Australia Program, Department of Health, Australian Government: www.immunise.health.gov.au</p> <p>Department of Health & Human Services, Victoria (2012) Head lice management guidelines: https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Head-lice-management-guidelines</p> <p>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</p> <p>Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011 (2017), ACECQA: http://files.acecqa.gov.au/files/National-Quality-Framework-Resources-Kit/NQF-Resource-02-Guide-to-ECS-Law-Regs.pdf</p>

	<p>Guide to the National Quality Standard (2017), ACECQA: http://files.acecqa.gov.au/files/National-Quality-Framework-Resources-Kit/NQF-Resource-03-Guide-to-NQS.pdf</p> <p>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</p> <p>Information about immunisations, including immunisation schedule, Victorian Department of Health: www.health.vic.gov.au/immunisation</p> <p>WorkSafe, Victoria (2008) Compliance code: First aid in the workplace: https://www.worksafe.vic.gov.au/resources/compliance-code-first-aid-workplace</p>
Legislation:	<p>Relevant legislation and standards include but are not limited to:</p> <p>Education and Care Services National Law Act 2010 (Vic)</p> <p>Education and Care Services National Regulations 2011 (Vic):</p> <p>Children's Services Regulations 2020</p> <p>Children's Services Law 1996</p> <p>Family Assistance Legislation Amendment (Child Care Rebate) Act 2011</p> <p>Health Records Act 2001</p> <p>Information Privacy Act 2000 (Vic)</p> <p>Occupational Health and Safety Act 2004</p> <p>Privacy Act 1988 (Cth)</p> <p>Public Health and Wellbeing Act 2008</p> <p>Public Health and Wellbeing Amendment (No Jab, No Play) Regulations 2015 (Vic)</p> <p>Public Health and Wellbeing Regulations 2009</p>
Standards:	<p>National Quality Standard – QA 2 and QA 6</p> <p>ISO 9001:2015 – 7.5, 8.5.3</p>

MTHCS Early Years Services operate over two different regulatory requirements, Education and Care National Regulations 2011 and Children's Services Regulations 2020, differentiating Kindergarten services from Child Care Subsidy services. To reduce the list of Policies and Procedures produced, MTHCS Early Years Services have combined these documents. Designations will only be referenced under the Education and Care National Regulations 2011, however this would be equivalent to the same delegation as the Children's Services Regulations 2020 as needed but not stated.

Education and Care National Regulations 2011	Children's Services Regulations 2020
Responsible Person The Approved Provider Persons with Management and Control	The Licensee
The Nominated Supervisor or Persons in Day to Day Charge	Primary Nominee
Certified Supervisors	Approved Nominee or Accepted Nominee

Attachment 1

EPIDEMIC OR PANDEMIC EVENT Consideration

Further actions to be considered in the event of an epidemic/pandemic:

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.
- Use of mobile phones by staff should be discouraged. Staff should be reminded to clean their phones regularly.
-

Arrival and departure

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

- Consider the arrival and departure procedures for children and, where possible, minimise opportunities for parents 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,
- While staggered start and finish times occur naturally in some service types, early childhood education and care services will often have one arrival and pick up time. Consider how the arrival and pick up time could be spread out. One example may be to divide the group and allocate times, noting that it is not expected that session times are extended to accommodate additional arrival and departure procedures.
- 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.
- Consider temperature testing and screening questions as relevant

Considerations for teaching and learning environments

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

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

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- 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 and staff facilities

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

Cleaning and facilities management

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

Provision of routine care and first aid

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

- Standard precautions are advised when coming in to contact with someone for the purpose of providing routine care, assistance or first aid. Also see NHMRC guidance [Staying healthy: Preventing infectious diseases in early childhood education and care services](#).
- Always wash hands with soap and water or use a hand sanitiser before and after performing routine care or first aid.

- Additional Personal Protective Equipment (PPE), for example face masks, is not required to provide routine care or first aid for children who are well.

Management of an unwell child or staff member

It is important that any staff member or child who becomes unwell while at an early childhood service returns home. Sensible steps services can take while a child awaits collection by a parent or carer as a precaution.

- Staff or children should be isolated in an appropriate space with suitable supervision and collected by a parent/carer as soon as possible.
- Where staff or children are experiencing compatible symptoms important actions to take include hand hygiene, physical distance and where possible putting on a face mask.
- Face masks should not be used in situations where an individual is unable to safely or practically tolerate a mask (e.g. a child with complex medical needs, including existing respiratory needs, and younger children).
- Urgent medical attention should be sought where indicated.
- Health care plans, where relevant, should be updated to provide additional advice on monitoring and identification of the unwell child in the context of an epidemic or pandemic.
- If a staff member is unsure whether a child is unwell, it is advisable in the first instance to contact the parent/carer to discuss any concerns about the health status of the child and, taking a precautionary approach, request the parent/carer to collect their child if concerns remain. A trained staff member could take the temperature of the child, where appropriate, to support decision making. Gloves should be worn for the purpose of taking a temperature.
- Staff or children experiencing compatible symptoms 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 guidance according to the situation of the case. If a child spreads droplets (for example by sneezing, coughing or vomiting), clean surfaces immediately with disinfectant wipes while wearing gloves.

Source

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