



Hygiene and Infection Control (incl. Toileting) Policy and Procedures

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| National Quality Standard | Quality Area 2: Children’s Health and Safety. Additional Relevant Areas: QA 3: Physical Environment; QA 5: Relationships with Children. |

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Policy Statement

Heritage Early Childhood Centre (Heritage) recognises that maintaining a high standard of hygiene is one of the most important and regularly implemented practices undertaken by early childhood education and care organisations. Infections can be spread between people, airborne droplets from coughing and sneezing or from contact with surfaces and objects. Children in early education and care come into contact with many other children and adults, as well as with toys, furniture, food and eating utensils. This high degree of physical contact with people and the environment increases the risk of the spread of infections and while it is not possible to prevent the spread of all infections, effective hygiene strategies can prevent infections from surviving and therefore minimise the risk of cross infection, illness and disease.

Children can be taught effective hygiene skills from an early age and many of the hygiene habits developed during childhood will continue throughout life and enhance independence and self-esteem. However, each child's age and development will affect how independently they can manage hygiene tasks. Educators must take an active role in demonstrating and explaining hygienic practices to older children, while ensuring the hygiene of babies and younger children who cannot yet care for themselves. It is important that all children's efforts at self-care are appropriately supervised, encouraged, appreciated and acknowledged positively. In addition, educators must themselves role-model positive hygiene practices. Families can greatly assist Heritage by following simple hygiene procedures at home with children, regularly reminding children about the importance of hygiene, and keeping children at home when they are ill until they are no longer contagious.¹

Heritage ensures accessible and hygienic toileting facilities are available and practices are implemented which promote hygiene, good supervision and support for children in order to develop their toileting skills. Educators aim to promote children's learning and to meet individual needs. Heritage recognises that safe and hygienic practices ensure children experience toileting and nappy changing that supports their health and well-being. Appropriate, respectful procedures and practices promote learning and capacity building. "Children's developing resilience and their ability to take increasing responsibility for self-help and basic health routines promote a sense of independence and confidence." (Early Years Learning Framework, 2010). In addition, educators aim to develop trusting relationships with children and families during toilet training. Families are asked to work with educators to ensure consistent toileting procedures at home and Heritage to help children develop independence quickly and reduce the risk of infections.

The Heritage community embeds respect for the environment in its' philosophy and ensures cleaning and maintenance procedures are sustainable and environmentally friendly, where safe to do so. The cleaning products used at Heritage will be those written in the policy or an equivalent product.²

Policy Aims

The Heritage Hygiene and Infection Control Policy and Procedures (including Toileting) aims to:

- Maintain a healthy and hygienic environment for the Heritage community.
- Promote effective hygiene practices throughout the Heritage premises and community.
- Prevent the spread of infection, illness and disease among the Heritage community.
- Educate the Heritage community in hygienic and sustainable cleaning practices.
- Encourage children to develop self-confidence and independence in self-care and toileting.

¹ Refer to: Illness and Infectious Diseases Policy

² Refer to: Dangerous Products Policy



Scope

It is understood that there is a shared responsibility and accountability between educators and families to implement the Heritage Hygiene and Infection Control (including Toileting) Policy and Procedures as a matter of high priority due to the potential health risks of not doing so.

Rationale and Legislative Background

Heritage recognises it has a duty of care to take all reasonable, practicable steps to provide the Heritage community with a safe and healthy work environment (*Work Health and Safety Act 2011*). In addition, this policy and procedures have been developed to comply with:

- The *Education and Care Services National Law Act (ACT) 2010*
- The *Education and Care Services National Regulations (ACT) 2011*
- The *National Quality Standard for Early Childhood Education 2011*.

| The Education and Care National Law | |
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| S 167 | Offence relating to protection of children from harm and hazards |
| The Education and Care National Regulations | |
| R 77 | Health, hygiene and safe food practices |
| | The approved provider must ensure the nominated supervisor and staff members of, and volunteers at, the service implement: (a) adequate health and hygiene practices; and (b) safe practices for handling, preparing and storing food |
| R 88 | Infectious diseases: Reasonable steps must be taken to prevent the spread of an occurrence of an infectious disease at the service. |
| R 106 | Laundry and Hygiene Facilities |
| | (1)The approved provider must ensure that the service has-- (a) laundry facilities or access to laundry facilities; or (b) other arrangements for dealing with soiled clothing, nappies and linen, including hygienic facilities for storage prior to their disposal or laundering-- that are adequate and appropriate for the needs of the service. (2) The approved provider of the service must ensure that laundry and hygienic facilities are located and maintained in a way that does not pose a risk to children. |
| R 109 | Toilet and Hygiene Facilities |
| | (a) adequate, developmentally and age-appropriate toilet, washing and drying facilities are provided for use by children being educated and cared for by the service; and (b) the location and design of the toilet, washing and drying facilities enable safe use and convenient access by the children. |
| R 112 | Nappy Change Facilities |
| | The service must ensure that adequate and appropriate hygienic facilities are provided for nappy changing, and that the following are provided-- (a) if any of the children are under 3 years of age, at least 1 properly constructed nappy changing bench; and (b) hand cleansing facilities for adults in the immediate vicinity of the nappy change area. (4) The approved provider must ensure that nappy change facilities are designed, located and maintained in a way that prevents unsupervised access by children. |
| R 155 | Interactions with Children |
| | The service provides education and care to children in a way that-- (a) encourages the children to express themselves and their opinions; and (b) allows the children to undertake experiences that develop self-reliance and self-esteem; and (c) maintains at all times the dignity and rights of each child; and (d) gives each child positive guidance and encouragement toward acceptable behaviour; and |



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| | (e) has regard to the family and cultural values, age, and physical and intellectual development and abilities of each child being educated and cared for. |
| R 168 | Policies and Procedures are required in relation to: (a) Health and safety (c) dealing with infectious diseases, including procedures complying with R 88. (h) providing a child safe environment. |
| R 170 | Procedures to be followed: Reasonable steps must be taken to ensure that nominated supervisors and staff and volunteers at the service follow the policies and procedures under R 168. |
| The National Quality Standard | |
| QA 2 | Children’s Health and Safety: Standard 1.2 Health: Each child’s health and physical activity is supported and promoted. Element 2.1.2: Health practices and procedures. Effective illness and injury management and hygiene practices are promoted and implemented. |
| QA 3 | Physical Environment: Standard 3.1 Design. The design of the facilities is appropriate for the operation of a service. Element 3.1.2. Upkeep: Premises, furniture and equipment are safe, clean and well maintained. |
| QA 5 | Relationships with Children: Standard 5.1 Relationships between educators and children. Respectful and equitable relationships are maintained with each child. Element 5.1.2. The dignity and rights of every child are maintained. |

Summary of Key Responsibilities

The Management Committee (Approved Provider) will:

- Ensure the Director (Nominated Supervisor), educators and volunteers are aware of the need to implement health, hygiene and food safety practices in order to minimise risks for the children in the service.
- Ensure procedures that prevent the spread of infectious diseases are in place for implementation by educators and volunteers.
- Consider the age and number of children at the service to ensure adequate numbers of toilets to support minimal delays in access.
- Ensure Heritage has accessible toilet, washing and drying facilities that are developmentally and age appropriate. Their location and design must enable safe and convenient use by children including children with additional needs and allow educators to provide adequate supervision and support while respecting children’s safety, dignity and rights.

The Director (Nominated Supervisor) will:

- Ensure that all educators are informed of and implement health, hygiene and food safety practices in order to minimise risks for the children in the education and care service.
- Ensure that professional cleaners thoroughly clean the premises including bathrooms and kitchen areas each evening.³
- Ensure that, in the event of an infectious disease being identified among the Heritage community, steps are taken to prevent the spread of the infectious disease and that families are notified as soon as possible.⁴
- Maintain up-to-date immunisation records for all children and educators, remind families when immunisations are due and, if any outbreak occurs at Heritage, children who are not immunised will be excluded as per the Illness and Infectious Diseases Policy.

³ Refer to: Work Health and Safety Policy

⁴ Refer to: Illness and Infectious Diseases Policy



- Introduce cleaning procedures that prevent contamination and cross infection, clearly label cleaning buckets/cloths/mops for their specific use and keep inaccessible to children.
- Ensure adequate supplies of cleaning products and personal protective equipment (PPE).
- Prioritise training and professional development for educators regarding current hygiene, infection control and toileting practices.
- Ensure any pregnant staff member who has a proven heightened risk of CMV (via a blood/serology test) must be double-gloved when coming in to contact with any body fluids, including saliva, and will not change nappies.
- Ensure that new educators, casual educators and volunteers are informed about the strategies and procedures in this policy.
- Place hand washing procedure posters near all hand washing areas for educators to follow.
- Ensure children's hand-washing areas have a visual procedure for children to refer to.
- Monitor sand cleanliness and arrange for renewal or topping up as needed.⁵
- Ensure a Hygiene Procedures Staff Compliance Check (Attachment 2) is carried out quarterly by the Health and Safety Representative (HSR).
- Ensure a Nappy Change Procedures Staff Compliance Check (Attachment 3) is carried out quarterly by Room Leaders.
- Advise families on enrolment and when a child commences toilet training, to provide several (at least three) changes of clothes each day.
- Provide information on toilet training to families and include information on positive toileting, the need for consistency and strategies to help make the toileting experience positive for both the family and the child.⁶
- Ensure a risk assessment occurs prior to an excursion to check the availability and suitability of toileting facilities.⁷

Educators will:

- Engage in training, research and professional development about current hygiene, infection control and toileting practices.
- Be responsible for routine cleaning of the Heritage premises as per cleaning rosters and spot clean as required.
- Role model correct hand washing techniques and give verbal reminders to children when washing hands.
- Monitor children's health and wellbeing as part of supervision strategies, and if a child shows symptoms of illness such as lethargy, high temperature, vomiting, skin rash, difficulty in breathing, diarrhoea or any time educators have any concerns, immediately inform the Director or Nominated Supervisor and implement the Illness and Infectious Diseases Policy and First Aid Policy.
- Cover cuts, abrasions, dermatitis or open skin on hands with a water-resistant dressing.
- Effectively manage bodily fluid spills and accidents as per this policy.
- Store and dispose of soiled items appropriately as per the procedures outlines in this policy.
- Wear gloves at all times when assisting a child with soiled or wet their clothing, and during nappy change and toileting routines.
- Model and encourage children to follow the sneezing/coughing procedures in this policy.
- Use a barrier when serving and preparing food (gloves, tongs etc.) and follow the food safety procedures and ensure children's cups, plates and bowls along with all kitchen utensils used in the preparation of food are sanitised in the dishwasher.⁸
- Observe children for signs of toileting awareness.

⁵ Refer to: Work Health and Safety Policy

⁶ Refer to: Factsheets in References and Further Reading

⁷ Refer to: Excursions and Incursions Policy

⁸ Refer to: Food Safety Policy (Food from Home) and the HACCP Plan (Food Made on the Premises)



- Consult with families to develop consistent strategies to meet children's toileting needs which reflect the home environment and are culturally sensitive.
- Remind families that toileting accidents are common and both successful and unsuccessful toileting attempts need to be supported in a positive manner.
- Follow nappy changing procedures and clean change mats and areas after each use.
- Ensure nappy change and bathroom areas are clean and hygienic for the children to use and spot clean as required throughout the day.
- Follow toileting procedures and provide adequate supervision of children in bathroom areas and assist children as needed to complete toileting practices successfully and hygienically.

Families are asked to:

- Assist Heritage by educating children about hygiene and following simple hygiene procedures at home with children.
- Regularly remind children about the importance of hygiene and hand washing.
- Keep children at home when they are ill until they are no longer contagious.
- Work with educators to ensure consistent toileting procedures between home and Heritage.
- Provide several changes of clothes (at least two) when children are toilet training.
- Understand that toileting accidents are common and support both their child's successful and unsuccessful toileting attempts in a positive manner.

Strategies and Procedures

Additional Hygiene and Infection Control Procedures During COVID-19 Pandemic (as at April 2023)

As government restrictions ease and the community transitions to a "living with COVID" context:

- Heritage recognises that high levels of vaccination and COVID-safe behaviours are the best protections against COVID-19 in 2023.
- Currently, the broader community is being encouraged to follow the [COVID Smart behaviours](#) to minimise their own risk and assist in protecting vulnerable people.
- Workplaces are being asked to take on the responsibility for managing the risk of COVID-19 as part of their work health and safety obligations.

What are the symptoms?

- Symptoms include fever, cough, sore throat, fatigue, and shortness of breath. Other symptoms can include runny nose, chills, body aches and headache, loss of taste/smell, conjunctivitis, unexplained chest pain. Refer to: [Health Direct Symptom Checker](#)

Attendance Records

- Attendance records will be maintained for all children, parents, staff, students, volunteers and visitors, including a best contact phone number for the day.
- All visitors to the premises must sign the Visitors Book using their own pen or a sanitised pen provided by Heritage.

Heritage Risk Management Strategy

- Heritage recognises that the chances of infection/re-infection by COVID-19 is currently high due to the Omicron subvariants being better able to evade immunity from vaccination. Also, people's immunity after their last vaccine dose or previous infection wanes with time.
- New variants will likely cause further periodic surges/waves of infection, however recent surges in infection have resulted in fewer cases of severe illness as increasing numbers of the population have hybrid immunity (from both vaccination and infection) and early evidence suggests that the newer Omicron subvariants do not cause more severe disease.⁹

⁹ <https://www.health.gov.au/our-work/covid-19-vaccines/advice-for-providers/clinical-guidance/clinical-features>



- The Director will regularly check relevant authorities for current information and update related policies as necessary.
- The Director will identify and manage the risks of the virus entering and spreading at the service with appropriate control measures and by rapidly applying any Government mandates and guidelines. (Currently there are no government mandates).
- All contact staff will be required to be double COVID-19 vaccinated as part of their Terms of Employment, and strongly encouraged to have boosters, and the annual influenza jab.
- Families will be strongly encouraged to follow [COVID Smart Behaviours](#) and be vaccinated against influenza and COVID-19 in line with ACT Health advice.
- Where a staff member/child/visitor tests positive to COVID-19 or is exposed to a confirmed case through a household contact, they or their parent/carer must notify the service as soon as possible.
- All staff will be strongly encouraged to wear a mask while inside the premises, unless eating or drinking or where it limits effective communication and the provision of quality education and care.
- All visitors will be strongly encouraged to wear a mask while inside the premises.
- Rapid Antigen Tests will be provided as needed for contact staff.
- Heritage educators and children will be reminded to strictly follow the Hygiene and Infection Control Policy and wash hands thoroughly and often for 20 seconds, (or use alcohol-based sanitiser if hand washing is not available) throughout the day.
- Environmental cleaning will be increased including more frequent cleaning and sanitising of high-touch surfaces during the pandemic (regular COVID-safe cleaning).
- Cleaning will be enhanced when a positive or suspected case arises at the service in line with [ICEG COVID cleaning and disinfection guidelines](#). **Note:** Deep cleaning, requiring the service to close for up to two days, will only be conducted by a specialist service on a case-by-case basis on advice from CECA/ACT Health.
- Heritage educators and children will be reminded to cough and sneeze into their elbow or directly into a tissue and throw the tissue in a bin, to avoid touching their eyes, nose, and mouth with unwashed hands and to avoid close contact with others.
- Heritage will consider physical distancing strategies during heightened COVID-19 risk periods, taking into account the advice of The Australian Health Protection Principal Committee (AHPCC) that maintaining 1.5m between children is not appropriate/practical in education and care services. The advice applies to children interacting with other children, and also to adults providing care or interacting with children in this environment.
- Adults must, where reasonably practicable, continue to undertake physical distancing when interacting with other adults, in areas such as staff rooms and when picking up or dropping off children.
- Parents will be encouraged not to come into the service during heightened risk periods and arrival and departure routines modified to encourage physical distancing and reduce contact with families/carers at pick up and drop off as far as practicable.
- Educators will consider the setup of rooms and implement small group play, staggered mealtimes and outdoor play opportunities whenever possible.
- Windows will be opened during the day where possible, ventilation maximised, and air purifiers placed in each room.
- Educators will mitigate the risks of activities that may spread germs eg, sharing play dough, using wind instruments (eg, regularly replacing play dough, singing outside etc).
- Food sharing will be avoided.
- Social events, meetings, visitors and excursions will be restricted during heightened risk periods and risk assessments conducted that take into account the latest advice from the authorities and those at high risk such as those with medical conditions.



- Training will be provided to support educators as required such as through the provision of resources/webinars.
- The Director will provide information/factsheets to families and staff on the virus and to support mental health and wellbeing. **Refer to:** Members Area of the [Heritage Website](#).

Exclusion Requirements

- As per this policy, any child or staff member who is unwell and reasonably suspected to have a communicable disease will be excluded until symptoms resolve and they have been cleared by a doctor to return as required.
- Those who have been [diagnosed with COVID-19](#) will be excluded until acute symptoms resolve (runny nose, sore throat, fever, cough) and they are well.
- **Where there are two or more cases of COVID-19 at the service in a week, the exclusion period will increase to 5 days from the positive test and until acute symptoms resolve and they are well.**
- Those with a [fever or other acute COVID-19 symptoms](#) (runny nose, sore throat, cough) will be excluded until symptoms resolve and they are well.
- Those who have returned from [interstate/overseas](#) will be excluded in line with any current restrictions. Currently there are no restrictions however returned travelers are advised to look out for symptoms for 7 days after arrival.
- Staff and children who are household contacts of a person diagnosed with COVID-19 are not excluded however staff and families are asked to take extra precautions until the infectious period passes (10 days from the positive test), strictly follow hygiene procedures and stay home/keep their child home if they develop any symptoms and take a test.
- Family members who are household contacts and who need to attend the service are asked to take a RAT test and ensure it is negative before entering the service. If negative, they are asked to strictly follow hygiene procedures, wear a mask inside the premises and stay home if they develop symptoms.
- If a child has COVID-19 symptoms but tests negative on a RAT, they are advised to have a PCR test and stay at home until acute symptoms resolve and they are well.
- Children will not be excluded if they have a letter from their G.P. regarding an on-going, non-infectious, medical condition explaining the symptoms. However, they will be observed for new symptoms.
- The Heritage Exclusion Guidelines continue to apply to certain symptoms, i.e.: exclude for 24 hours after a temperature resolves, for 24 hours after taking paracetamol for a fever and 36 hours after the last episode of vomiting or diarrhoea (Appendix 1).

Procedure for a Positive Case

- Where a staff member/child/visitor is diagnosed with COVID-19 and may have attended Heritage during their infectious period (defined as 2 days before they started having symptoms or tested positive - whichever came first, and for 10 days after), they or their parent must notify the service asap.

The Director/Nominated Supervisor will:

- Follow the [Step By Step process provided by CECA](#) in the current operational guidance.
- Record the date of the positive test for the child, staff member or visitor and confirm whether they attended Heritage during their infectious period. The infectious period is two days before someone started having symptoms or tested positive (whichever came first) and until 10 days after the positive test. If the person was not at the service during their infectious period, no assessment is required.
- Identify date(s) and locations (e.g. room, office, other) of potential exposure.
- Inform the relevant cohort that there has been a potential exposure on relevant date(s).
- Provide information on monitoring for symptoms, recommend COVID-19 testing and advise them not to attend if they have symptoms.



- **Ensure enhanced COVID-safe cleaning is undertaken** in line with the Infection Control Expert Group (ICEG) COVID cleaning and disinfection guidelines.

Procedure for Children Presenting with COVID symptoms at the Service

- Where a child presents with COVID-19 symptoms while at the service, educators must ensure the child's family is contacted immediately, and they are asked to collect them as soon as possible, and to test and stay at home until acute symptoms resolve and they are well. Advise the family to seek medical advice if concerned.
- Ensure the child is cared for in an area that has been identified as appropriate to isolate staff/children who may become sick with COVID-19, i.e., is separated from others and allows for appropriate supervision.
- Ensure the child is supervised by a staff member wearing a mask.
- If the child tests negative on a RAT, and they still have symptoms, advising the family to take another RAT in 24 hours or have a PCR test. PCR tests are preferred for children under 2. If positive, they must inform the service. **They must remain at home until acute symptoms resolve and they are well.**

Procedure for Staff/Visitors/Volunteers Presenting with COVID Symptoms at the Service

- Ensure visitors or staff with symptoms are asked to stop work and sent home immediately and advised to travel directly home and to wear a mask on the journey.
- Ensure sick staff and volunteers isolate in an appropriate space away from others, sanitise their hands and wear a mask while waiting to return home.
- Ensure the staff member/visitor/volunteer is advised to test and seek medical advice if concerned, and not return to the service until a negative test is received and symptoms resolve.
- If the person tests negative on a RAT, advising them to take another RAT in 24 hours or have a PCR test and **remain at home until acute symptoms resolve and they are well.**

Note: Where children staff or visitors have other medical reasons for recurrent symptoms that are similar to COVID-19, a letter from the GP is sufficient to allow return to Heritage without returning a negative COVID test. However, they must be monitored for new symptoms.

Refer to: COVID-19 Policy and Procedures (April 2023 update)

Standard Precautions

Heritage implements the following standard precautions for hygiene and infection control:

- Effective hand washing.
- Hygienic nose blowing, coughing and sneezing.
- Hygienic cleaning routines and techniques toys, beds, eating areas, kitchen and bathroom areas, rubbish bins, sandpits and pets/animals.¹⁰
- Safe food handling.¹¹
- Standard precautions when administering first aid and covering wounds.¹²
- Safe handling, storage and disposal of bodily fluids (blood, urine, faeces, vomit, nasal discharge). See: Cleaning and Disposing of Bodily Fluids, p9.
- Effective handling, storage and disposal or washing of soiled items.
- Use of protective equipment such as disposable gloves where appropriate.
- Hygienic toileting practices.
- Vigilant maintenance of a hygienic environment and spot cleaning as required.

¹⁰ Refer to: Work Health and Safety Policy

¹¹ Refer to: Food Safety Policy; HACCP Plan

¹² Refer to: First Aid for Incidents, Accidents, Illness and Trauma Policy



Additional strategies include:

- Employing a professional daily cleaning service to clean bathrooms, vacuum and mop floors, clean skirting boards and dust surfaces. The cleaner will also be contracted to regularly strip the floors back and polish and clean the windows.¹³
- Maintaining up to date knowledge of infectious diseases and exclusion guidelines and timely identification of sick children and educators.¹⁴
- Keeping records of children's and educators' immunisation status.¹⁵
- Notifying the Heritage community and the relevant health authorities of a diagnosed infectious illness of disease.
- Ensuring educators have adequate supplies of products and personal protective equipment such as disposable gloves, detergents and soaps.
- Ongoing training of educators in hygienic practices.
- Effective handling, storage and disposal of washing and soiled items.
- Ensuring all cuts and abrasions are covered.
- Ensuring the Heritage building is well ventilated.¹⁶
- Ensuring hand sanitizers are fitted throughout the service.
- Ensuring educators role model positive hygiene and supervise and encourage children with their daily hygiene routines at all times.

Hand washing

- Effective hand washing is one of the most effective precautions in minimising the spread of infections. In a busy early education and care service it can be challenging to find the time to help children to wash and dry hands properly, therefore it is important to ensure there is plenty of time in the daily program for hygiene routines.
- Educators will help babies, younger children and those with additional needs to wash their hands appropriately and give verbal reminders to all children on effective hand washing.
- Heritage educators will use the following hand washing procedure (over-page) based on The National Health and Medical Research Council (NHMRC) recommendations, 2013.
- Hand washing posters will be placed near all sinks in all rooms to illustrate the correct procedures for hand washing to educators and children.

Heritage Hand Washing Procedure

1. Wet hands with running water (preferably warm for comfort)
2. Use liquid soap and spread over hands
3. Lather soap and rub hands vigorously, for at least 20 seconds with soap including palm to palm, back of hands, in between fingers and back of fingers, around thumbs and tips of fingers, under fingernails and around wrists. **(Note:** For children with sensitive skin, Sorbolene cream may be brought in by families for use instead of liquid soap)
4. Rinse hands thoroughly, while counting from 1-10, to remove all soap suds
5. Turn off tap (if it doesn't stop automatically) with a single use paper towel (as tap will have germs on it) or use elbow to nudge lever off
6. Dry hands thoroughly with a new, single use, paper towel. It is important to dry hands completely after washing. (Damp hands pick up and transfer up to 1000 times more bacteria than dry hands. Drying hands thoroughly also helps remove any germs that may not have been rinsed off.)

Refer to: Attachment 1: 'How to Wash Hands' poster (NHMRC, 2013)

¹³ Refer to: Work Health and Safety Policy

¹⁴ Refer to: Illness and Infectious Diseases Policy

¹⁵ Refer to: Immunisation Policy

¹⁶ Refer to: Work Health and Safety Policy



Alcohol-based Hand Rub

- Educators may use alcohol-based hand rub instead of soap and water to clean their hands. While alcohol-based hand rubs reduce the number of germs on hands, they are not as good at removing dirt.
- **If hands are visibly dirty, educators will wash their hands with soap and water as above.**
- Heritage educators will use the following procedure when using alcohol-based hand-rub which is based on The National Health and Medical Research Council (NHMRC) recommendations, 2013.
- Posters of these procedures will be placed near all hand sanitisers in the service.

Alcohol-based Hand Rub Procedure

1. Apply alcohol-based hand rub to hands.
2. Rub palm to palm, back of hands, in between fingers and back of fingers, around thumbs and tips of fingers for about 20 seconds.
3. Allow to dry.
4. Once dry, hands are clean.

Educators must wash hands or use alcohol-based hand rub:

- On arrival at and departure from Heritage service
- Before:
 - Handling food
 - Feeding an infant a bottle
 - First aid procedures including giving medication
 - Wearing disposable gloves
- After:
 - Handling food
 - First aid procedures including giving medication
 - Toileting and nappy changing
 - Handling or cleaning up bodily fluids such as blood, faeces and vomit
 - Handling chemicals
 - Handling garbage bags
 - Handling animals or animal food
 - Washing soiled clothing
 - After nose wiping (may use hand sanitiser if outside)
 - After sneezing, coughing or touching a disposable tissue
 - After biting nails or touching a sore/pimple.

Note: Educators may use their own hand cream or Sorbolene as frequent hand washing can lead to dry skin.

Children must wash hands or have their hands washed:

- After going to the toilet
- After wiping their own nose
- Before handling food or eating
- After eating
- After handling animals
- As required if hands appear excessively dirty after playing in the sandpit or after art and craft etc
- After playing outside.



Babies

Babies who cannot stand at a basin must have their hands washed with a single use wipe or disposable towelette and dried with a single use paper towel.

Families are asked to:

- Wash their child's hands or use the hand sanitisers on arrival and departure
- Regularly remind children at home when they need to wash hands, i.e., before and after eating, after toileting, after touching animals, after playing outside etc.

Use of Gloves

Disposable gloves must be worn during the following procedures:

- Food preparation where appropriate (see below)
- First aid procedures
- Toileting and nappy changing
- Managing bodily fluid spills and accidents
- Handling and washing of soiled or wet clothing
- Nose wiping
- When cleaning nappy change and bathroom areas and toilets
- When handling chemicals

Procedures for Wearing Gloves

- It is important to understand that wearing gloves is not a substitute for hand washing.
- The use of gloves should not replace hand washing between activities.
- Where gloves are used, they must be kept clean and intact and changed whenever they might have become contaminated.
- Remove gloves, by turning them inside out, and placing them in a bin out of reach of children.

Gloves for Food Preparation

- Wearing gloves is not a requirement for food preparation at Heritage unless required to handle messy food or to cover any cuts, abrasions, dermatitis or open skin on hands, which must also be covered with a water-resistant dressing such as a Band Aid Band Aids
- If not wearing gloves for food preparation and serving, **a barrier must be used**, e.g., tongs.¹⁷

Cleaning Accidental Spills of Bodily Fluids

Accidental spills of body fluids, including blood, vomit, urine, faeces and nasal discharge, are common within education and care services. Heritage understands that prompt management of spots and spills reduces the potential risk of infection to children, educators and other staff in education and care services (NHMRC 2013).

Heritage understands that strategies to prevent spills of body fluids include:

- Regularly toileting children.
- Using disposable nappies rather than cloth nappies.
- Excluding children with vomiting or diarrhoea from the service.
- Making sure children are actively supervised.¹⁸

¹⁷ Refer to: Food Safety Policy (Food from Home); HACCP Plan (Food Made on Premises)

¹⁸ Refer to: Supervision and Water Safety Policy



When a spill of bodily fluids occurs, educators will:

- Avoid direct contact with body fluids.
- Make sure any cuts or abrasions on their hands are covered with a waterproof dressing.
- Wear gloves.
- **Have a spill kit readily accessible** such as a bucket filled with all the necessary equipment to clean up a spill, including: Disposable gloves; paper towels; disposable cloths and/or sponge; disposable scraper and pan; kitty litter for putting on larger spills.
- Safely clean the spill, following the procedures for the type and size of spill (p9).
- Wash hands.

Infection Control Relating to Blood-Borne Viruses (BBV)

- A Blood-Borne Virus (BBV) is 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.¹⁹

When to Use Disinfectant and Bleach

- Most germs do not survive for long on clean surfaces when exposed to air and light, and routine cleaning with detergent and water should be enough to reduce germ numbers.
- Disinfectant will not kill germs if the surface has not been cleaned first.
- Disinfectant is advised following cleaning of a small amount of blood/body fluid spills.
- **Disinfectant may also be used after routine cleaning during an outbreak of, for example, a gastrointestinal disease.**
- Bleach is stronger than other disinfectants and can inactivate blood-borne viruses.
- Bleach is advised following cleaning of small to large blood spills (NHMRC, 2013).
- Note: As bleach may take the colour out of carpet, discretion may be used and disinfectant used on carpet instead.

Preparing Bleach Solution Educators will:

- Read and follow the safety and handling instructions on the label.
- Dilute bleach according to directions (**Refer to:** Attachment).
- Wear gloves when handling and preparing bleach.
- Check the use-by date before using bleach (as it can lose effectiveness during storage).
- Make up a new batch of bleach each time (as it loses effectiveness quickly once diluted).
- **Never:** Use bleach in a spray bottle; use hot water to dilute bleach; mix bleach with any other chemicals; use bleach on metals other than stainless steel (as bleach is corrosive).

¹⁹ Refer to: Procedures for Safely Dealing with Bodily Fluids; First Aid Policy - Procedures for Children who are Bleeding; Procedures for Safe Disposal of Discarded Needles and Syringes; Procedures for Needles Stick Injuries.



Procedures for Cleaning and Disposal of Body Fluids – Urine, Blood, Vomit and Faeces

Educators must:

- Respectfully assist the child who caused the spill and isolate any blood in bodily fluid spills, eg, with barricades or have an educator stand by, until the spill can be removed hygienically.
- Avoid direct contact with the spill.
- Wear disposable gloves (stored in kitchen areas, nappy change areas, bathrooms, outside).
- Cover any skin wounds with a waterproof dressing before cleaning the contaminated area.
- Contain the spill as far as possible by cleaning the bulk of any spilt blood, faeces, vomit or urine with paper towels. For a small to medium amounts, cover with paper towel and wipe up immediately. For larger amounts, cover the area with absorbent agent, e.g. kitty litter or sand) and allow the body fluid to soak in. Use a disposable scraper and pan to scoop up the absorbent material and any unabsorbed body fluids.
- Place used towels/disposable scraper and pan in sealed plastic clinical waste bags.
- Place used gloves in sealed plastics clinical waste bags.
- Dispose of plastic clinical waste bags in bin and remove bin bag to outside bin immediately.
- Clean the area or surface with a neutral detergent such as True Blue USEALL. For larger spills, the red mop may be used. It must be soaked in bleach and left to dry completely in a well-ventilated space, preferably outside in the sun.
- Disinfect the area or surface with True Blue PERFORM or, in the case of a blood spill, BLEACH the area to prevent Blood-Borne Viruses.
- Wash hands.
- Dry or ventilate the area.
- Ensure that any of the child's own clothing that becomes soiled with blood or bodily fluids is placed in a plastic bag (two if heavily soiled) and tied at the top. The child's name will be written on the bag and it will be placed away from the children's play spaces for collection by the family. Soiled clothing belonging to children will not be rinsed/washed because of risk of spreading infection.
- Soak any soiled items not belonging to an individual child or family (eg, Heritage spare clothing) that have been exposed to bodily fluids in a bucket containing disinfectant for at least 1/2 hr before washing separately in the washing machine using hot water. Where Heritage spare clothes are heavily soiled by vomit or faeces the educator may, at their discretion, choose to throw the clothing out rather than expose themselves to infection.
- Ensure the child is changed into spare clothing provided by families.
- Wash hands.
- Notify WorkSafe ACT on (02) 6207 3000 or worksafe@act.gov.au, if there has been exposure to bodily fluids that may present the risk of the transition of blood-borne diseases.

Procedures for Accidental Exposure to Bodily Fluids

Educators must take care when cleaning contaminated areas not to expose skin, open wounds, sores or mucous membranes (eyes, mouth, nose) to bodily fluids, secretions or excreta.

If accidental exposure occurs, educators must follow the procedures below and given in the first aid procedures on display in each room.

- **SKIN** – Wash as soon as possible with hot soapy water. A shower is available if required.
- **MOUTH** – Rinse thoroughly with water and spit out. Blow nose.
- **EYES** – Wash out immediately with copious amounts of water, preferably for 10 minutes.
- **CUTS** – Encourage bleeding, wash area with hot, soapy water, then disinfectant.



Procedures for Removing Body Fluids from a Child During Toileting

- Encourage children to use toilet paper and wipe from front to back and respectfully assist children as required during this process.
- Support children with soiled or wet clothing.
- Educators will put on gloves and assist the child to remove their clothing.
- Any waste will be placed in the toilet, if possible.
- Soiled clothing will be placed in two plastic bags, tied at the top, named and stored out of reach of children for returning to the family.

Procedures for Nasal Discharge Procedures

Educators will:

- Put on gloves and wipe child's nose with a tissue.
- Dispose of dirty tissue immediately in a rubbish bin, out of reach of children.
- Remove gloves, by turning them inside out, and place in a bin out of reach of children.
- Wash hands (important even if gloves are worn). If not possible, use an alcohol-based hand rub.

Procedures for Coughing and Sneezing

Children and educators are encouraged to:

- Cough or sneeze into their upper sleeve or inner elbow. **Note:** In the past, people were encouraged to cover their coughs and sneezes with their hands. However, if hands were not washed immediately, germs could stay on hands and be transferred to other surfaces.)
- OR**
- Cover their mouth and nose with a tissue and immediately throw the tissue in the bin and wash hands or use alcohol-based hand rub.

Source: Breaking the Chain of Infection Poster (NHMRC, 2013)

Food Preparation

Educators must:

- Wash hands.
- Use a barrier when serving and preparing food and milk including expressed breast milk (EBM) such as gloves, tongs etc., and follow the food safety procedures.
 - Spills of infant formula and expressed milk will be cleaned promptly using hot soapy water and Useall.
 - EBM will only be given to the baby named on the label, with two educators verifying.
 - In the unlikely event of a child receiving the wrong EBM we will inform parents/guardians as soon as practicable.²⁰
- Wear clean outer clothing when preparing food. An apron that is easily cleaned or disposable, over their clothes is recommended and should be removed when performing any other duty that does not involve food.
- Not wear watches or loose jewellery, especially on hands and wrists (except wedding band).
- Keep fingernails short and clean and not wear artificial fingernails.
- Never store personal belongings in allocated storage areas.
- Never eat, sneeze, blow or cough over unprotected food or surfaces likely to come into contact with food.
- Cover cuts and sores on exposed body parts (e.g. hands) with a bandage (e.g. Band Aid) that is completely covered with a waterproof covering (e.g. glove) when preparing food.²¹

²⁰ Refer to: Food Safety Policy (Food from Home)

²¹ Refer to: Food Safety Policy (Food from Home); HACCP Plan (Food Made on Premises)



Cleaning Procedures

- A list of cleaning duties will be clearly displayed in each room.
- Cleaning products will always be stored safely out of reach of children.²²
- Cleaning duties will not compromise the care and supervision of children at any time.
- Educators will be responsible for spot cleaning the service as required in addition to rostered cleaning duties in order to ensure cleanliness and hygiene standards are maintained throughout the day.

Sustainable Cleaning Practices

Heritage will support educators and children to have an active role in caring for their environment and to contribute to a sustainable future.²³

The Heritage Management Committee will:

- Ensure the cleaning of the service is regularly discussed with the Director.

The Director will:

- Seek to minimise the use of chemicals in the education and care environment, where safe to do so.
- Access professional development, journals and respected online sources for ideas on environmentally friendly cleaning options.
- Research natural cleaning alternatives for use in the service and consider the use of:
 - Vinegar and water as an alternate to disinfectant for cleaning the bathrooms and nappy change mats throughout the day. The vinegar and water can be made in a labelled spray bottle with equal parts of white vinegar and water.
 - Bicarbonate of Soda (made into a paste) to replace Jif and Gumption.
 - Lemon juice as an alternate to bleach.
 - Borax as an alternate to bleach, disinfectant and insect sprays.
 - Bees wax as an alternate to furniture and floor polish.
- Utilise natural or chemical-free options that are sensitive to the needs of educators and children with allergies will be utilised where safe to do so.
- Encourage educators to consider sustainable practice when they are cleaning and reflect on their practices.
- Ensure educators use soapy water for daily cleaning of tables, nappy change surfaces, mouthed toys and general spills both indoors and outside. The soapy water can be made from pH Neutral detergent (such as Useall) diluted in water, measured using the True Blue automatic diluting machine to ensure the correct ratio of Useall to water, and stored in a labelled spray bottle out of reach of children.
- Aim to minimise waste by:
 - Ensuring the kitchen has containers for food scraps and recycling for educators to use.
 - Encouraging recyclable materials to be placed in labelled recycling containers rather than garbage bins.
 - Recycling food scraps at meal and snack times. Children and educators can place food scraps in composting or worm farm containers or use as chicken food.²⁴

Cleaning Toys and Equipment

Nursery

- Educators will actively supervise infants and toddlers who will be discouraged from sharing mouthed objects as far as practicable.
- Toys which are mouthed during the day will be put aside until they can be washed.

²² Refer to: Dangerous Products Policy.

²³ Refer to: Heritage Philosophy; Sustainability Policy

²⁴ Refer to: Sustainability Policy



- Toys will be washed in warm soapy water and then wiped daily with diluted True Blue USEALL before being put away. (See procedure for Cleaning Wooden Toys below).
- All material books and soft toys will be machine washed regularly, at least every quarter, and as required.
- Books which are visibly dirty will be wiped with hot soapy water.
- Pacifiers will be brought from home and will not be shared.
- Each child's pacifier will be stored in its own labelled container between uses, and out of reach of children. If they need to be cleaned, they will be put through the dishwasher or placed in boiling water for five minutes and cooled before giving to the child.
- All-bottles will be brought from home. If bottles require washing, they will be washed in a dishwasher at a temperature of 75°C.²⁵

Toddler Room and Preschool Room

- Toys used regularly by the Toddlers/Pre-schoolers will be washed weekly and as required by soaking in very hot soapy water for 3 minutes and then washed and left to dry (preferably sun dried) before being used again.
- Toys that cannot be soaked (e.g., battery operated or wooden toys) will be wiped weekly with True Blue Useall, then left to air dry. (See procedure for Cleaning Wooden Toys below).
- Toys brought out and used only occasionally by Toddlers and Preschoolers, such as Lego, are washed monthly and as required.
- Outdoor equipment such as climbing frames and bikes will be washed/hosed as required and hosed down once a quarter.
- **During an outbreak of an infectious disease (such as COVID-19) equipment will be disinfected by spraying with True Blue Perform at the end of each day.**

Procedure for Cleaning Wooden Toys

Educators will:

- Fill a spray bottle filled with warm water and add a small amount of Useall. If the stain is quite severe, use a mix of 1 parts vinegar to 10 parts warm water solution.
- Spray or dab cloth onto the wooden toy (never soak or fully immerse wooden toys in water as this will cause swelling and cracks/damage).
- Wipe toy down gently with cloth.
- Place toy outside in a safe place and allow to dry, avoiding direct sunlight as this could crack wooden toys.
- **Note:** A stronger vinegar solution may be used for stubborn stains. Smooth sandpaper may also be used remove any unwanted marks (not recommended on coloured wood).

Replenishing Wooden Toys

Educators will:

- Moisturise wooden toys every quarter to help extend their lifetime after toys have been cleaned and dried (see above).
- Gently run the toy with a washcloth with a small amount of olive oil or beeswax polish.
- Allow the toy to dry for a few hours before placing it back in the play area, avoiding direct sunlight as this could crack wooden toys.

Cleaning Surfaces

Routine cleaning of surfaces with detergent and water is an effective way of removing germs and reduces the risk of a person picking up a germ from a potentially contaminated surface.

- All surfaces which are touched frequently, such as bench tops, taps and door handles will be cleaned throughout the day with True Blue USESALL.

²⁵ Refer to: Food Safety Policy (Food from home).



- Educators will use a scrubbing action to loosen and lift the dirt from the surface, then wipe and leave to dry.
- All surfaces that food will be prepared and served on will be cleaned with True Blue Wipe Out (Food Grade Sanitiser) before use.
- Tabletops and chairs at food tables in the rooms will be wiped clean with USEALL throughout the day, particularly before and after eating, and disinfected with True Blue PERFORM at the end of the day.²⁶
- Cleaning cloths will be colour coded according to function and regularly replaced. Green cloths will be changed daily and washed in hot soapy water, rinsed and dried between uses.
 - Green - Table tops and benches
 - Blue - Art cleaning
 - Yellow - Floor spillage
- Floors will be mopped daily and as required with True Blue USEALL.
- Mops will be cleaned regularly by soaking in PERFORM. The water will be wrung out and they will be left to air dry, preferably outside in the sun.
- Soap containers will be regularly cleaned by wiping with True Blue PERFORM.

Cleaning Kitchen Areas

- All kitchen dishes and utensils will be kept thoroughly clean.
- All kitchen surfaces will be cleaned with True Blue Wipeout before use.
- Cutting boards will be made from a non-porous material, washed daily in the dishwasher and replaced if cracked.
- Cups and plates and utensils used by children will be washed in a dishwasher above 75°C.
- Tables and chairs will be wiped down with True Blue USEALL and floors will be swept (and mopped if required) after each mealtime and disinfected at the end of the day with True Blue PERFORM.
- Microwaves will be cleaned at the end of the day with True Blue USEALL, and after use as required.
- Fridges will be cleaned once a week with True Blue USEALL, and as required.
- Kitchen refuse will be put in a lined bin with a close-fitting lid and removed regularly from the kitchen.
- Bins will be emptied, cleaned and disinfected with True Blue PERFORM at the end of the day and as required.
- Children will be encouraged not to use utensils which have been dropped on the floor or to eat food which has been handled by another child.
- Cupboards and storage areas will be regularly cleaned as required, particularly if they are visibly dirty, have cobwebs or odours.

Cleaning Washrooms

- Washrooms in the Toddler and Preschool Rooms will be checked throughout the day, particularly after the lunchtime routine, and cleaned as necessary.
- Washroom surfaces (including floors, sinks, taps, doorknobs, basins), will be wiped with True Blue USEALL during the day and disinfected with True Blue PERFORM at the end of the day.
- Toilets will be sprayed with True Blue PERFORM disinfectant and wiped with a single use paper towel.
- Paper towels, toilet paper and hand soaps will be refilled when necessary.

Cleaning Nappy Change Areas

- Change mats will be squirted after each change with True Blue USEALL and wiped with a single use paper towel.

²⁶ Refer to: Food Safety Policy (Food from Home)



- Nappy change benches will be sprayed with True Blue PERFORM at the end of each day.
- Spills of bodily fluids will be dealt with in accordance with the procedures given in the First Aid Policy and in the section over-page.
- The nappy change areas will be mopped at the end of each day or when necessary with True Blue USEALL.

Cleaning Beds, Linen and Clothing

- Tea towels, feeders and face washers will be changed and washed after each use. They will be washed in the washing machine and dried in the dryer.
- Children's dress-up clothes will be washed at least quarterly and as required.
- No personal clothing or linen items will be shared.
- Spare clothing borrowed from Heritage will be laundered by the child's family before it is returned to the service.
- Educators must avoid contact with soiled linen en route to the laundry facility by placing it in a plastic bag and wearing gloves.
- Clean bed linen will be provided weekly (or more often if soiled).
- Toddler beds will be wiped with True Blue USEALL and air dried before clean sheets are put on.
- Cot frames will be wiped between uses with True Blue USEALL and clean sheets put on.
- Cot mattresses will be wiped with PERFORM between uses and air dried.

Cleaning Sandpits

Sandpits allow for many different types of play for children, however unclean sandpits can cause infections in children. Keeping sandpits clean and dry is more important than regular disinfecting.

Sandpit Risks

- Sandpits can become unclean when animals, particularly cats, use them as toilets.
- Toxoplasmosis can be spread from cats to humans through dirty sandpits. Toxoplasmosis can harm an unborn child however is usually a mild illness in children and adults. It causes a rash, swollen glands, fever and feeling unwell.
- Insects can live in damp sand and may bite or sting children.

Sandpit Hygiene

Heritage will:

- Construct sandpits so that they have adequate drainage.
- Ensure the sand is at least 500mm deep and replenish the sand when it drops 100mm below the top of edge of the sandpit.
- Use washed beach or river sand (Builders' brick sand is not suitable).
- Ensure the sandpit is dug over quarterly by the ANU Handyman.
- Replace all the sand where extensive contamination has occurred, such as through a large spill of body fluids. The old sand must be removed completely from the playground area.

Educators will:

- Securely cover the sandpit when not in use with a mesh cover to prevent contamination by cats and possums or foreign objects.
- Rake and check the sandpit every morning for contamination by cats, possums, dirt, rubbish or foreign objects which must be removed:
 - Raking removes rubbish and stirs up the sand so it gets aired (fresh air is a good disinfectant).



- Should the sand be contaminated by faeces, blood or other bodily fluids, the affected sand must be totally removed and disposed of.
- Educators must wear appropriate protective clothing, use a shovel and dispose of the contaminated sand in a plastic bag or alternative which must be placed in an appropriate bin.
- Educators must disinfect the remaining sand and the sand surrounding the contaminated area by spraying with True Blue PERFORM in a watering can. The sand must be left to dry and then raked over.
- Disinfect the sandpit weekly by spraying with True Blue PERFORM in a watering can, leaving it to air dry before raking over.
- Regularly hose the sand with tap water if it is not being regularly washed by the rain.
- Remove toys from the sandpit at the end of each day.

Cleaning Staff Room

All educators are responsible for keeping the staff room in a clean and hygienic state including:

- Regularly stacking dirty dishes neatly on a tray to be taken to the Toddler Room dish washer regularly throughout the day.
- Cleaning and disinfecting rubbish bins.
- Removing rubbish.
- Cleaning kitchen surfaces and tables with True Blue USEALL.
- Wiping the microwave with True Blue USEALL daily.
- Sanitising kitchen surfaces with PERFORM at the end of the day.

Nappy Changing and Toileting Procedures

Heritage aims to minimise the spread of disease and cross infection by providing all educators with clear procedures for nappy changing and toileting of young children. Heritage procedures will follow the guidelines of the National Health and Medical Research Council.²⁷

In addition to meeting children's physical needs, nappy changing, and toilet training will be regarded by educators as an important time to:

- Involve children in the nappy changing process where-ever possible.
- Give children their full attention and build respectful, trusting and caring relationships with both children and families.
- Interact with children using verbal and nonverbal communication.
- Build children's understanding of what is happening now and promote their ability to predict what will happen next in the daily room flow/routine.
- Help children to develop and extend their self-help skills.

At all times procedures will be:

- Displayed in all rooms.
- Hygienic.
- Designed in collaboration with families in order to build supportive respectful relationships with families, build consistency between home and the service, support the role of parents and respect families' cultural values and beliefs, where safe to do so.²⁸
- Designed to support children's learning, meet individual needs and develop trusting relationships with children and families.²⁹
- Flexible to allow children's abilities to grow so that they can practice new skills in a supportive, unhurried environment.

²⁷ Refer to: References and Further Reading; Useful Factsheets

²⁸ Refer to: Creating Inclusion and Equity Policy

²⁹ Refer to: Meeting individual and Additional Needs Policy; Communication with Families Policy; Curriculum and Program Planning Policy



- Respectful of children's individual needs for dignity and privacy (Regulation 55), while maintaining appropriate supervision and assistance.³⁰
 - While educators need to be aware of children's safety, this does not necessarily mean accompanying every child to the toilet. Educators must make decisions based on their knowledge of individual children and their abilities and are encouraged to undertake a risk assessment and identify appropriate risks while balancing children's privacy.
- Inclusive and designed to promote individual competence, while maintaining a safe and hygienic environment.³¹
- Safe so that children cannot access cleaning products while ensuring educators are able to access all of the resources needed for hygienic nappy changing and toileting.
- Effective in recording information about nappy changing and toileting that is tailored to the information families are seeking.
- Designed to promote relaxed, positive routines for all involved.

Toileting Procedures – Nursery and Toddler Room

The children in this group usually enter nappy dependent and leave toilet trained.

- As young children begin to use the toilet, they will need assistance to learn the skills required to do this hygienically.
- Educators must be available to help children respectfully remove necessary clothing, get on and off the toilet, wipe their bottom, encourage children to flush the toilet and wash and dry their hands.
- All toilets and hand basins will be the appropriate size however steps and toilet inserts may also be used to help the children reach and sit on the toilet properly.

Toilet Training Guidelines

- Families who wish their child to commence toilet training at Heritage are encouraged to speak to educators and discuss whether the child is ready and if so, develop a plan for at home and at Heritage.
- Toilet training is an aspect of the child's developmental experience where mutual respect and open communication is vital for a positive outcome.
- The decision to start toilet training will be based on signs of readiness and the child's willingness to start. Signs that a child is ready for toilet training include if the child is:
 - Walking and can sit for short periods of time
 - Becoming generally more independent when completing tasks and understanding about things having their place around the home or Heritage
 - Interested in watching others go to the toilet
 - Has dry nappies for up to two hours
 - Talking about when they do a poo, or wee in their nappy, especially before it happens
 - Beginning to dislike wearing a nappy or trying to pull it off when it's wet or soiled
 - Has regular, soft, formed bowel movements
 - Able to pull their own pants up and down
 - Able to follow simple instructions (Raising Children Network, 2014)
- When it is agreed that the child is ready, the process of learning to use the toilet should be easy and it will be a matter of educators supporting the child's learning.

Families are asked to:

- Send their child in pull ups or elasticised pants.
- Provide several changes of clothing/underwear in case of accidents.
- Read the information provided by the Director/Room Leader on toilet training which contains information on positive toileting, the need for consistency and strategies to help

³⁰ Refer to: Privacy and Confidentiality Policy; Child Protection Policy; Supervision and Water Safety Policy

³¹ Refer to: Meeting Children's Individual and Additional Needs Policy



make the toileting experience positive for both the family and the child. **Refer to:** Toilet Training Factsheet: Attachment 4 and at <https://www.startingblocks.gov.au/at-home/toilet-training-your-child/>

Toileting Procedures – Preschool Room

Most children in this group can go to the toilet themselves when they feel the need, however they will be reminded regularly during the day and assisted as required. Families are asked to:

- Send their child in elasticised pants or other clothing that is easily managed.
- Provide several changes of clothing/underwear in case of accidents.
- Read the information provided by the Director/Room Leader on toilet training which contains information on positive toileting, the need for consistency and strategies to help make the toileting experience positive for both the family and the child. ³²

³² Refer to: Factsheets in Reference and Further Reading.



Nappy Changing Procedures for Educators – Nursery

**NEVER leave a baby unattended on nappy change bench and ensure they are within hand reach at all times, and gently place hand on baby if you need to turn away.
Call for assistance if something is out of reach or take baby with you.**

Prepare

- Prepare clean nappy, baby wipes, ointments, lined, hands free, lidded bin/plastic bag for nappy disposal.
- Wash and dry hands, and put on apron and gloves.
- Put paper towel on top of change mat and under soiled nappy.
- Allow baby to walk to the change area and up steps to bench if able to.
- **Note:** Carry a baby away from the body is only if faeces on the child and/or their clothing.

Change

- Remove nappy and place immediately in the bin, or double zip-lock bag provided by parents, if using BM cloth nappies. (**Note:** Educators will not clean BM nappies as this is an infection risk for educators).
- Wipe baby clean with disposable wipes and place in bin.
- Place nappy in gloves (peel back gloves over nappy) and put immediately in the bin, along with paper and wipes, ensure nothing is left on change table.
- If clothes are soiled, put on new gloves and place any soiled clothing in a plastic bag (**two bags, if heavily soiled**), tying the top firmly.
- Write child's name on bag and place it out of reach of children for returning to the family.
- Remove gloves before touching baby's clean clothes (by peeling them back from the wrists), turning them inside out, and put them in the bin.
- Wear new gloves if applying nappy cream, then remove as above.
- Put on clean nappy and dress baby.
- Wash and dry baby's hands (may use disposable wet wipes).
- Help baby down steps if able to do so or carry baby away from change table.
- For BM cloth nappies, ensure the zip-lock bag containing the used nappy is put in the nappy-specific wet-bag provided by parents and place in labelled basket for the child.

Clean

- Squirt the change mat with True Blue USEALL and wipe with a new paper towel.
- Wash and dry own hands immediately.
- Record nappy change on appropriate sheet.

Responsive and Supportive Practices

- Ensure nappy changing is a relaxed, unhurried procedure that provides both dignity for the baby and supervision of other babies.
- Respond to baby's cues and allow them to be active participants in the process.
- Where possible, use the correct terms for nappy changing.
 - Educators may ask families the key words/phrases they use at home, as consistent language between home and care will help babies to understand and learn more easily.
- Be sensitive to individual baby's needs and styles and tailor individual nappy change to each baby, where safe to do so.
- Be positive about nappy changing so encouragement is reinforced in language and actions.
- Communicate with families to ensure they supply adequate numbers of nappies to meet their baby's needs while at Heritage.
- Exchange information regularly with families about nappy changing routines at home and Heritage and respect families' culture practices, where safe to do so.

Ensure a focused, positive interaction with each child during nappy changing



Nappy Changing Procedures for Educators - Toddler Room

**NEVER leave a child unattended on nappy change bench and ensure they are within hand reach at all times - gently place hand on child if you need to turn away.
Call for assistance if something is out of reach or take child-baby with you.**

Prepare

- Prepare clean nappy, baby wipes, ointments, lined, hands free, lidded bin or plastic bag for nappy disposal.
- Wash and dry hands or use hand sanitiser then put on apron and gloves.
- Put paper towel on top of change mat and under soiled nappy.
- Allow child to walk up steps to bench if able to.
- **Note:** Carry a child away from the body is only if faeces on the child and/or their clothing.

Change

- Remove nappy and place immediately in the bin, or double zip-lock bag provided by parents, if using BM cloth nappies. (**Note:** Educators will not clean BM nappies as this is an infection risk for educators).
- Wipe child clean using disposable wipes and place in bin.
- Remove paper and place in the bin, ensuring nothing is left on change table.
- Place any soiled clothing in two plastic bags and tie firmly at the top.
- Write child's name on bag and place it out of reach of children for returning to the family.
- Remove gloves (peeling them back from the wrists), turning them inside out, and put in bin.
- Wear new gloves if applying nappy cream, then remove as above. (Is this right?)
- Put on clean nappy and dress child.
- Help child down from bench using steps.
- Supervise or help child to wash their hands in sink provided. (Educators may ask if they have sung a song or counted to ten while doing so, and if they have used recycling bins).
- For BM cloth nappies, ensure the zip-lock bag containing the used nappy is put in the nappy-specific wet-bag provided by parents and place in labelled basket for the child.

Clean

- Squirt the nappy bench with True Blue USEALL and wipe with a paper towel.
- Wash own hands immediately.
- Record nappy change on appropriate sheet.

Responsive and Supportive Practices

- Ensure nappy changing is a relaxed, unhurried procedure that provides both dignity for the child and supervision of other children.
- Respond to children's cues and allow them to be active participants in the process.
- Where possible, use the correct terms for going to the toilet.
 - Educators may ask families the key phrases they use at home, as consistent language between home and care will help children to understand and learn more easily.
- Be sensitive to individual children's needs and styles and tailor toileting procedures to each child, where safe to do so.
- Prompt children by asking or reminding them about using the toilet.
- Be positive about toilet training so encouragement is reinforced in language and actions.
- Foster children's independence as much as possible.
- Respond calmly and appropriately to toileting accidents.
- Communicate with families regarding spare clothing to meet their child's needs.
- Exchange information regularly with families about toileting routines and readiness at home and at Heritage and respect families' culture practices, where safe to do so.

Ensure a focused, positive interaction with each child during nappy changing



Toileting Procedures for Educators – Nursery and Toddler Room

Be Prepared

- Observe children for signs of toileting readiness.
- Be alert to signs that a child is uncomfortable.
- Respond to children's cues that they require the toilet, allowing them to be active participants in the process.
- Allow children to take their time and use the correct terms for going to the toilet.
- Be sensitive to the individual child's needs and routine at home.
- Speak respectfully to the child about the process.
- Ask or remind children to use the toilet.
- Respond quickly when a child indicates they need to use the toilet.
- Use only positive reinforcement to encourage the children's efforts to be independent and to develop their self-help skills.
- Use positive verbal prompts to guide the child through the toileting process.
- Discuss routines and progress with families.
- Where a child is showing distress about using the toilet, respect the child's needs and emotions and implement an alternative method of toileting in consultation with the family.
- Never force a child to sit on a toilet or leave a child in soiled or wet clothing.

Assist with Accidents

- Change the child if they have an accident promptly and quietly without fuss and remaining neutral (ie, showing neither disgust nor approval).
- Place soiled clothing in two plastic bags and tie at the top.
- Write child's name on bag and place it out of reach of children for collection by the family.

Assist Child to use the Toilet

- Wear gloves at all times when assisting a child with toileting.
- Allow children to use step or toilet inset to enable them to independently sit on a toilet, while maintaining supervision to ensure safety and provide support as required.
- Follow toileting visual aids in all bathrooms to assist the children.
- Respectfully encourage children to remove necessary clothing and assist as needed.
- Accommodate individual needs for privacy while maintaining appropriate supervision.³³ **NOTE:** *Children aged 2-3 generally require some assistance when dressing/undressing, especially when toilet training. Educators must be aware and sensitive to the fact that children have a right to dignity and privacy when dressing and undressing. (Regulation 155).*
- Encourage children to use toilet paper and wipe from front to back and respectfully assist children as required during this process.
- Support children with soiled clothing and:
 - Place any waste in the toilet; Place soiled clothing in plastic bag and tie it at the top.
 - Write child's name on bag; place out of reach of children for collection by the family.

Clean

- Remind children to flush the toilet and replace clothing.
- Remove and dispose of gloves by peeling them back from wrists and placing them in specific bin provided and wash hands as per procedures.
- Remind and assist younger children to wash and dry their hands appropriately while counting to ten slowly or singing a favourite song.
- Ask older children if they have washed and dried their hands.
- Encourage children to dry their hands using a paper towel and dispose in recycling bins.
- Wash and dry own hands.
- Immediately clean up spills on/around the toilet.³⁴
- Regularly check the toilet area is clean and tidy.

³³ Refer to: Child Protection Policy; Privacy and Confidentiality Policy.

³⁴ Refer to: Cleaning and Disposal of Bodily Fluids



Toileting Procedures for Educators – Preschool Room

Be Prepared

- Ensure **only three children** are using the toilet area at a time.
- Allow children to take their time.
- Respond to children's cues that they require the toilet.
- Use the correct terms for going to the toilet.
- Ask or remind children to use the toilet.
- Speak respectfully to the children about the process.
- Use only positive reinforcement and verbal prompts if required to encourage the through the toileting process.
- Never force a child to sit on a toilet or leave a child in soiled or wet clothing.

Assist with Accidents

- Change the child if they have an accident promptly and quietly without fuss and remaining neutral (ie, showing neither disgust nor approval).
- Place soiled clothing in two plastic bags and tie it at the top.
- Write child's name on bag and place it out of reach of children for collection by the family.

Assist

- Supervise and assist younger children to use the toilet if required.
- Wear gloves at all times when assisting a child with toileting.
- Allow children to use step or toilet inset to enable them to independently sit on a toilet;
- Follow toileting visual aids in all bathrooms to assist the children.
- Respectfully encourage children to remove necessary clothing and assist as needed.
- Seek to accommodate children's individual needs for privacy while maintaining appropriate supervision. **NOTE:** Children aged 3-4 may require some assistance when dressing and undressing, especially when toilet training, however educators must be aware and sensitive to the fact that children have a right to dignity and privacy when dressing and undressing (Regulation 155).³⁵
- Encourage children to use toilet paper and wipe from front to back and respectfully assist children as required during this process.
- Support children with soiled clothing and:
 - Place any waste in the toilet.
 - Place soiled clothing in two plastic bags and tie at the top.
 - Write child's name on bag and store out of reach of children for returning to family.

Clean

- Remind children to flush the toilet and replace clothing if required.
- Remove and dispose of gloves in bin if required, and wash hands as per procedures.
- Supervise and assist younger children to wash and dry their hands if required.
- Encourage children to dry their hands using paper towel; dispose in recycling bins.
- Ask older children if they have washed and dried their hands.
- Encourage older children to ask for help if they need it.
- Only use positive reinforcement.
- Wash hands.
- Immediately clean up spills on/around the toilet.
- Regularly check the area is clean and tidy.

³⁵ Refer to: Child Protection Policy; Privacy and Confidentiality Policy



Excursions

Heritage educators must follow the Hygiene and Infection Control (including Toileting) Policy and Procedures as far as practicable on excursions. Where water is not available, antiseptic wipes or alcohol-based hand rub will be used in place of hand washing. ³⁶

Training and Education

- Educators will be trained on hygiene and infection control procedures during the induction process and as required.
- A Quarterly Hygiene Procedures Educator Compliance Check will be carried out by the Health and Safety Representative (HSR). A Nappy Change Procedures Educator Compliance Check will be carried out quarterly by each Room Leader. ³⁷
- Heritage will maintain and strengthen the skills of educators in hygiene and infection control through its Professional Development Program to ensure a clean and hygienic environment. Health care professionals will be invited to discuss hygiene practices when appropriate.
- Heritage will support educators to research/consider alternative/sustainable cleaning options.

Educational Program

- Hand washing and other hygiene practices will be incorporated into the program of play experiences for children using dramatic play, books, posters, songs and rhymes.
- Educators will reinforce hygiene habits at the service through the daily routines such as mealtimes, nappy changing and toileting.
- Educators will role model good cleaning practices at all times.
- Children will be encouraged to help clean up after messy activities where appropriate.
- By setting hygiene rules with children and providing positive feedback and support, educators will help develop personal hygiene skills.

Communication

- Hygiene posters will be on display throughout the service for educators and factsheets will be given to families as required and in the Members Section of the Heritage Website.³⁸
- Heritage will regularly communicate with families and educators regarding hygiene procedures including during the employee induction process, child enrolment process and via Handbooks, noticeboards, newsletters and the website.

Policy Review and Evaluation

The safety and wellbeing of the educators, families and children will be the priority of the education and care service. In order to assess whether the values and purposes of the policy have been achieved, the Director, in consultation with the Management Committee will:

- Regularly seek feedback from everyone affected by the policy regarding its effectiveness.
- Monitor the implementation, compliance, complaints and incidents in relation to this policy.
- Monitor and investigate any issues related to food safety, such as reports of gastroenteritis or food poisoning.
- 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.
- Provide families with opportunities to contribute to the review of this policy (procedure/guideline).
- Notify parents/guardians at least 14 days before making any changes to this policy.

³⁶ Refer to: Excursions Policy

³⁷ Refer to: Attachments 2 and 3

³⁸ Refer to: References and Further Reading: Factsheets



Related Policies

| Name | Location |
|--|---|
| COVID-19 Policy and Procedures and COVID Safe Plan | |
| Child Protection Policy | Policy and Procedures |
| Creating Inclusion and Equity Policy | Manual in Office, Main Entrance and Staff |
| Dangerous Products Policy | Programming Room. |
| Employment and Staffing (incl. Students & Volunteers Policy) | |
| First Aid for Injuries, Illness & Trauma Policy | Heritage Handbook. |
| Food Safety Policy and HACCP Plan | |
| Enrolment and Graduating Rooms Policy | Educator and Relief Educator Handbooks |
| Illness and Infectious Diseases Policy | |
| Medication Policy | Members Area of Heritage |
| Work, Health and Safety Policy | Website – Policies |
| Privacy and Confidentiality Policy | |
| Supervision and Water Safety Policy | |

References and Further Reading

Legislative References

Australian Children’s Education and Care Quality Authority (ACECQA). (2022). [Guide to the National Quality Framework.](#)

Australian Government Department of Education, Employment and Workplace Relations. (2009). [Belonging, Being & Becoming, the Early Years Learning Framework for Australia](#)
[Education and Care Services National Law Act \(ACT\), 2010](#)
[Education and Care Services National Regulations \(ACT\), 2011](#)
[National Quality Standard for Early Childhood Education and Care](#)

Other References

Aussie Childcare Network. (2013). [Natural Cleaning Products used in Centres.](#)

Australian Children’s Education and Care Quality Authority. (2018). [Toileting and Nappy Changing Principles and Practices.](#)

Australian Children’s Education and Care Quality Authority Starting Blocks. (n.d.) [Hygiene at Early Learning Centres:](#)

Australian Children’s Education and Care Quality Authority Starting Blocks. (n.d.) [Hygiene at Home.](#)

Community Early Learning Australia (CELA). (2018). *Sample Policy: Hygiene and Infection Control.*

National Childcare Accreditation Council. (2007). *Sample Hygiene and Infection Control Policy Template.*

National Health Medical Research Council. (2013). [Staying Healthy. Preventing infectious diseases in early childhood education and care services, 5th Edition.](#)

Raising Children Network. (2014). [Toilet Training.](#)

True Blue Chemicals. (2015). [Cleaning and Hygiene Products](#)

Wallace, Loretta. (2008). *Clean and Green: Natural Cleaning Formulas.*

Useful Factsheets

ACT Health: [Factsheets](#)

Better Health Channel: [Toilet Training](#)

Healthdirect: [Factsheets](#)



National Health Medical Research Council: [Fact Sheets](#)

- Recommended Minimum Exclusion Periods Poster
- Exclusion Periods Explained for Families
- What Causes Infections – Information for Families
- Breaking the Chain of Infection – Information for Families
- Changing a nappy without spreading germs poster
- How to Wash Hands Poster
- How to use Alcohol-based Hand Sanitiser Poster
- The Role of Hands in the Spread of Infection

National Health Medical Research Council: [Fact Sheets for Specific Conditions](#) (pages 77-172) of *Staying Healthy: Preventing infectious diseases in early childhood education and care services.* (5th ed), 2013.

Raising Children Network:

- [Toilet Training Guide](#)
- [Toilet Training: Children with Autism Spectrum Disorder](#)

Starting Blocks Factsheets:

- [Toileting and Nappy Changing Principles and Practices.](#)
- [Hygiene at Early Learning Centres:](#)
- [Hygiene at Home:](#)

Version Control and Change History

| Version Number | Approval Date | Approved by | Author and Amendments |
|----------------|---------------|----------------------|---|
| 1 | Sept 2001 | Management Committee | |
| 2 | February 2010 | Management Committee | Author: Julia Charters Rewrite of Heritage Health and Hygiene based on National Childcare Accreditation Council's Policy Templates. Combined with Toileting Policy. |
| 3 | August 2010 | Director | Minor additions made to hand washing and sandpit requirements. |
| 4 | Feb 2013 | Director | Minor review. Minor changes. |
| 5 | June 2015 | Management Committee | Author: Julia Charters Major review to reflect new ECEC Regulations and updated guidance in references above. Added Contents Page; Summary of Responsibilities; section on Use of Alcohol-based Rub; Food Preparation; Sustainable Cleaning Practices. Updated Nappy Changing and Toileting Procedures Charts by Room; Cleaning and Disposal of Bodily Fluids Charts. Updated Quarterly Hygiene Procedures Educator Compliance Check Form; Nappy Changing Procedures Educator Compliance Check Form. |
| 6 | August 2015 | Director | Update August 2015. Where HECC spare clothes are heavily soiled by vomit or faeces the educator may, at their discretion, choose to throw the clothing out. |



| | | | |
|----|---------------|----------------------|---|
| 7 | July 2020 | Management Committee | <p>Added Procedures for COVID-19. Updated References, Further Reading, Factsheets, Regulations and Quality Standards. Added procedures for BM cloth nappies and that families will not clean cloth nappies as this is a risk of infection for educators. Added references to Food Safety Policy re cleaning Expressed Breast Milk which is both a food and bodily fluid. Also added procedures to ensure it is not given to the wrong child. Added more references to Interactions with Children (Regulation 155). Added Educator Hygiene and Nappy Change Procedure Checklists as Appendices Added Toilet Training Information from Starting Blocks /ACECQA to Website and as an Appendix.</p> |
| 8 | Oct 2020 | Director | Added Attachments 6 and 7 from ACT Health. |
| 9 | February 2021 | Director | Added Standing Nappy Change Procedures Check. Washing hands procedures updated to 20 seconds as per COVID-19 Policy. |
| 10 | July 2021 | Director | Updated COVID-19 Procedures to reflect updated COVID-19 Policy 2021. |
| 11 | Sept 2021 | Director | Cleaning and replenishing procedures for wooden toys added. |
| 12 | Oct 2021 | Director | Updated COVID-19 Procedures to reflect updated COVID-19 Policy 2021. |
| 13 | Feb 2022 | Director | Updated COVID-19 Procedures to reflect updated COVID-19 Policy 2021 – living with COVID context. |
| 14 | May 2022 | Director | Updated COVID-19 Procedures to reflect updated COVID-19 Policy May 2022 |
| 15 | Oct 2022 | Director | Updated COVID-19 Procedures to reflect updated COVID-19 Policy Oct 2022 |
| 16 | April 2023 | Director | Updated COVID-19 Procedures to reflect updated COVID-19 Policy April 2023 |



How to Wash hands

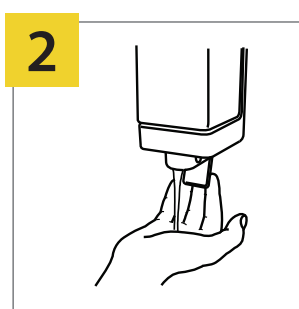
STAYING HEALTHY | 5TH EDITION | 2013



A hand wash should take around 30 seconds.



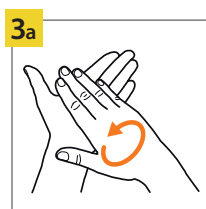
1 Wet hands with running water (preferably warm, for comfort).



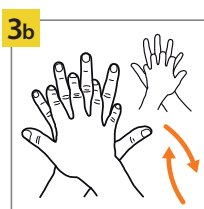
2 Apply soap to hands.



3 Lather soap and rub hands for at least 15 seconds, including:



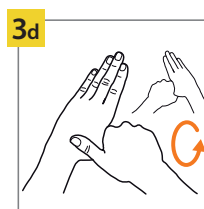
3a palm to palm,



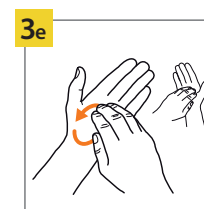
3b back of hands,



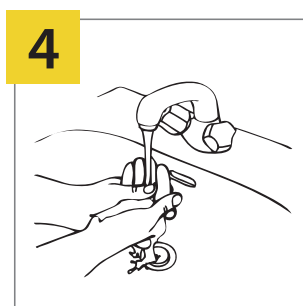
3c in between fingers and back of fingers,



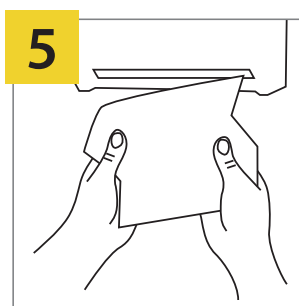
3d around thumbs and



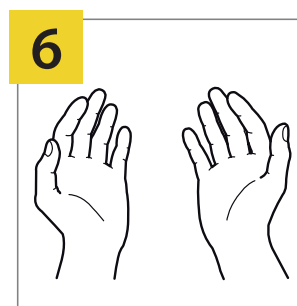
3e tips of fingers.



4 Rinse hands with water.



5 Dry hands thoroughly.



6 Your hands are clean.

THIS POSTER REFERENCES THE WORLD HEALTH ORGANIZATION'S 'HOW TO HANDWASH?' POSTER NHMRC Ref. CH55g Printed June 2013



Australian Government
National Health and Medical Research Council

NHMRC

WORKING TO BUILD A HEALTHY AUSTRALIA



**Attachment 2: Quarterly Hygiene and Infection Control Procedures
Educator Compliance Check 2021**

This checklist is to assist the Director, Health and Safety Representative and Room Leaders to check that hygiene and infection control procedures are being followed according to the policy. It is to be used with the following checklists: Quarterly Food Safety Procedures Educators Compliance Check and Quarterly Nappy Change Procedures Educators Compliance Check.

Room _____ Month _____ Year _____

Are these procedures being followed?

| Hand Washing Procedures | Yes/No/N/A |
|---|------------|
| Hands are washed by: | |
| • Wetting hands with running water | |
| • Using liquid soap, lathered over hands | |
| • Rubbing hands vigorously with soap, while counting from 1-10, over palms, back of hands, in between fingers, under fingernails, and around wrists | |
| • Rinsing hands thoroughly, while counting from 1-10, to remove all soap suds | |
| • Turning off tap (if not automatic) with a single use paper towel or using elbow to nudge lever off | |
| • Drying hands thoroughly with a new, single use, paper towel | |
| Alcohol-based Rub is used by: | |
| • Rubbing it from palm to palm, over back of hands, in between fingers and back of fingers, around thumbs and tips of fingers for about 10-15 seconds | |
| • Allowing it to dry | |
| • Ensuring hands are washed with soap and water if visibly dirty | |
| Educators wash their hands: | |
| • On arrival and departure at the centre (may use alcohol-based hand rub) | |
| • Before and after food preparation | |
| • Before feeding an infant a bottle | |
| • Before and after first aid procedures, including giving medication | |
| • After toileting and nappy changing | |
| • After handling/cleaning bodily fluids such as urine/blood/faeces/vomit | |
| • After handling chemicals | |
| • After disposing of garbage bags | |
| • After handling animals or animal food | |
| • After washing soiled clothing | |
| • After nose wiping (may use hand sanitisers if outside) | |
| • After sneezing or coughing into hand or touching a disposable tissue | |
| • After biting nails or touching a sore/pimple | |



| Educators supervise children to wash their hands appropriately: | |
|--|-------------------|
| • After going to the toilet | |
| • After wiping their own nose | |
| • Before handling food or eating | |
| • After eating | |
| • After handling animals or animal food | |
| • Whenever their hands appear excessively dirty such as after playing in the sandpit or after craft activities | |
| • Whenever there may be a chance of contamination | |
| • Babies who cannot stand at the basin have their hands washed with a single use wipe or disposable towelette | |
| Coughing and Sneezing: Children and Educators | Yes/No/N/A |
| • Cover their mouth and nose with a tissue and then throw the tissue in the bin and wash hands or cough or sneeze into their upper sleeve or elbow | |
| • Educators wear gloves and wipe children's runny noses with a tissue and throw the tissue in the bin, then remove gloves | |
| Disposable Gloves are Worn During: | Yes/No/N/A |
| • Food preparation as appropriate, ie, to provide a barrier instead of tongs to handle messy food; to cover cuts/dermatitis/open skin on hands, which are also covered with a water-resistant dressing, eg, Band Aid | |
| • First aid procedures | |
| • Helping toddlers and pre-schoolers with toileting | |
| • Nappy changing | |
| • Handling bodily fluids such as blood, faeces or vomit | |
| • Washing of soiled or wet clothing | |
| • Nose wiping | |
| • Cleaning toilets/nappy change areas | |
| • Handling chemicals | |
| Sustainable Practices | Yes/No/N/A |
| • Natural cleaning agents are used in place of chemicals where safe to do so | |
| • Containers for food scraps and labelled recycling containers are available | |
| • Food scraps used in composting or worm farm containers or as chicken food | |
| Hygiene Procedures for Dummies and Bottles in the Nursery | Yes/No/N/A |
| • Pacifiers and milk bottles are brought from home and not shared | |
| • Each child's pacifier is stored in its' own labelled container between uses, and out of reach of children | |
| • If bottles require washing, they are washed in dishwasher at 75°C | |
| Procedures for Cleaning Toys and Equipment in the Nursery | Yes/No/N/A |
| • Infants and toddlers are discouraged from sharing mouthed objects | |
| • Toys mouthed during the day are put aside until they can be washed | |



| | |
|--|-------------------|
| <ul style="list-style-type: none"> • Toys are washed in warm soapy water and/or wiped daily with True Blue USEALL before being put away and as required. (See procedure below for wooden toys). | |
| <ul style="list-style-type: none"> • All material books and soft toys are machine washed regularly, at least every quarter, and as required | |
| <ul style="list-style-type: none"> • Books which are visibly dirty are wiped with hot soapy water | |
| Procedures for Cleaning Toys in the Toddler Room and Preschool Room | Yes/No/N/A |
| <ul style="list-style-type: none"> • Toys used regularly by the Toddlers/Pre-schoolers are washed weekly and as required by soaking in very hot soapy water for 3 minutes and then washed, and left to dry (preferably sun dried) before being used again | |
| <ul style="list-style-type: none"> • Toys that cannot be soaked (e.g., battery operated or wooden) are wiped weekly with True Blue USEALL and left to dry. (See procedure below for wooden toys below). | |
| <ul style="list-style-type: none"> • Toys brought out and used only occasionally by Toddlers and Preschoolers, such as Lego, are washed monthly and as required. | |
| <ul style="list-style-type: none"> • Outdoor equipment such as climbing frames and bikes are washed or sprayed with True Blue Perform as required and hosed down once a quarter. | |
| Procedures for Cleaning and Replenishing Wooden Toys | Yes/No/N/A |
| <ul style="list-style-type: none"> • Wooden toys are never soaked or fully immersed in water as they are porous, and it causes swelling and cracks/damage. | |
| <ul style="list-style-type: none"> • Wooden toys are wiped gently with a cloth and warm water. <ul style="list-style-type: none"> ○ To remove more severe dirt or staining, a small amount of Useall is added to a spray bottle of warm water. ○ For more severe stains a mix of 1 parts vinegar to 10 parts warm water solution is used, or a stronger mix for stubborn stains. | |
| <ul style="list-style-type: none"> • Wooden toys are placed outside in a safe place and allowed to dry, avoiding direct sunlight as this could crack wooden toys. | |
| <ul style="list-style-type: none"> • Smooth sandpaper is used as required to remove unwanted marks from wooden toys (not recommended for coloured toys). | |
| <ul style="list-style-type: none"> • Wooden toys are moisturised every quarter after they have been cleaned to help extend their lifetime. | |
| <ul style="list-style-type: none"> • A washcloth with olive oil or beeswax polish is used to gently rub into wooden toy. | |
| <ul style="list-style-type: none"> • After moisturizing, the toy is allowed to dry for a few hours (avoiding direct sunlight) before being placed back in the play area. | |
| Procedures for Cleaning Surfaces | Yes/No/N/A |
| <ul style="list-style-type: none"> • All surfaces which are touched frequently, eg, bench tops/cots/taps/soap containers/door handles are regularly cleaned during the day with USESALL | |
| <ul style="list-style-type: none"> • Educators use a scrubbing action to loosen and lift the dirt from surfaces, then wipe and leave to dry | |
| <ul style="list-style-type: none"> • All surfaces that food is prepared and served on are cleaned with True Blue Wipe Out (Food Grade Sanitiser) before use | |
| <ul style="list-style-type: none"> • Table-tops and low chairs in the rooms are wiped clean with True Blue USEALL throughout the day, particularly before and after eating, and disinfected with True Blue PERFORM at the end of the day | |
| <ul style="list-style-type: none"> • Cleaning cloths are colour coded and used only according to purpose: Blue (art), Yellow (floor spillage), Green (table-tops/chairs, benches) | |
| <ul style="list-style-type: none"> • Green cloths are washed in hot soapy water, rinsed and dried between uses | |



| | |
|--|-------------------|
| <ul style="list-style-type: none"> • Cleaning cloths are replaced regularly, every day for green cloths | |
| <ul style="list-style-type: none"> • Floors are mopped daily and as required with True Blue USEALL | |
| <ul style="list-style-type: none"> • Mops are cleaned regularly by soaking in True Blue PERFORM, wrung out and air dried in the sun where possible | |
| Procedures for Cleaning Kitchen and Storage Areas | Yes/No/N/A |
| <ul style="list-style-type: none"> • Kitchen surfaces, cups, dishes and utensils are kept thoroughly clean | |
| <ul style="list-style-type: none"> • Kitchen surfaces are cleaned with True Blue Wipeout before use | |
| <ul style="list-style-type: none"> • Cutting boards are made from a non-porous material, washed daily in the dishwasher, and replaced when cracked or scored | |
| <ul style="list-style-type: none"> • Cups and plates used by children are washed in a dishwasher above 75°C | |
| <ul style="list-style-type: none"> • Tables and chairs are wiped down with True Blue USEALL and floors swept (and mopped if required) after each mealtime, and disinfected at the end of the day with True Blue PERFORM | |
| <ul style="list-style-type: none"> • Microwaves are cleaned at the end of the day with True Blue USEALL, and after use as required | |
| <ul style="list-style-type: none"> • Fridges are cleaned once a week with True Blue USEALL, and as required | |
| <ul style="list-style-type: none"> • Kitchen refuse is put in a lined bin with a close-fitting lid and removed regularly from the kitchen | |
| <ul style="list-style-type: none"> • Bins are emptied, cleaned and disinfected with True Blue-PERFORM at the end of the day and as required | |
| <ul style="list-style-type: none"> • Cupboards and storage areas are regularly checked and if dirty, have cobwebs or odours, are cleaned | |
| Procedures for Cleaning Washrooms | Yes/No/N/A |
| <ul style="list-style-type: none"> • Washrooms in the Toddler and Preschool Rooms are checked throughout the day, particularly after the lunchtime routine, cleaned and tidied as necessary | |
| <ul style="list-style-type: none"> • Washroom surfaces (including floors, taps, doorknobs, basins), are regularly cleaned with True Blue USEALL throughout the day and disinfected at the end of the day with True Blue PERFORM | |
| <ul style="list-style-type: none"> • Toilets are disinfected by spraying with True Blue PERFORM and wiped with a single use paper towel throughout the day | |
| <ul style="list-style-type: none"> • Paper towels, toilet paper and hand soaps/sanitiser are refilled when necessary | |
| Procedures for Cleaning Nappy Change Areas | Yes/No/N/A |
| <ul style="list-style-type: none"> • Change mats are squirted after each change with True Blue USEALL and wiped with a single use paper towel. Change mats are also put out in the sun to be disinfected. | |
| <ul style="list-style-type: none"> • Benches are disinfected with True Blue PERFORM at the end of each day | |
| <ul style="list-style-type: none"> • The nappy change areas are mopped at the end of the day and when necessary by educators during the day, with True Blue USEALL | |
| Procedures for Cleaning Beds, Linen and Clothing | Yes/No/N/A |
| <ul style="list-style-type: none"> • Tea towels, feeders and face washers are changed after each use and washed in the washing machine and dried in the dryer | |
| <ul style="list-style-type: none"> • Children's dress-up clothes are washed quarterly and as required | |
| <ul style="list-style-type: none"> • No personal clothing or linen items are shared | |



| | |
|--|-------------------|
| <ul style="list-style-type: none"> Spare clothing borrowed from Heritage is laundered by the child's family before it is returned to the service | |
| <ul style="list-style-type: none"> Educators avoid contact with soiled linen en route to the laundry facility by wearing gloves, placing it in a plastic bag and tying it at the top | |
| <ul style="list-style-type: none"> Clean bed linen is provided weekly (or more often if soiled) | |
| <ul style="list-style-type: none"> Toddler beds are wiped with True Blue USEALL and air dried before clean sheets are put on | |
| <ul style="list-style-type: none"> Cot frames are wiped between uses with USEALL and clean sheets put on | |
| <ul style="list-style-type: none"> Plastic cot mattresses are sprayed with True Blue PERFORM between uses and wiped dry with a paper towel. | |
| Procedures for Cleaning Sandpit | Yes/No/N/A |
| <ul style="list-style-type: none"> The sandpits are securely covered when not in use with a mesh cover to prevent contamination by cats and possums or foreign objects | |
| <ul style="list-style-type: none"> The sandpits are raked and checked by educators daily in the mornings for contamination by cats, possums, rubbish or foreign objects | |
| <ul style="list-style-type: none"> Educators regularly wash the sand with tap water from a hose, if it is not being regularly washed by the rain | |
| <ul style="list-style-type: none"> If sand becomes contaminated by faeces/blood/other bodily fluids, the affected sand is totally removed and disposed of. The remaining sand is disinfected by spraying with PERFORM disinfectant from a watering can, it is allowed to air dry and raked before use | |
| <ul style="list-style-type: none"> Sand is disinfected weekly with PERFORM from a watering can | |
| <ul style="list-style-type: none"> Sand is renewed completely and removed from premises if becomes very soiled | |
| Cleaning Staff Room: Staff: | Yes/No/N/A |
| <ul style="list-style-type: none"> Put dirty dishes and cups in dishwasher | |
| <ul style="list-style-type: none"> Clean and disinfect rubbish bins and remove rubbish daily | |
| <ul style="list-style-type: none"> Clean kitchen surfaces and tables with True Blue USEALL as needed | |
| <ul style="list-style-type: none"> Wipe the microwave with True Blue USEALL daily | |
| <ul style="list-style-type: none"> Sanitise kitchen surfaces with PERFORM at the end of the day | |
| Assisting with Toileting: Educators: | Yes/No/NA |
| <ul style="list-style-type: none"> Wear gloves at all times when assisting a child with toileting | |
| <ul style="list-style-type: none"> Allow children to use step or toilet insert to enable them to independently sit on a toilet, while maintaining respectful supervision and support as required | |
| <ul style="list-style-type: none"> Respectfully encourage children to remove necessary clothing and assist as needed while respecting right to dignity and privacy | |
| <ul style="list-style-type: none"> Encourage children to use toilet paper and wipe from front to back and respectfully assist children as required during this process | |
| <ul style="list-style-type: none"> Support children to remove any soiled clothing | |
| <ul style="list-style-type: none"> Place any waste in toilet | |
| <ul style="list-style-type: none"> Place soiled clothing in two plastic bags, tie at the top, name and place out of reach of children for collection by the family | |
| <ul style="list-style-type: none"> Remind children to flush the toilet and replace clothing | |
| <ul style="list-style-type: none"> Remove and dispose of gloves in bin and wash hands | |



| | |
|---|-------------------|
| <ul style="list-style-type: none"> Remind and assist younger children to wash and dry their hands appropriately while counting to ten slowly/singing a song | |
| <ul style="list-style-type: none"> Ask older children if they have washed and dried their hands | |
| <ul style="list-style-type: none"> Encourage children to dry their hands using paper towel and dispose in recycling bins (soon to be provided) | |
| <ul style="list-style-type: none"> Wash hands | |
| <ul style="list-style-type: none"> Immediately clean up spills on/around the toilet as per procedures below above for cleaning bodily fluids | |
| <ul style="list-style-type: none"> Regularly check the toilet area is clean and tidy. | |
| Cleaning/Disposal of Body Fluids, urine/blood/vomit/faeces: Educators: | Yes/No/N/A |
| <ul style="list-style-type: none"> Respectfully assist the child who caused the spill and isolate blood/bodily fluid spills until the spill can be removed hygienically, such as with barricades or have an educator stand near spill until clean up help arrives. | |
| <ul style="list-style-type: none"> Avoid direct contact with the spill | |
| <ul style="list-style-type: none"> Cover skin wounds with a dressing and wear disposable gloves | |
| <ul style="list-style-type: none"> Contain the spill as far as possible by cleaning the bulk with paper towels | |
| <ul style="list-style-type: none"> Place used towels in sealed plastic clinical waste bags | |
| <ul style="list-style-type: none"> Place used gloves in sealed plastic clinical waste bags | |
| <ul style="list-style-type: none"> Dispose of plastic bags in bin and remove bin bag to outside bin immediately | |
| <ul style="list-style-type: none"> Clean the area or surface with True Blue USEALL | |
| <ul style="list-style-type: none"> Disinfect the area or surface with True Blue PERFORM | |
| <ul style="list-style-type: none"> Wash hands | |
| <ul style="list-style-type: none"> Dry or ventilate the area | |
| <ul style="list-style-type: none"> Ensure soiled children's clothing is not rinsed/washed due to risk of spreading infection. It is place directly in two plastic bags, tied at the top, named and stored away from children until collected by the family | |
| <ul style="list-style-type: none"> Soak items not belonging to a child or family and soiled with bodily fluids in a bucket containing disinfectant for at least ½ hour before washing separately in the washing machine using hot water | |
| <ul style="list-style-type: none"> Ensure the child is changed into spare clothing provided by families | |
| <ul style="list-style-type: none"> Notify WorkSafe ACT if there has been exposure to bodily fluids that may present the risk of the transition of blood-borne diseases | |

This Educator Compliance Check was completed by _____

Corrective actions required are detailed below:

Signature of Director _____ Date ____/____/____



Attachment 3a: Quarterly Nappy Change Procedures – Educator Compliance Check

This checklist is to assist the Director, Health and Safety Representative and Room Leaders to check that nappy change procedures are being followed according to the policy. It is to be used along with the Quarterly Hygiene and Infection Control Procedures Check and Quarterly Food Safety Procedures Check.

Are these procedures being followed?

| Nappy Change Procedures – Nursery and Toddlers | Yes/No/ N/A |
|--|----------------|
| • Educators encourage children to be involved in the procedure as far as possible | |
| • Educators NEVER leave a baby/toddler unattended on a nappy change bench and call for assistance if something is out of reach or take child with them. | |
| • Prepare clean nappy, baby wipes, ointments, lined bin or plastic bag for nappy disposal, or zip-locked bag for BM cloth nappies. | |
| • Wash and dry hands or use hand sanitiser | |
| • Wear apron and gloves. | |
| • Put paper towel on top of change mat and under soiled nappy area. | |
| • Allow baby/child to walk up steps to bench if able to do so. | |
| • Educators do not carry a child away from the body unless there are faeces on the child and/or their clothing. | |
| • Remove nappy | |
| • Wipe baby/toddler clean with a disposable wipe. | |
| • Place disposable nappies in gloves (peel back gloves over nappy) and put immediately in the bin, along with paper and wipes, ensure nothing is left on change table. | |
| • If clothes are soiled, put on new gloves and place any soiled clothing in a plastic bag (two bags, if heavily soiled), tying the top firmly. | |
| • Write child’s name on bag and type of soiling, and place it out of reach of children, eg, in child’s bag which is zipped up, for collection by the family. | |
| • Remove gloves (by peeling them back from the wrists), turning them inside out, and put them in the bin. Wear new gloves if applying nappy cream, then remove as above. | |
| • Put on clean nappy and dress baby/child. | |
| • Wash and dry baby’s hands (Nursery only). This may be with a single use wipe or disposable towelette | |
| • Place baby away from change table or help older children down from bench using steps. | |
| • Squirt change mat with True Blue USEALL and wipe with a new paper towel. | |
| • Supervise/help older children wash and dry their hands (you may ask if they have sung a song or counted to ten while doing so and if they have used recycling bins). | |
| • Wash own hands immediately. | |
| • Record nappy change on appropriate sheet. | |

This Educator Compliance Check completed by _____ Date ___/___/___

Corrective actions required are detailed below:

Signature of Director _____ Date ___/___/___



Attachment 3b: Monthly Nappy Change Procedures (Standing Nappy Change) - Staff Compliance Check

This checklist is to assist the Director, Health and Safety Representative and Room Leaders to check that nappy change procedures are being followed according to the policy. It is to be used along with the Quarterly Hygiene and Infection Control Procedures Check and Quarterly Food Safety Procedures Check.

Are these procedures being followed?

| Nappy Change Procedures – Nursery and Toddlers | Yes/No/N/A |
|---|------------|
| • If a child has a bowel movement, nappy change on a change mat is usually required. Asking a child respectfully “I wonder if there is a wee or poo in your nappy?” | |
| • Prepare clean nappy, baby wipes, ointments, lined bin (out of children’s reach) or plastic bag for nappy disposal. | |
| • Wash hands. | |
| • Wear gloves. | |
| • Educator takes into consideration privacy for the child. | |
| • Remove nappy and place immediately in bin/plastic bag | |
| • Encourage child to sit on the toilet, using discussion to help their sitting and talking about what their body is doing. | |
| • Wipe baby/toddler clean with toilet paper or disposable wipe (please do not flush disposable wipes). We will: Ask permission to wipe, inform them about where we are wiping (using the correct names for their body). | |
| • Place any soiled clothing in a plastic bags, (2 bags if there are any bodily fluids on the clothing) tying the top firmly. | |
| • Remove gloves (by peeling them back from the wrists), turning them inside out, and put them in the bin (out of children’s reach). | |
| • Put on clean nappy and support child to dress themselves. | |
| • Check floor/toilet for any areas that need cleaning: If necessary, apply new gloves, squirt area with True Blue USEALL and wipe with a new paper towel. | |
| • Supervise or help older children wash their hands. | |
| • Wash own hands immediately. | |
| • Bag with soiled clothing: Ensure bag is labelled before placing into child’s bag (with child’s name, date, time and what is on the clothing) eg water or bowel movement (B/M). in the case of B/M please use double plastic bags. | |
| • Record nappy change on appropriate sheet. | |
| • You have shown deep respect for the child by informing them throughout the process, giving them choices, waiting for their response, and using correct names for their body. | |

This Staff Compliance Check has been completed

by _____ Date ___/___/___

Corrective actions required are detailed below: _____

Signature of Director _____ Date ___/___/___



Attachment 4: A GUIDE TO TOILET TRAINING YOUR CHILD

It's a real milestone in your child's development when your child learns to use the toilet. When they are ready for this important step, they begin to recognise the feeling that they need to use the toilet, and they can 'hold on' until they are in the appropriate place.

Developing this skill in a supportive and positive environment promotes positive self-esteem and is an important aspect of the development of your child's self-help skills. Not only does it give them a sense of accomplishment and independence, you'll also feel a sense of relief – no more dirty nappies!

In this information sheet we aim to answer some of your basic questions about toilet training your child, as well as providing some tips on how the educators at your childcare can support you and your child in this.

Potty or the toilet?

When you're ready to toilet train your child, think of whether you want them to use a potty or the toilet.

Neither one is necessarily better; you should decide what works best for your family and child.

If your child is using the toilet, you may want to buy a toddler seat that can be fitted onto the toilet seat. You may also need a stool or steps so your child can reach the toilet. Some experts believe that people cannot properly empty their bladder or bowels until they have their feet pressing down on the floor. Bringing the 'floor' up to the child's level could help them.

Using a potty may be easier for your child to go and sit on when they want to pee or poop: Sometimes when they are in a hurry getting onto the toilet seat might take time. Also, some children can, at first, be scared of the height of the toilet seat.

That said, you may want to use both to begin with – potty and toilet – to see which your toddler is more comfortable with.

What is a good age to toilet train?

All children are different and develop at their own pace. Generally, children aren't ready to be toilet trained until they are between 18 months and 3 years old.

Even if your child is taking more time, don't push them too much. Wait for them to learn at their own pace.

Signs your child is ready to be toilet trained

Here are some of the signs that may indicate that your child could be ready to be toilet trained:

- Your toddler can stay dry for two or more hours. This shows that their bladder muscles are getting stronger.
- They can tell you using signs or verbally that they need to pee or poop.
- They can sit comfortably in one position for a long time.
- They know how to pull their pants up or down.
- They dislike wearing a wet or soiled nappy.



- They can follow simple instructions.
- They are showing an interest in adults (or their siblings) going to the toilet. They may even try to imitate others' bathroom habits.
- They are pooping at fairly regular and predictable intervals.
- They don't wake up in the night for a poop and they wake up dry from a nap.
- Green potty kept on a blue carpet

Note that the above are only indications that your child might be ready to be toilet trained. You will need to decide for yourself when the time is right to begin toilet training.

Tips for toilet training

Here are some tips to help get your child familiar with using the potty or toilet. Feel free to pick and choose – what suits one parent and child may not suit another.

- Watch out for signs that help you understand if they are ready to be toilet trained (see above section).
- Introduce them to a potty or toilet – let them sit on it with their clothes on so they become familiar with it.
- Let them watch you in the bathroom to understand the process.
- Observe any patterns, noting the times at which your child usually pees or poops. When you know that your child is expected to pee or poop, sit them on the potty or toilet. They might not do anything initially, but eventually they'll realise what they are expected to do. (Don't make them sit on it for too long a time if they are not doing anything – it shouldn't look like they're being punished.)
- Praise them when they're successful in peeing or pooping in the potty/toilet as a way of encouraging them.
- Also praise them when they have had a really good go, even if they are not successful.
- Have them drink a lot of water before they are expected to poop – it softens the poop so it's easy to pass.
- At regular intervals, ask your child if they need to pee or poop. They might be busy playing so that by the time they realise, it's too late.
- Dress them in clothes that can easily be removed if they want to use the toilet themselves.
- Ask them if they need to pee just before going to bed.
- If necessary, wake up your little one once or twice at night for them to pee so they don't wet their bed.

Also, remember that accidents happen. Don't tell your child off after an accident – it may discourage them from trying again.

Teaching them hygiene

In addition to assisting them with using the toilet or potty, you can teach them how to wipe themselves and clean and wash their hands afterwards.

- Teach your child to wipe their bottoms thoroughly. You can use pre-moistened wipes for your little one to wipe their bottom effectively (remember not to flush unless they are flushable).
- Teach them to flush the toilet and wipe the toilet seat or their potty.
- Demonstrate to them how to wash their hands – first wet them, then apply soap, then scrub for at least 25 seconds to cover their whole hands, then rinse and dry.
- Teach your child to clean themselves properly even after peeing.



Maintaining consistency between home and childcare

It is important for your child to have similar experiences and routines at home and at their childcare. Share your toilet training strategies with the educators at the care centre your child attends. Inform them about any signs that your child uses at home to tell you that they need to use the toilet.

It may also be useful to find out from educators about your child's toileting experiences at the end of each day. Many services have a chart or whiteboard which you can look at to see how your child did that day.

You can also share your hygiene routines with the educators because you don't want your child to be confused with different experiences at home and at childcare.

Strategies educators at childcare should use to help your child

Patience is the most important tool for adults to remember while children are learning to use the toilet. Educators should encourage your child in all their efforts, even if they have a setback or are not entirely successful. For example, a child who has not quite made it in time to use the toilet may be reassured by a comment such as "It's great that you knew you needed to use the toilet. Maybe next time you can let me know straight away so that I can help you get to the toilet a bit more quickly."

Conclusion

Learning to use the toilet is like learning any new skill – it takes time. Each child learns at their own pace and while some children will learn to use the toilet within a week, for many others the process will be a much longer one. Your child will eventually learn to use the toilet in their own time. By working in partnership with the educators at your childcare service, the process of learning to use the toilet can be a positive and gratifying experience for all concerned.

<https://www.startingblocks.gov.au/at-home/toilet-training-your-child/>



Attachment 5: Managing an Outbreak of Vomiting and/or Diarrhoea

An outbreak of vomiting and/or diarrhoea at an early childhood service is defined by the ACT Health Protection Service as when there are **2 or more cases** of vomiting and/or diarrhoea in 24 hours in either staff or children.

Procedures

The Director will:

- Call the Communicable Disease Control (CDC) Information Line on 6205 2155 to inform them of the number of ill children/staff, onset times, symptoms, affected rooms/areas within the service etc. and co-ordinate management of the outbreak.
- Submit a notification to the Regulatory Authority, CECA using the NQAITS system.
- Recommend ill children/staff members have samples taken, if they go to their doctor.
- Update the CDC daily with information via the 'line list'.
- When contacted by the Health Protection Service Infection Control Unit, conduct an infection control checklist questionnaire to help manage the outbreak (**Refer to:** Attachment).
- Enforce the **48hr exclusion period** after last episode of vomiting/diarrhoea for ill children and staff.
- Ensure sick staff are not rostered onto **food preparation duties for at least 72 hours.**
- Exclude food preparation staff from nappy changing duties.
- Restrict staff movement between rooms as required.
- Document the outbreak on the Illness Register.
- Put up signage around the service to inform families.
- Ensure easy access to liquid soap, paper towels and Alcohol Based Hand Rub (ABHR).
- Strictly enforce handwashing practices and ensure staff wash their hands on leaving/entering a room, after changing a nappy and after removal of gloves.
- Strictly enforce nappy change area cleaning procedures.
- Strictly enforce cleaning procedures. Be aware of 'dirty' surfaces and clean with detergent and water.
- Check spill kit is prepared.
- Reinforce when to use disinfectant and bleach guidelines (**Refer to:** Attachment)
- Strictly enforce laundry hygiene, including separating loads which are contaminated with bodily fluids, using a warm or hot temperature setting and washing tea towels, feeders and face washers after each use.
- Declare the outbreak over when two incubation periods have passed following the end of symptoms in the last reported case. Two incubation periods generally equates to 4 days.

Refer to: Illness and Infectious Diseases Policy



Attachment 6: ACT HEALTH: Bleach for body fluid spills

- Hard surface areas that have been exposed to a body spill (vomit, faeces or urine) need to be disinfected after cleaning
- Chlorine-based (sodium hypochlorite) sanitisers/disinfectants (eg plain, unscented household bleach) are the most effective at destroying viruses that cause gastro, such as Norovirus
- Bleach needs diluting before use

How do I make a dilute bleach solution?

- Wear gloves and safety eyewear
- Use a household bleach with 4% available chlorine
- Make a fresh bleach solution each day
- Dilute to 1000ppm using the amounts of water and bleach in the table below

| |
|---|
| 4% available Chlorine (household bleach) to make 1000ppm concentration |
| Add 25ml of bleach to 1 litre of water |
| Add 125ml of bleach to 5 litres of water |
| Add 250 ml of bleach to 10 litres of water |
| Add 1250 ml of bleach to 50 litres of water |

How do I use bleach?

- Wear gloves and safety eyewear
- Dilute the bleach as above
- Clean the surface with detergent and hot water FIRST
- Apply the bleach solution with a cloth or squeeze bottle
- Leave the bleach solution on the surface for 10 minutes
- Wash off with clean water

What about safety?

DO

- read and follow the safety and handling instructions on the bleach container
- avoid inhalation of the bleach solution

DO NOT

- use hot water when diluting bleach
- apply bleach to surfaces with a spray bottle
- read and follow the safety and handling instructions on the bleach container
- avoid inhalation of the bleach solution

Communicable Disease Control, Health Protection Service, ACT Health Ph 5124 9213



| Attachment 7: ACT HEALTH Infection Control Checklist for Childcare Centres Outbreaks of Gastroenteritis (diarrhoea and/or vomiting) | | | | |
|--|------------------------------|-------------------------|------------------|--------------------------------|
| Childcare Centre | Name of outbreak coordinator | Date | | |
| Checklist | | Staying Healthy Page no | Date done or N/A | Initials of person responsible |
| Identify and Notify | | | | |
| Outbreak detected: Two or more cases of vomiting and/or diarrhoea occurring in children and/or staff within 24 hours of each other | | | | |
| Notify outbreak to Communicable Disease Control by <ul style="list-style-type: none"> o phone 02 5124 9213 or email CDC@act.gov.au | | | | |
| Immediately | | | | |
| Exclude ill children and staff from the centre until 48 hrs after their last episode of vomiting or diarrhoea <ul style="list-style-type: none"> o Refer to ACT Health Viral Gastro Factsheet and Norovirus info in Staying Healthy o Have policy that clearly states the exclusion period | | 13 140 14 | | |
| Limit the spread within the centre <ul style="list-style-type: none"> o Staff preparing/handling food excluded from changing nappies (can change over at beginning of week during the outbreak) o Staff should serve the children food with tongs rather than children serving themselves o Children from affected rooms should not have contact with other children, including outside play and family grouping at the beginning/end of the day o Do not hold any cooking activities | | | | |
| Limit the spread outside the centre <ul style="list-style-type: none"> o Staff (including cooks) should not work at other centres or other employment where they may work with vulnerable people, e.g. aged care, hospitals | | | | |
| Review hand hygiene procedures and equipment <ul style="list-style-type: none"> o Provide liquid soap and paper towels to all hand basins. o Ensure access to alcohol hand rub, including at the front entrance and in each room where appropriate o Perform hand hygiene after removal of gloves | | 41-44 | | |
| Communicate with staff and parents/guardians <ul style="list-style-type: none"> o Place outbreak signage at centre entrance and each room entrance (include hand hygiene reminders) o Tell parents/guardians about the outbreak o Communicate outbreak information to all staff including cleaners, casuals, agency staff etc | | | | |



| | <i>Staying Healthy</i> Page no | Date done or N/A | Initials of person responsible |
|--|-----------------------------------|------------------|--------------------------------|
| <p>Begin environmental cleaning and disinfection:</p> <ul style="list-style-type: none"> • See Part 3 Procedures in <i>Staying Healthy</i> • Inform the centre’s cleaning contractor of the outbreak and request they follow appropriate procedures • Increase the frequency of cleaning cupboard handles, taps, door handles and light switches. Use detergent and water | 52-55 | | |
| <p>Nappy change area</p> <ul style="list-style-type: none"> • Follow the nappy change method in Staying Healthy • Wear gloves and a disposable apron and place paper on the change mat • Accessible waste bin with a no touch lid for dirty nappies • Clean the change mats with detergent and water | 45 | | |
| <p>Equipment</p> <ul style="list-style-type: none"> • Clean all equipment and toys after each session with detergent and water • Soft toys and cushions should be removed during outbreak • Regularly clean frequently touched surfaces with a detergent product | 52-55 | | |
| <p>Spill Cleaning</p> <ul style="list-style-type: none"> • Prepare a spill kit that contains everything to clean a spill and store in an accessible place. (Bucket, mask, gloves, disposable apron, scoop, paper towel, disposable cloths, garbage bag) • For body fluid spills on <u>hard surfaces</u>: <ul style="list-style-type: none"> ○ clean with detergent and water ○ wipe over with a diluted bleach solution (1000ppm), ○ leave bleach on for 10 mins then wipe off with a damp cloth ○ bleach solutions should be made fresh daily following the instructions on the bleach bottle. | 48 | | |
| <p>Remember: clean first, then disinfect</p> <ul style="list-style-type: none"> ➤ <i>a disinfectant will not kill germs if the surface has not been cleaned with detergent and water first</i> ➤ <i>bleach (sodium hypochlorite) is the most effective disinfectant against viruses that cause gastro</i> | 51 | | |
| <ul style="list-style-type: none"> • For body fluid spills on <u>carpet</u> <ul style="list-style-type: none"> ○ clean with detergent and water ○ clean with a disinfectant ○ steam clean ○ do not use the area until it has been steam cleaned | | | |
| <p>Laundry</p> <ul style="list-style-type: none"> • Wear gloves when handling laundry • Separate loads for each of the rooms • Wash using hot water (>65° C) or use a sanitiser added to the detergent in a cooler wash water | | | |



| | Date done or N/A | Initials of person responsible |
|---|------------------|--------------------------------|
| During the outbreak | | |
| Continue outbreak cleaning <ul style="list-style-type: none"> ○ minimum of 3 times daily with detergent and water ○ add bleach disinfection for body fluid spills | | |
| Update your line list daily <ul style="list-style-type: none"> ○ include the date symptoms stopped for each case so you know when the child or staff member can safely return to the centre (48 hours after last episode of diarrhoea/vomiting) | | |
| Contact CDC: <ul style="list-style-type: none"> ○ every three days to update on the outbreak ○ if laboratory testing finds a particular virus or bacteria in a child or staff member | | |
| Continuously communicate with families and staff | | |
| No more symptoms? | | |
| Advise CDC when 96 hours have passed since the last symptoms at the centre (child or staff). There should be no new cases | | |
| Send completed line list to CDC for review and confirmation that the outbreak is over to cdc@act.gov.au | | |
| When CDC confirms the outbreak is over | | |
| Advise staff and parents/ guardians that outbreak is over | | |
| Remove signage from doors | | |
| Breathe... | | |
| Review the management of this outbreak and make recommendations (if any) for improvements for next time, including changes to centre policy | | |
| Provide feedback to CDC and make recommendations (if any) for improvements for next time. Please send via email to CDC@act.gov.au | | |