

Illness and Infectious Diseases Policy (to be read in conjunction with the Covid-19 Safety Plan).

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National Quality Standard	Quality Area 2: Children’s Health and Safety; Quality Area 6: Collaborative Partnerships with Families and Communities

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Policy Statement

Heritage recognises that infections are common in children and often lead to illness. While at home, children are reasonably well protected from infectious diseases as they don't come into contact with large numbers of people and the adults around them are usually immune to many childhood illnesses or have been vaccinated. However, when children first enter early education and care services, they are exposed for the first time to many common germs that cause infections such as bacteria, viruses, fungi and protozoa, at a time when their immune systems are still developing. In addition, they may be too young to have been vaccinated against some diseases and interact in ways that allow diseases to quickly spread by having close physical contact with other children and educators through daily activities, touching contaminated surfaces or putting objects in their mouths and not always covering their coughs or sneezes. Additionally, if a child has an ill family member at home, they could be incubating the illness, and risk bringing germs from home into the service.

Heritage recognises it has a duty of care and legal obligations under the *Education and Care Services National Regulations 2011*, to ensure policies and procedures are in place in relation to dealing with infectious diseases (R168) and reasonable steps are taken to ensure they are followed (R170). The service must also ensure that reasonable steps are taken to prevent the spread of the infectious disease (R88), and parents or an authorised emergency contact of children at the service must be notified as soon as practicable of an occurrence of infectious disease at the service. A notice must be displayed (R73) and the required notifications made to the ACT Regulatory Authority (R176).

Heritage is committed to managing and minimising the spread of illness, infectious diseases, blood-borne viruses and infestations among the Heritage community by:

1. Providing a hygienic environment.¹
2. Monitoring the immunisation status of staff and children and supporting the Immunise Australia Program.²
3. Responding appropriately to the needs of children/adults who present with symptoms of an illness, infectious disease or infestation while at Heritage as outlined in this policy.
4. Complying with government recommended minimum exclusion guidelines (Appendix 1).
5. Reporting infectious diseases as required to the ACT Regulatory Authority (CECA) by submitting a notification using the [National Quality Agenda IT System \(NOAITS\)](#).
6. Notifying the [ACT Health Protection Service, Communicable Disease Control Surveillance Unit](#) of cases of notifiable infectious diseases as required using the [Notifiable Condition or Related Death Form](#) (full list of conditions on p2) and emailing it to: cdc@act.gov.au
7. Contacting the [Communicable Disease Control Surveillance Unit](#) on **Ph: 02 5124 9213** for advice when an infectious disease outbreak is affecting their service, including outbreaks of COVID-19 or respiratory illnesses.
8. Providing the Heritage community with up-to-date best practice information from respected authorities including the [ACT Health](#) and the NHMRA's 5th edition of [Staying Healthy: Preventing infectious diseases in early childhood education and care services](#):

Heritage recognises the most important ways to break the chain of infection in Early Childhood Education and Care services are: Effective hand hygiene, cough and sneeze etiquette, appropriate use of gloves, effective environmental cleaning, immunisation and the exclusion of ill children, educators and other staff (NHMRC, 2013).

In addition, during heightened risk periods of the COVID-19 pandemic, Heritage recognises that physical distancing, mask wearing and good ventilation are important to minimise the spread of the infection ([ACT Health, 2022](#))

Even if a child does not have a condition that requires exclusion, the best place for a child that is feeling unwell and not coping well with the daily activities in the education and care environment is to rest and recover at home (NHMRC, 2013)

¹ Refer to: Hygiene & Infection Control Policy; Food Safety Policy

² Refer to: Immunisation Policy

Policy Aims

The Heritage Illness and Infectious Diseases Policy and Procedures aims to assist the Heritage community to manage and prevent the spread of illness, infectious diseases, blood-borne viruses and infestations. Specifically, it aims to ensure:

- The Heritage community understands and complies with hygiene and immunisation procedures at the service.
- The Heritage community understands and complies with the government recommended illness exclusion guidelines.
- The Director and educators:
 - Develop individual health plans for children where required.³
 - Are able to identify the symptoms of illnesses.
 - Respond appropriately to the needs of children or adults who present with symptoms of an illness or infectious disease or infestation while attending the service.
 - Notify parents/guardians or emergency contact persons as soon as practicable when a symptom of an infectious illness/disease/medical condition is observed in their child.
 - Are able to assess when an illness requires medical advice, ie, is potentially infectious, requires immediate medical attention or is an emergency, ie, is life threatening.
 - Monitor and document the progress of an illness.
 - Know how to act when symptoms change.
 - Notify stakeholders when a doctor has confirmed an infectious illness.
 - Identify when an illness is no longer infectious.
 - Provide the Heritage community with health information from respected authorities.
 - Notify relevant authorities as required.

Scope

This policy and related procedures apply to the Management Committee, Director, Nominated Supervisors, educators and other staff, students on placement, regular volunteers, parents/guardians, enrolled children and others attending Heritage programs and activities, including during excursions/activities. **Failure to comply with this policy may result in the commencement of Heritage's Non-Compliance Procedures.**

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 environment that supports their physical and emotional health and wellbeing ([Work Health and Safety Act, 2011](#)). In addition, the Illness and Infectious Diseases Policy has been developed to comply with the:

- [Education and Care Services National Law Act, 2010.](#)
- [Education and Care Services National Regulations Act 2011.](#)
- [National Quality Standard for Early Childhood Education and Care 2012.](#)
- [Public Health Act 1997 \(ACT\)](#)
- [Public Health Regulation 2000 \(ACT\)](#)
- [Social Services Legislation Amendment \(No Jab, No Pay\) Act 2015](#)
- [Australian New Zealand Food Standards Code \(FSANZ\)](#)

ACT Public Health Regulation 2000

[The ACT Public Health Regulation 2000](#) requires children with the certain conditions or who have been in contact with the certain listed conditions, to be excluded for the periods specified. It also assigns parents a responsibility to exclude their child for the required period and to notify the service if there are reasonable grounds for believing that their child has an infectious disease or has been in contact with a person who has a listed disease.

ACT Public Health Act 1997

[The Act](#) outlines the reporting process for those who are obliged to report notifiable conditions.

³ Refer to: Medical Conditions Policy

Relevant Education and Care National Law	
S 167	Offence relating to protection of children from harm and hazards
S 172	Offence to fail to display prescribed information
S 174	Offence to fail to notify certain information to Regulatory Authority
Relevant Education and Care National Regulations	
R 12	Meaning of a Serious Incident (c) Any incident involving serious illness of a child occurring while that child is being educated and cared for by an education and care service for which the child attended, or ought reasonably to have attended, a hospital.
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 85	Incident, injury, trauma and illness policies and procedures (under R168) must be followed by nominated supervisors staff members and volunteers in the event that a child a) is injured; or (b) becomes ill; or (c) suffers a trauma.
R 86	Notification to parents/guardians of incident, injury, trauma and illness A parent of a child must be notified as soon as practicable, but not later than 24 hours after the occurrence, if their child is involved in any incident, injury, trauma or illness while being educated and cared for at the education and care service.
R 87	Incident, injury, trauma and illness record An incident, injury, trauma and illness record is kept, and the information referred to in subregulation (3) included in the record as soon as practicable, but not later than 24 hours after the incident, injury or trauma, or the onset of illness.
R 88	Infectious diseases Reasonable steps must be taken to prevent the spread of an occurrence of an infectious disease at the service, and a parent/authorised emergency contact of each enrolled child is notified of the occurrence as soon as practicable.
R 92	Medication record (1) A medication record is kept that includes the details set out in sub-regulation (3) for each child to whom medication is or is to be administered by the service.
R 136	First aid qualifications Persons qualified as set out in this regulation are in attendance at where children are being educated and cared for by the service, and immediately available in an emergency, at all times.
R 162	Health information to be kept in enrolment record
R 168	Policies and Procedures required (b) incident, injury, trauma and illness procedures complying with R 85 (c) dealing with infectious diseases, including procedures complying with R 88
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.
R 175	Notice must be given of any circumstances at the service where it (b) requires the approved provider to close or reduce the number of children attending the service for a period. (c) poses a risk to the health, safety or wellbeing of a child attending the service within 7 days of the event.
R 176	The Regulatory Authority must be notified (a)(ii) in the case of any other serious incident, within 24 hours of the incident or the time that the person becomes aware of the incident.
R 177	Prescribed enrolment and other documents to be kept (b) an incident, injury, trauma and illness record as set out in R 87. (c) a medication record as set out in R 92.
R 183	Storage for the relevant period of records and other documents

The National Quality Standard	
QA 2	<p>Children’s Health and Safety</p> <p>Standard 2.1 Each child’s health and physical activity is supported and promoted. Element 2.1.2 Effective illness and injury management and hygiene practices are promoted and implemented.</p> <p>Standard 2.2 Each child is protected. Element 2.2.2: Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.</p>
QA 6	<p>Collaborative partnerships with families and communities</p> <p>Standard 6.2 Collaborative partnerships enhance children’s inclusion, learning and wellbeing.</p>

Summary of Key Responsibilities

Role	Responsible for ensuring:
Management Committee	<ul style="list-style-type: none"> The service has an up-to-date Illness and Infectious Diseases Policy and Procedures document that is regularly reviewed, easily accessible to the Heritage community, and reflects government guidelines and legislative requirements, and best practice guidelines from well-respected authorities. The Illness and Infectious Diseases Policy clearly sets out the roles and responsibilities of the Director, educators and Heritage community. The Director is supported in responding to any complaints in relation to this policy and notifying the relevant authorities as required.⁴
Director/ Nominated Supervisor	<ul style="list-style-type: none"> The Illness and Infectious Diseases Policy and Procedures is implemented at the service, easily accessible and regularly reviewed. This policy is explained during the induction process for new educators and during the enrolment and orientation process for new families and is adhered to in the event of an outbreak of an infectious disease. Appropriate up to date information and resources are provided to educators and families to assist in the identification and management of infectious diseases, blood-borne viruses and infestations. Information about the recommended minimum exclusion periods is easily available to all stakeholders, clearly displayed at the service, available in the Family Handbook in the Members Section of the Heritage website. Families are asked to notify the service promptly if their child has an illness, infectious disease or infestation and follow the service exclusion guidelines. A parent/guardian (or emergency contact if the initial contact with the parent/guardian is unsuccessful), is contacted and informed as soon as practicable to collect their child within 1 hour, and preferably 30 minutes, if they are displaying symptoms of an illness, infectious disease or infestation. Information about the National Immunisation Program (NIP) Schedule is displayed and is available to all stakeholders and the immunisation status of all children, educators and other staff is reviewed during their induction and quarterly against the recommended schedule. Any child who is not immunised against a vaccine-preventable disease is excluded, on the advice of ACT Health Protection Service, where an incidence of that infectious disease is diagnosed at the service and does not return until there are no more occurrences at the service and the recommended minimum exclusion period has ceased. The family must pay for those days. Any changes to the Illness Exclusion Guidelines Table or Immunisation Schedule are communicated to educators and families in a timely manner. Infectious diseases procedures are reviewed regularly at staff meetings. Work Health and Safety checks are regularly conducted of each room to identify potential hazards and sources of infection.

⁴ Refer to: Complaints and Grievance Management Policy

	<ul style="list-style-type: none"> • Risk assessments are updated regularly e.g., for different seasons in the year. • Hygiene and food safety practices are promoted and followed by children, families, educators and staff. • The premises, furniture and equipment are kept safe, clean and well maintained, including high risk areas such as bathrooms, toilets, nappy change areas, sandpit, cots, clothing and linen, toys, carpets and mats. • Where there is an infectious disease at the service, reasonable steps are taken to prevent the spread of that infectious disease (R 88). • Where there is an occurrence/symptom of an infectious disease at the service, a parent/guardian or authorised emergency contact of each child at the service is notified of the occurrence as soon as is practicable (R 88). • Educators are immediately available with approved first aid qualifications (R 136). • Notices are displayed on the front door and on all room doors for families when a notifiable infectious disease occurs at the service. • Communication plans, templates and critical incident review forms are developed and rolled out should the need arise in relation to the spread of an infectious illness. • Families are asked to notify the service promptly if their child has an illness, • The discretion to administer paracetamol as a first aid remedy for a high temperature (38 degrees or higher) is utilised sparingly such as when parent/emergency contact cannot be reached to collect a child and authorisation has been given on the Enrolment form, or if advised by medical personnel such as prior to an ambulance arriving. • Head lice inspections are conducted whenever an infestation is suspected, and families sign on enrolment, consent for their child to be checked for head lice. • A head lice letter and factsheet is given to families of children suspected of having head lice and a notification letter is given to families when an infestation is detected at the service. • Parent/guardian and emergency contact details are updated every 6 months at parent-educator interviews or in person. • ACT Health is notified as required on becoming aware that an enrolled child is suffering from a notifiable infectious disease or there is a related death, including: <ul style="list-style-type: none"> ○ Novel Coronavirus (COVID 19) ○ Respiratory syncytial virus (RSV) ○ Respiratory Illness Cluster (>3 cases in 72 hours) ○ Gastroenteritis (>2 cases in 24 hours) • CECA is notified within 24 hours of a serious incident, eg, a child whooping cough, broken limb or anaphylaxis, or there is a confirmed case of COVID-19 at the service and the child needed urgent medical attention. • CECA is notified where the service is required to partially or fully close due to COVID-19. • WorkSafe ACT is notified of Notifiable Incidents that result in death or serious injury/illness, or dangerous occurrences. • Confidentiality is maintained at all times in line with the Privacy and Confidentiality Policy.
<p>Educators</p>	<ul style="list-style-type: none"> • Read and sign the Educator Handbook. • Familiarise themselves with the Illness and Infectious Diseases Policy and Procedures and respond appropriately to the needs of children or adults who present with symptoms of an illness, infectious disease or infestation while attending the service. • Keep the service informed of their immunisation status and comply with the Immunisation Policy and Procedures. • Comply with all hygiene, infection control and food safety procedures. • Provide families with access to relevant resources. • Encourage families to notify the service if their child has an illness, infectious

	<p>disease or infestation.</p> <ul style="list-style-type: none"> • Adequately supervise children in their care at all times and when symptoms of an illness, infectious disease or infestation are observed, inform the Room Leader/Director immediately. • Understand that illness in young children can progress very quickly and if in any doubt, seek medical advice without delay. • Implement appropriate health and safety procedures when tending to sick children, and ensure their emotional needs are supported. • Ensure that families are informed of the need for them, or an emergency contact, to be contactable at all times and to collect their children as soon as practicable, within 1 hour and preferably 30 minutes, to ensure their child's comfort and the safety of the Heritage community if they are unwell and suspected to have an infectious disease. • Inform families as required that children: <ul style="list-style-type: none"> ○ Will be excluded if live head lice are detected, until the day after effective treatment has commenced and all lice and eggs have been removed. No treatments kill all the eggs, so re-application 7 days later is recommended. ○ Are not permitted to attend Heritage within 24 hours of registering a high temperature/fever (38°C and above), or the last time paracetamol was administered to lower the fever. ○ Are not permitted to attend Heritage within 24 hours of starting antibiotics. ○ Are not permitted to attend Heritage until 36 hours after the last episode of vomiting or the last episode of diarrhoea. ○ Will be excluded for 48 hours if they record a temperature or vomit or have diarrhoea, where 2 or more children are affected with a temperature or vomiting/diarrhoea in the same day. • Complete the Illness Form, Illness Register and Medication Form (if required), as soon as possible after the onset of an illness and within 24 hrs. • Include infection control awareness, hygiene and protective practices into the educational program. • Remain at home if they are unwell with symptoms of COVID-19 and follow the COVID-19 Policy and Procedures. • Remain at home if they have diarrhoea and/or vomiting until 48 hours after their diarrhoea and/or vomiting ceases and not undertake food preparation duties at Heritage until at least 72 hours after their diarrhoea ceases. • Maintain confidentiality at all times.⁵
Families	<ul style="list-style-type: none"> • Read the Family Handbook, and be familiar with and comply with the procedures for managing illness and infectious diseases at the service. • Provide immunisation documents on enrolment and as administered and keep their child home if there is a vaccine preventable infectious disease at the service if they are not fully immunised against it as required by ACT Health. • Inform Heritage on enrolment and on diagnosis of any medical conditions that their children have been diagnosed with. • Provide accurate and current information regarding the immunisation status of their children on enrolment and inform the service of any subsequent changes in their immunisation status. • Comply with all hygiene, infection control and food safety procedures. • Inform educators if anyone in the family is ill or if they have been in contact with someone with a vaccine preventable or infectious disease, so they can watch for signs of illness in their child and protect the Heritage community as required. • Keep their children at home if they are unwell, unable to join in Heritage activities or have symptoms that fit with COVID-19 or RSV, or other

⁵ Refer to:

	<p>condition that has an Exclusion Period (Appendix 1).</p> <ul style="list-style-type: none"> • Not send their child to Heritage if they wish their child to receive non-prescribed medication throughout the day at regular intervals such as paracetamol or cough medicines.⁶ • Inform Heritage if their child is absent due to an infectious illness and the specifics of the illness as required by the ACT Regulatory Authority. Note: Heritage must be notified immediately if a child has contracted an infectious illness as there are specific quarantine periods for certain infectious illnesses under the ACT Public Health Regulation 2000. • Comply with the minimum recommended Exclusion Periods (Appendix 1). • Regularly check their child's hair for head lice or lice eggs, notifying the service of any infestations in the family and treating them appropriately including keeping their child at home until the day after effective treatment has commenced and all lice and eggs have been removed. Re-application 7 days later is recommended. • Keep their children at home if they are not fully immunised against a disease which has been diagnosed at the service until there are no more occurrences of the disease and the exclusion period ceases. • Provide details of a minimum of two emergency contact people (other than parents/guardians) for each child (e.g., family member/neighbour) who do not live or work (during Heritage hours) more than 30 mins away from Heritage and are able to either drive the child home or stay with them at Heritage until a parent can be contacted. • Keep all contact and emergency contacts details up to date and understand that Heritage must be able to contact either a parent/guardian or a nominated emergency contact person at all times their child is at Heritage in case of illness, accident, incident or emergency. • Understand a parent/guardian or an emergency contact if they cannot be reached, will be contacted and asked to collect their child within 1 hour and preferably 30 minutes (from the time person-to-person contact is made) if their child is deemed by the Director/Responsible Person in Charge to have symptoms of a condition that fits with an exclusion period or is too unwell to join in Heritage activities or is not coping and sufficiently distressed. • Understand that if it is not possible to make required contact with a parent/guardian or emergency contact and a child becomes sufficiently ill or distressed because of illness, an ambulance may be called to take the child to hospital, the Heritage Non-Compliance Policy may apply. • Understand monetary penalties will be incurred if relief staff are required to provide 1:1 supervision for their child for more than 1 hour. • Inform the Room Leader or an educator if they have administered Paracetamol or any over-the-counter medication such as cold/flu remedies or decongestants, to their child within 12 hours prior to arriving at Heritage. • Obtain a medical certificate from a doctor for any sick days for their child and pass this on to Heritage. This will enable "allowable absent days" to be applied once a child has passed 42 absent days (54 during Covid-19 pandemic) from Heritage as per Child Care Subsidy guidelines. • Understand Heritage strongly recommends families have their children immunised on a non-Heritage day or keep them at home following an immunisation for the rest of the day. If not possible, a late afternoon appointment is considered to be in the interests of their child. • Understand the Director or Responsible Person in Charge has the final say as to whether a child is coping with activities at Heritage and this may override a doctor's certificate permitting attendance.
Students & Volunteers	<ul style="list-style-type: none"> • The Relief Educator Handbook is read and signed. • This policy and procedures are followed while at the service and on excursions.

⁶ Refer to: Medication Policy

Strategies and Procedures

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

As government restrictions ease and the community transitions to “living with COVID”:

- 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

- The Director will regularly check relevant authorities for current information and update the Illness and Infectious Diseases policy and 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).
- 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.⁷
- All contact staff are 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).

⁷ <https://www.health.gov.au/our-work/covid-19-vaccines/advice-for-providers/clinical-guidance/clinical-features>

- 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 to **remain at home until acute symptoms resolve and they are well.**
- **Note:** Where children/staff/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

Overarching Strategies

Heritage will ensure:

- Health, safety and wellbeing is a key priority at the service.
- All relevant legal requirements are followed at the service.
- Quality practices are employed to help prevent and manage any occurrences of infectious diseases, recognising the effectiveness of good hygiene including washing hands regularly.
- Educators and staff are trained and have the necessary knowledge and skills to enable them to deal with infectious diseases and to role model hygiene practices.
- Children are supported to take increasing responsibility for their own health and physical wellbeing.
- Educators and staff model health and personal hygiene practices with children and reinforce these messages with families.
- The contribution of families in helping to prevent illness and disease is recognised.
- As part of the enrolment process and ongoing communications, families are advised about our hygiene and the infection control practices and procedures.

Supporting Children's Individual Health Needs

- During enrolment and orientation, the Director or Responsible Person in Charge will discuss with families the general and current health and behaviour status of their children, and this will be documented on the Enrolment Form.
- The Director will develop individual Medical Condition Management/Action Plans including Risk Minimisation and Communication Plans in consultation with families of children identified as having allergies or anaphylaxis, or other medical conditions such as asthma, ADHD, diabetes or epilepsy. These plans will be used to assist educators when supervising children's health and behaviour needs and updated at least annually and as needed.⁸

Immunisation Policy and Procedures Summary

- Heritage educators understand that in early childhood education and care settings, illness and disease can spread rapidly and immunisable diseases such as measles and whooping cough can have serious health consequences, especially for young children. Educators in these settings are also at increased risk of certain infectious illnesses.
- Heritage understands that non-medically immunised children help spread infection in the community. While there are common, often mild side effects to the immunisation injection, Heritage follows government advice that a child is at far greater risk of harm from contracting one of the infections than from the immunisation itself and encourages families to keep their child's immunisations up to date unless they have a valid medical exemption.
- Heritage is required under the *ACT Public Health Regulations 2000* to maintain current immunisation records for all children. The regulation imposes a mutual obligation on parents/guardians to notify the service of any changes in their child's immunisation status.
- The Director will inform families on enrolment that the Child Care Subsidy will stop if their child falls behind on their immunisations unless they have a valid medical exemption.⁹
- When families make the decision not to immunise their child, Heritage will respect their decision and the Director will remind them of the Centrelink No Jab, No Pay Policy and that their child may be excluded during an outbreak of an immunisable disease at the service.¹⁰ Families will be reminded they are required to still pay for fees during the exclusion period. Heritage management will also respectfully refer them to relevant evidence-based information sources and their G.P. for further information.¹¹
- All educators will be required to be double vaccinated against COVID-19 as per the Terms and Conditions of Employment and encouraged to receive boosters in line with advice from ACT Health and their G.P.
- The Director will take all reasonable steps to encourage non-immunised educators to become vaccinated according to the NHMRC guidelines.

⁸ Refer to: Medical Conditions Policy; Medication Policy; Allergy and Anaphylaxis Policy; Asthma Policy; Diabetes (Type 1) Policy; Epilepsy Policy; Inclusion and Equity Policy; Enrolment and Graduating Rooms Policy.

⁹ Refer to: Department of Health, No Jab, No Pay Policy

¹⁰ Refer to: Appendix: Exclusion Guidelines

¹¹ Refer to: Immunisation Policy and Procedures

- Educators will be asked to provide their immunisation history on employment. If unable to provide evidence of being immunised against vaccine preventable diseases, they will be strongly encouraged to talk to their G.P. and undertake a serology test to ensure their immunity levels are adequate and encouraged to receive booster shots where immunity levels are low.
- Educators who are unable to provide evidence of immunity to vaccine-preventable diseases will be excluded from the service during outbreaks of vaccine-preventable diseases as per the Immunisation Policy and encouraged to receive booster shots.
- The Heritage community will be encouraged to be up to date with their COVID-19 vaccinations and their annual influenza immunisations, in line with advice from their G.P.

Hygiene Practices

Heritage management will enforce strict hygiene procedures at the service in relation to:

- Hand washing, use of gloves and cough and sneeze etiquette.
- Toileting and nappy changing.
- Washing toys and cleaning beds.
- Covering wounds.
- Dealing with body fluids such as nasal discharge, blood, vomit, urine and faeces.
- Disposal of rubbish.
- Cleaning eating, kitchen and bathroom areas.
- Food storage and preparation.
- Cleaning sandpits.
- Pets and animals.¹²

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

Educators must:

- Isolate any blood in bodily fluid spills until the spill can be removed hygienically.
- Avoid direct contact with the spill.
- Wear disposable gloves (stored in kitchens, nappy change areas, bathrooms and 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 spill 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. After use, 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. (Where small blood spill is on carpets, educators may use their discretion and use disinfectant instead of bleach where the risk of BBV is low, to prevent bleaching of carpet).
- Wash hands.
- Dry or ventilate the area.
- Ensure that if the child's own clothing becomes soiled with blood/bodily fluids, it is placed in a plastic bag (two if heavily soiled) and tied at the top. The child's name must be written on the bag and then placed away from the children for collection by the family. Soiled clothing belonging to children will not be rinsed/washed due to the 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

¹²Refer to: Hygiene and Infection Control (incl. Toileting) Policy.

Heritage spare clothes are heavily soiled by vomit or faeces, educators 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 transmission of blood-borne diseases.

Procedure for Accidental Exposure

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.
- **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.

Procedure for Removing Body Fluids from a Child During Toileting

Educators must:

- 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 (preferably shaken) into the toilet.
 - 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.

When to Use Disinfectant or Bleach

Heritage educators understand that:

- Most germs do not survive for long on clean surfaces when exposed to air and light, and routine cleaning with detergent and water is usually enough to reduce germ numbers.
- Disinfectant will not kill germs if the surface has not been cleaned first.
- Disinfectant is advised following cleaning of small amounts of blood and other body substances. It may also be used after routine cleaning of an outbreak of 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 colour out of carpet, discretion may be used, and disinfectant used on carpet instead of bleach.

Infection Control Relating to Blood-Borne Viruses (BBV)

A Blood-Borne Virus (BBV) is spread when blood from an infected person enters another person's bloodstream. Examples of BBV's 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 BBV are negligible.¹³

Identifying Signs and Symptoms of Illness

Heritage educators will be trained to:

- Be aware of the symptoms (see list below) which may indicate a possible illness.
- Understand that the more of the features on the list that are seen, the more likely it is that the child may have a serious illness and that:

Illness in young children can progress very quickly and if in any doubt, educators must seek medical advice without delay.

¹³ Refer to: First Aid Policy: Procedures for Safely Dealing with Bodily Fluids (Blood); First Aid Procedures for Children who are Bleeding; Procedures for Needles Stick Injuries; Procedures for Safe Disposal of Discarded Needles and Syringes.

Symptoms indicating an illness may include:

- Behaviour that is unusual for the individual child - a normally active child becomes lethargic/drowsy/avoids activities/avoids eye contact.
- A high temperature/fever of 38°C and above measured in the ear. A high fever in a young child can be a sign of infection and needs to be investigated. However, fever by itself is not necessarily an indicator of serious illness. See section on Managing a Child with a High Temperature/Fever.
- Breathing difficulty - breathing very quickly or noisily; pale or blue around the mouth; muscles between the ribs being drawn in with each breath.
- Poor circulation - very pale, with hands and feet feel cold or look blue.
- Loose bowels or faeces which are grey, pale or contain blood.
- Vomiting.
- Discharge from the eye or ear.
- Skin that displays rashes, blisters, spots, crusty or weeping sores.
- Red or purple rash - non-specific rashes are common in viral infections, however, red or purple spots that do not turn white if pressed with a finger require urgent medical referral and could be meningococcal disease.
- Loss of appetite, especially in infants.
- Poor urine output or fewer wet nappies than usual, especially in infants.
- Dark urine.
- Headache.
- Stiff neck or sensitivity to light - this may indicate meningitis, although infants may have meningitis without these signs.
- Pain, such as muscular and joint pain - facial expression, general irritability or reduced activity are good indicators of pain.
- Continuous scratching of scalp or skin.
- Difficulty in swallowing or complaining of a sore throat.
- Persistent, prolonged or severe coughing.

Adapted from: NHMRC's Staying Healthy: Preventing infectious diseases in early childhood education and care services. (5th ed), 2013.

The Exclusion of Sick Children

- The Heritage Exclusion of Sick Children Guidelines (Appendix 2) are based on the **ACT Public Health Regulation 2000** that requires children with, or who have been in contact with, certain conditions, to be excluded from early childhood education and care for minimum periods of time. The [NHMRC recommendations](#) and the current list of [notifiable conditions](#) (full list of conditions on p2) under the **Public Health Act 1997** are also taken into account.
- The *ACT Public Health Regulation 2000* also assigns parents a responsibility to exclude their child and to notify the service if there are reasonable grounds for believing that their child has an infectious disease.
- In addition, Heritage asks families to keep their child at home if they wish their child to receive non-prescribed medication throughout the day at regular intervals such as paracetamol or cough medicines. **Educators will not administer non-prescribed medication, including cough and cold remedies, unless advised to do so by a registered medical practitioner**, with the exception of specific first aid remedies such as antihistamines and paracetamol, where signed authorisation has been given on the child's Enrolment Form. ¹⁴
- Full fees must be paid for excluded children unless the Committee determines otherwise. This will include self-quarantine times for highly infectious viruses, eg, COVID-19.
- Heritage understands that families may, in some circumstances, not know whether their child is infectious or sick enough to require time at home. Families may experience negative attitudes or guilt when trying to take time off work or study to care for a sick child and the pressure to fulfil their commitments may lead them to ask educators to vary the exclusion rules.

¹⁴ Refer to: Medication Policy

- Although it may be difficult for families, Heritage has a legal obligation and duty of care to the Heritage community and families must strictly follow the exclusion periods.

- To minimise potential conflict between educators and families, Heritage will provide families and educators with clear policies and procedures. They will be given information of the Illness Policy and Procedures, including the minimum exclusion period guidelines, on enrolment and encouraged to participate in reviewing the Illness Policy and Procedures.

- Families will be made aware of the necessity of being able to reach a parent/guardian/emergency contact at any time and must agree to this on enrolment.¹⁵ Educators are not responsible for decisions about the primary health care of sick children. Sick children need to be in the care of their parents/guardians so that they can make these important decisions.

- The Director or Responsible Person in Charge has the final say as to whether or not a child is well enough to attend and is coping with activities at Heritage and may override the minimum exclusion periods or a Doctor's Certificate permitting attendance.

Notifying a Parent/Guardian or Emergency Contact of a Child's Illness

- When a child displays symptoms of an illness, educators will attempt to contact their parent/guardian as soon as possible in the first instance.
- Heritage will always endeavour to contact a parent/guardian listed on the child's enrolment form prior to proceeding to the emergency contacts.
- Families must ensure all parent/guardian/emergency contact details on their child's Enrolment Form are kept up to date and inform Heritage as soon as these details change.
- Families must provide details of 2 emergency contacts other than parents/guardians, eg, grandmother/neighbour, who live or work (during Heritage hours) within **30 minutes** of Heritage and are able to drive the child home or stay with them at Heritage until a parent/guardian can be contacted.
- Heritage educators will confirm parent/guardian/emergency contact details with families every 6 months at parent interviews or in person.
- **A parent/guardian or emergency contact person must still collect a child who recorded a high fever, even if the fever reduces**

Notification Procedure

Educators will ensure:

- A parent/guardian will be contacted by phone **and requested to collect the child immediately (within 1 hour and preferably 30 minutes)** to ensure any infection is contained as much as possible.
- If a parent/guardian cannot be reached promptly by phone, a text/email will be sent to the parent/guardian informing them of the situation and that **an emergency contact person will be called without delay to meet the service's obligation under the ACT Public Health Regulation 2000** to exclude children with an infectious disease and our duty of care to the wellbeing of their child and other children at the service.
- If an emergency contact person cannot be reached, the child will continue to be isolated and supervised until such time as a contact is reached.
- When a parent/guardian/emergency contact person cannot be contacted in an emergency or where immediate medical intervention is required, Heritage educators will proceed with the steps outlined in the relevant section of this policy below, depending on the seriousness of the illness. This may involve calling an ambulance or medical practitioner, at a cost to the parent/guardian, to seek assistance and intervention.

¹⁵ Refer to: Enrolment Form

- Where a parent/guardian or an emergency contact for an enrolled child cannot be contacted or cannot collect the child **within 1 hour of person-to-person contact, the Heritage Non-Compliance Policy and Procedures will commence.** Heritage has a legal obligation to maintain educator-to-child ratios at all times and when relief staff provide 1:1 supervision of a sick child for more than 1 hour, **the cost will be charged to the child's parent/guardian.** (Note: HAYS employment agency charge for a minimum of 4 hours on call).

Procedure for When an Illness Requires Exclusion and Medical Advice

For the purpose of this policy, **'requires exclusion and medical advice'** is when symptoms indicate that the illness is *potentially infectious*, for example, continuous 'sticky eye' discharge.

Procedure

Educators will:

- When a child appears unwell, **inform the Room Leader** and an assessment will be made by the Room Leader in conjunction with the Director/Responsible Person in Charge to determine whether identified symptoms fit with a condition that requires exclusion and medical advice.
- Provide first aid where necessary.
- Separate the potentially infectious child from the other children, eg, on a blanket on the office couch, where they can still be comforted and supervised.
- Follow active supervision and hygiene procedures including:
 - Reminding a child who is coughing to do so into their elbow.
 - If the child covers their mouth with their hands, asking them to wash their hands.
 - If the child has diarrhoea or vomiting, giving small amounts of water regularly.
 - Regularly washing their hands if they have touched the unwell child.
 - Monitoring changes in symptoms and behaviour which may indicate the illness has progressed and requires immediate medical intervention (see section below).
- **Notify a parent/guardian/emergency contact person in line with the procedure above.**
- Refer to the Heritage Exclusion of Sick Children table¹⁶ and advise the parent/guardian or emergency contact person when the child may return.
- Where appropriate, print a relevant factsheet to give to the child's family.
- After the child leaves, ensure that the mat/blanket they were lying on is cleaned with detergent/washed before it is used again.

The Director/Responsible Person in Charge:

- May request a child with a potentially infectious illness provides a medical certificate permitting attendance before they are able to return.
- Will inform ACT Health and the ACT Regulatory Authority, CECA, as required. (See: Notification Procedures).
- Will put a notice on the main entrance and room entries to inform families if required.
- Will contact the ACT Health Protection Service, [Communicable Disease Control Surveillance Unit](#) on Ph: 02 5124 9213 for advice when an infectious disease outbreak is affecting their service, including outbreaks of coronavirus or respiratory illnesses.
- Will provide the Heritage community with up-to-date information from well-respected authorities such as ACT Health and The National Health and Medical Research Council.

Procedure for When an Illness Requires Immediate Medical Intervention

For the purpose of this policy, **'immediate medical attention'** is when the symptoms may indicate that the illness is potentially serious, for example, a child complains or displays symptoms of intense abdominal pain. Educators will:

- Commence first aid.
- Notify a parent/guardian or emergency contact (see procedures above) and request they take their child to a hospital or doctor immediately.
- Call an ambulance if a parent/guardian or emergency contact cannot be reached

¹⁶ Appendix: Exclusion of Sick Children

Procedure for when an Illness is an Emergency

For the purpose of this policy, an illness is considered an 'emergency' when the child is exhibiting respiratory or circulatory failure (shock) and/or is unconscious. Educators will:

- Commence first aid.
- Call an ambulance immediately.
- Notify a parent/guardian or emergency contact as soon as possible.

Procedure for Managing Head Lice Infestations

- Heritage educators understand that head lice (Pediculosis) infestation is mainly an annoyance and rarely a public health problem.
- Head lice are small parasitic insects that live mainly on the scalp and neck of human hosts.
- Only humans get head lice and their presence does not indicate a lack of hygiene or sanitation. Head lice are transmitted by having head-to-head contact with someone who has head lice and are not responsible for the spread of any infectious disease.
- Head lice may infest anyone and are common in schools and early education services.

Procedure

The Director will ensure:

- Head lice inspections are conducted whenever an infestation is suspected.
- Families are asked to sign on enrolment, consent for checking their child for head lice.
- A letter and head lice factsheet is sent home with families of children suspected of having head lice.¹⁷
- A head lice notification letter is given to all families when an infestation of head lice has been detected at the service.¹⁸
- In accordance with the *ACT Public Health Regulation 2000*, families are required to commence head lice treatment straight away if their child has a suspected head lice infestation.
 - Treatment options include chemical treatments and non-chemical.
 - No treatments kill all the eggs, so **re-application 7 days later** is recommended.
- In accordance with *ACT Public Health Regulation 2000*, a child suspected of an infestation should not return to Heritage until the day after appropriate treatment has started.
- Families must inform Heritage of when the head lice treatment has commenced and return the Head Lice Parent Letter (See Attachments) to the service on their child's return.

Managing Common Colds and Immunisation SymptomsCommon Cold Symptoms

- Viral upper respiratory tract infections (the common cold) are very common in children occurring 6-8 times a year on average.
- There are more than 200 types of viruses that can cause the common cold.
- Colds spread by airborne droplets or indirectly by contact with surfaces that have been contaminated by infectious airborne droplets.
- Infants are protected from colds for about the first 6 months of life by antibodies from their mothers, however after this, become very susceptible to colds because they are no longer immune, have close contact with adults and other children, cannot practise good personal hygiene, and their smaller nose and ear passages are easily blocked.
- Nasal discharge associated with the common cold may start clear and then become thicker and turn yellow/green over a day or two by which time the child is not contagious (NHMRC 2013). This is usually caused by an enzyme in the body's defence mechanism, however if it becomes particularly thick and foul smelling, it may indicate a sinus infection.

Immunisation Symptoms

When a child has an immunisation, they will not be infectious but may suffer pain, itching, redness or swelling around the injection site for 1-2 days. Less common side effects are fever, vomiting or diarrhoea.

¹⁷ Refer to: Attachments: Head Lice Parent Letter

¹⁸ Refer to: Attachments: Head Lice Centre Letter

Procedure

Educators will:

- Watch for any new or more severe symptoms that may indicate other, more serious infections.
- Where a child is showing symptoms of a common cold or side effects from an immunisation, ensure the child is **excluded for 24 hours** if they:
 - Have a high temperature (See section below: Managing High Temperatures);
 - Have commenced antibiotics.
 - Are considered by the Room Leader, in conjunction with the Director or Responsible Person in charge, to be too unwell to attend, ie:
 - Secretion from the nose is continuous and/or thick yellow and foul smelling.
 - The child is not able to join in activities, is not coping and is sufficiently distressed in the education and care setting to require 1:1 care.

Even if a child does not have a condition that requires exclusion, the best place for a child that is feeling unwell and not coping well with the daily activities in the education and care environment is to rest and recover at home (NHMRC 2013)

Managing a Child with a High Temperature or Fever

- The NHMRC (2013) define a child's normal temperature as being within a range of **36.5°C to 37.5°C**, depending on the child's age and the time of day.
- A temperature is **significantly high and requires immediate medical attention** when:
 - **38°C** or more in a baby **under 3 months old**
 - **38.5°C** in older infants and children

Overarching Guidelines for Managing Children who Register a High Temperature

- Heritage educators will measure a child's temperature in their ear or underarm for small babies.
- Rather than focusing on the fever, Heritage educators will focus attention on the way the child looks, behaves, their level of alertness and whether there are any other symptoms that indicate serious infection, such as vomiting, coughing or convulsions (NHMRC, 2013).

Heritage educators understand that:

- A fever is a form of high temperature which is a positive response in helping the body fight infection (Sydney Children's Hospital (2013).
- A fever is one of the most common reasons why children visit a medical practitioner and is most commonly caused by a virus.
- Most children tolerate low grade fever well and do not usually need paracetamol for a low-grade fever.
- While paracetamol may temporarily 'bring the fever down', it will not treat the cause of the fever, may mask the underlying cause and has not been proven to reduce the incidence of febrile convulsions (Sydney Children's Hospital, 2013).
- Some studies show that giving medication to reduce the fever can slow down the body's immune response to infection (NHMRC, 2013).
- **Ibuprofen or Aspirin should never be given to children.** Ibuprofen is relatively safe but must not be given to asthmatic or vomiting children. Aspirin should not be given to children. It can cause stomach upsets, gastric bleeding, and is associated with a rare but potentially fatal condition called Reye syndrome.

Procedure for When a Temperature Requires Immediate Medical Attention

For the purpose of this policy, 'a **temperature that requires immediate medical attention**' is when a child should not attend Heritage and should be examined by a doctor immediately to exclude serious infections such as meningitis, urinary tract infection or pneumonia.

Factors indicating a fever requires immediate medical attention include where the child:

- Is less than 3 months old and has a fever of 38°C or above.
- Is over 3 months old and has a fever of 38.5°C or above
- Seems very sick.
- Has pain such as a headache or earache or limb pain.
- Has difficulty swallowing.
- Is breathing rapidly.
- Has a rash.
- Is vomiting.
- Has a stiff neck.
- Has bulging of the fontanelle (the soft spot on the head in babies).
- Is very sleepy or drowsy.¹⁹

If any of the above conditions are observed, educators will:

- Commence first aid.
- Notify a parent/guardian/emergency contact as soon as possible and request they take the child to a hospital or doctor immediately.
- **Call an ambulance if a parent/guardian/emergency contact cannot be reached.**

Procedure for When an Older Infant/Child Registers a Temperature of 37.5°C

Educators will:

- Alert a parent/guardian/emergency contact (as per procedures above) as soon as possible and let them know the child does not need to be collected from Heritage at this point.
- **If other symptoms develop** with the high temperature (eg, a rash or vomiting), contact a parent/guardian/emergency contact person and ask them to **collect the child as soon as possible (within 1 hour and preferably 30 minutes)**, see a doctor for medical advice and inform them the child will not be permitted to return to Heritage for a further 24 hours.

Procedure for When an Older Child Registers a Temperature of 38°C

Educators will:

- Contact a parent/guardian/emergency contact person, ask them to collect the child as soon as possible **within 1 hour and preferably 30 minutes** and inform them the child will not be permitted to return to Heritage for a further **24 hours**.

Procedure for When a Child is Less than 3 Months old and Registers a Temperature of 38°C OR is older than 3 Months and Registers a Temperature of 38.5 or more.

Educators will:

- Notify a parent/guardian or emergency contact as soon as possible and request they take the child to a hospital or doctor immediately.
- Call an ambulance if a parent/guardian or emergency contact cannot be reached. (See section over-page: When a Temperature Requires Immediate Medical Attention).

¹⁹ Refer to: Fever Factsheet

Procedure for Managing Febrile Convulsions

Occasionally (about 1 in 30) children under 5 may have febrile convulsions, which are physical seizures brought about by a fever. They usually last only a few seconds or minutes and are not dangerous but frightening. However, the following procedures must be followed²⁰:

- Call for a first aider
- Place child on the floor on their side for safety - DO NOT restrain the child
- After convulsion, first aider to follow DRABC
- Contact a parent/guardian/emergency contact and ask them to collect child and seek medical advice
- **Call for an ambulance immediately if:**
 - The convulsions last for more than 5 minutes.
 - The child does not wake up when the convulsions stop.
 - The child looks very ill when the convulsions stop.

Procedure for Caring for a Child while Waiting for a Parent/Guardian/Emergency Contact to Arrive

Educators will give treatment and comfort to the child as needed as follows:

- Encourage the child to drink water, unless there are reasons why the child is only allowed limited fluids.
- Remove excessive clothing.
- Sponge lukewarm water on the child's forehead, back of neck and exposed areas of skin, such as arms or legs.
- Administer paracetamol (eg, Panadol) only at the discretion of the Director and in line with the Medication Policy (see below), record the relevant details in the Medication Book, and ask the parent/guardian or emergency contact to sign the Medication Book on arrival. **Note:** The discretion to administer paracetamol for a high temperature by the Director/Responsible Person in Charge will be rarely utilised. (See below)
- Watch the child and monitor their temperature by take a reading at least **every 15 minutes** and recording it on the Illness Report Form.
- Monitor symptoms and how the child is feeling and watch for febrile convulsions.

A parent/guardian or emergency contact person must still collect a child who recorded a high fever, even if the fever reduces.

The Discretion to Administer Paracetamol for a High Temperature**Paracetamol will only be administered by educators when:**

- Written authorisation has been given by a parent/guardian via their enrolment form; **AND**
- The child has a high fever when measured with a thermometer ($\geq 38^{\circ}\text{C}$); **AND**
- The child is visibly uncomfortable; **AND**
- The child does not have any allergies to the medication being administered; **AND**
- The educators have read the label and follows the instructions carefully to ensure the dose is appropriate for the child's weight; **AND**
- The **Director/Responsible Person in Charge has agreed** to the administration of paracetamol, for example, when a parent/guardian cannot be contacted to collect the child or advice has been received from a registered medical practitioner, or emergency services personnel, such as prior to an ambulance arriving.

²⁰ Refer to: First Aid Policy

Managing an Outbreak of Acute Respiratory Illness (non-COVID-19)

Many viruses cause acute respiratory illness in young children including rhinovirus, respiratory syncytial virus (RSV), influenza, and parainfluenza.

- Symptoms can range from mild (runny nose, cough, fever) to more severe (inflammation of the small airways - bronchiolitis and pneumonia).
- RSV causes respiratory symptoms including fever, cough, runny nose and wheezing, and sometimes ear infections. Most children recover in 9-15 days, however some, particularly if under 6 months, may develop complications (bronchiolitis or pneumonia) requiring hospital admission. Infections spreads through breathing in droplets from an infected person's cough or sneeze, or by touching contaminated objects or surfaces and then touching their face.

The Director/Nominated Supervisor will:

- Keep up to date with the latest guidelines from ACT Health Disease Surveillance - [Managing Outbreaks of Gastroenteritis and Acute Respiratory Illness in Childcare Settings](#)
- Report a Respiratory Illness cluster, defined by ACT Health as **more than 3 cases in 72 hours in either staff or children**, to the [Communicable Disease Control \(CDC\)](#) Information Line 02 5124 9213 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.
- Maintain strict hygiene and infection control practises as outlined in this policy.
- Follow guidelines from [ACT Health](#) and **discourage anyone from attending the service if they are unwell with symptoms of an acute respiratory illness that can spread the virus, such as coughing and sneezing, until symptoms have resolved**. Unwell siblings should not attend the centre during drop off and pick up. **Refer also to:** Procedure for When an Illness Requires Exclusion and Medical Advice.

Managing an Outbreak of Vomiting and/or Diarrhoea

An outbreak of vomiting and/or diarrhoea at an early childhood service is defined as when there are **2 or more cases of vomiting/diarrhoea in 24 hrs in staff or children (ACT Health)**.

Procedure

The Director/Nominated Supervisor will:

- Keep up to date with the latest guidelines from ACT Health Disease Surveillance - [Managing Outbreaks of Gastroenteritis and Acute Respiratory Illness in Childcare Settings](#)
- Report the gastroenteritis outbreak to ACT Health utilising the [Childcare Centre gastroenteritis outbreak notification form](#) or call the [Communicable Disease Control \(CDC\)](#) Information Line on 02 5124 9213 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 (See 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 and general hygiene 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 (See attachment).
- Strictly enforce laundry hygiene, including separating loads 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.

Monitoring and Documenting an Illness

The Importance of Illness Records

- Heritage is required to keep records of any illness in children, educators or other staff that attend the service (National Regulation 87).
- Documenting symptoms and medication given is crucial to the success of managing illnesses, especially when the conditions change, and the child/person becomes increasingly unwell. As well as informing families of how an illness developed and was managed by educators, the information may be crucial for GP's or other medical staff to accurately diagnose and treat the illness.
- Keeping records can help prevent the spread of infection by helping public health workers to identify the cause of any outbreak and how to control it.

Illness Register Procedure

- Illness information will be recorded as soon as possible after the onset of the illness and within 24 hours.
- Heritage will confidentially store illness records until the child is **25 years old**, in line with National Regulation 183.

Educators must:

- Maintain an Illness Report Form²¹ in each room stating the unwell child's name, age, the symptoms observed and time of onset, the action and the time it was taken by educators, the time medication was given (if applicable), the time of each attempt to contact a parent/guardian/emergency contact person was made.
- Document the frequency and condition of any unusual loose bowel movements.
- Where a fever is present, document the child's temperature **every 15 minutes** to assist in determining how quickly the temperature is rising and the possible severity of the illness.

The Director or Responsible Person in Charge must:

- Transfer the relevant information (Date/Time/Name/Age/Symptoms/Room/Action from the Illness Report Form to the Illness Register²² in a timely manner.
- Ensure relevant information is kept for staff as well as children.
- Ensure a parent/guardian signs the Illness Report form for their child.

Medication Authorisations and Book Procedure

- Any authorised medication administered must be recorded in the Medication Book which must be signed by a parent/guardian/emergency contact upon collection of the child.

It is the responsibility of parents/guardians to advise the Room Leader if they have **administered paracetamol or any other over the counter medication such as cold/flu remedies or decongestants within the last 24 hours** prior to their child before coming to Heritage. Should medication be required in an emergency, staff need to know the last time the child was medicated and the combination of medications they have taken.

²¹ Refer to: Attachment: Illness Report Form

²² Refer to: Attachment: Illness Register

Non-Prescribed Medications

- Educators will not administer non-prescribed medication, including cough and cold remedies, unless advised to do so by a registered medical practitioner, with the exception of specific first aid remedies such as antihistamines and paracetamol, where signed authorisation has been given on the child's Enrolment Form.
- Non-prescribed topical creams and such as eczema cream and nappy rash cream provided by families may be applied according to the family's instructions where signed authorisation has been given on the Medication Form or child's Enrolment Form. Teething gel provided by families requires daily signed authorisation through the Medication Form in the child's Room to prevent over-use.²³

Notification Procedures to Relevant Authorities of an Infectious DiseaseNotifying ACT Health Protection Service of an Infectious Disease

- The Director/Nominated Supervisor will notify the [ACT Health Protection Service](#) of cases of notifiable infectious diseases as required using the [Notifiable Disease Form](#), (full list of conditions on p2) and emailing CDC@act.gov.au
 - Conditions marked with a phone symbol on the form require **immediate telephone notification** on diagnosis or on the basis of reasonable clinical suspicion. **Phone: (02) 5124 9213**, fax (02) 5124 8810, after hours page (02) 9962 4155.
 - All other conditions require written notification as soon as possible **within 5 days**.
- The Director/Nominated Supervisor will contact the ACT Health Protection Service, [Communicable Disease Control Surveillance Unit](#) for advice as required. Ph: 02 5124 9213.

Notifying the ACT Regulatory Authority (CECA) of an Infectious Disease

- The Director/Nominated Supervisor will ensure infectious diseases are reported to Children's Education and Care Assurance (CECA) by submitting a notification to CECA using the [National Quality Agenda IT System \(NQAITS\)](#)

Notification Procedures to Relevant Authorities of a Serious Illness or IncidentNotifying the ACT Regulatory Authority (CECA) of a Serious Incident Report

- The Director/Nominated Supervisor will notify the ACT Regulatory Authority (CECA) within 24 hours via the [NQAITS](#) portal in the event of a serious illness or incident.
- Serious incidents include: "*incidents involving serious illness of a child while being educated and care for the child attended or ought reasonably to have attended a hospital.*" Eg. whooping cough. ²⁴ [\(National Regulation 12\)](#)

Notifying WorkSafe ACT of Notifiable Incident

- The Director/Nominated Supervisor will notify [WorkSafe ACT of Notifiable Incident](#). Notification is required for incidents that result in death or serious injury/illness, or dangerous occurrences.
- The Director/Nominated Supervisor will 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.

Excursions

Should a child become unwell while on an excursion, the Illness and Infectious Diseases Policy and Procedures will apply as if they were on the Heritage premises.²⁵

Communication

The Director will:

- Develop communication plans and templates to be rolled out should the need arise.
- Provide educators with information and training on the Illness and Infectious Diseases Policy during their induction process, through Handbooks and during staff meetings.

²³ Refer to: Medication Policy

²⁴ Refer to: Emergency and Evacuation Policy and Procedures; First Aid Policy and Procedures

²⁵ Refer to: Excursions Policy

- Provide families with information on the Illness and Infectious Diseases Policy on enrolment and through the Family Handbook and [Members Area](#) of the Website.
- Regularly remind families of the exclusion guidelines, hand hygiene, cough and sneeze etiquette, immunisation and medication procedures through the service newsletter and information on noticeboards.
- Provide up to date information to the Heritage community from respected authorities including factsheets from NHMRC and ACT Health. These may be pinned to notice boards, posted in the Members Area of the website or copied for families.

Monitoring, Evaluation and Review

- This policy will be monitored to ensure compliance with legislative requirements and reviewed in line with the service policy and procedures review cycle and as necessary.
- Families and staff are understood to be essential stakeholders in the policy review process and will be given opportunity and encouragement to be actively involved.
- In accordance with R 172 of the *Education and Care Services National Regulations 2011*, the service will ensure that families of children enrolled at the service are notified at least 14 days before making any change to a policy or procedure that may have significant impact on the provision of education and care to any child enrolled at the service; a family's ability to utilise the service; the fees charged or the way in which fees are collected.

Related Policies

Name	Location
Creating Inclusion and Equity Policy and Procedures	Policy Manuals in Office, Main Entrance and Staff Programming Room.
Emergency and Evacuation Policy and Procedures	
Excursions and Incursions Policy and Procedures	
Enrolment and Graduating Rooms Policy and Procedures	
First Aid Policy and Procedures	Policy and Procedures documents and Handbooks in Members Area of website .
Food Safety Policy and Procedures	
Hygiene and Infection Control (incl. Toileting) Policy and Procedures	
Immunisation Policy and Procedures	
Medical Conditions Policy and Procedures	
Medication Policy and Procedures	
Privacy and Confidentiality Policy and Procedures	
Work Health and Safety Policy and Procedures	

References and Further Reading

- ACECQA (May 2022 update).** [Guide to the National Quality Framework](#)
- ACECQA (2021).** [Dealing with Infectious Diseases Policy Guidelines](#).
- ACT Health. (2022).** [Childcare setting gastroenteritis and acute respiratory illness outbreaks](#)
- ACT Health. (2022).** [Staying COVID Smart](#)
- ACT Health. (2022).** [Disease Surveillance: ACT Communicable Diseases Surveillance Program](#).
- ACT Health. (2020).** [Immunisation](#)
- ACT Education Directorate (2022).** [Infectious diseases – outbreak procedures and exclusions period policy](#) and [procedures](#)
- CELA (2021).** [Sample Dealing with Infectious Diseases Policy](#)
- Health Direct (2022).** [School Exclusion for Health Reasons](#)
- National Centre for Immunisation Research and Surveillance (NCIRS):** [Immunisation requirements for childcare](#)
- National Health Medical Research Council.** (2013). [Exclusion Periods for Infectious Diseases Table](#).
- National Health Medical Research Council.** (2013). [Staying Healthy: Preventing Infectious Diseases in Early Childhood Education and Care Services, 5th Edition](#).

Useful Factsheets and Websites for Families

- **ACT Health:** Communicable Disease [Factsheets](#) - [Viral Gastroenteritis Factsheet](#) etc.
- **Health Direct:** [Respiratory-Syncytial-Virus-RSV Factsheet](#).
- **NSW Health:** [RSV Factsheet](#)
- **National Health Medical Research Council:** [Factsheets](#)
- **National Health Medical Research Council:** Factsheets for Specific Conditions on pages 77-172 of [Staying Healthy: Preventing infectious diseases in early childhood education and care services. \(5th ed\), 2013.](#)
- **Raising Children Network:** [Fever in Children Factsheet](#)
- **Royal Children's Hospital Melbourne:** [Kids Health Factsheets](#)
- **Sydney Children's Hospital:** [Factsheets](#)
- [Baby Centre](#)
- [Health Direct](#)
- [NSW Multicultural Health Communication Service](#)
- [Raising Children Network](#)
- [Royal Children's Hospital Melbourne](#)
- [Sydney Children's Hospital](#)

Version Control and Change History

Version Number	Approval Date	Approved by	Author and Amendments
1	Sept 2002	Management Committee	
2	May 2008		Author: Robyn Thurecht. Adopted and amended the NCAC policy on Illness to incorporate Health Policy and Exclusion of Sick Children Policy. Updated list of Minimum Exclusion Period from National Health Medical Research Council website. Updated exclusion periods of any diarrhoea condition to a standard 36 hours across Heritage. Introduced a monetary penalty clause in cases where parents/guardians and/or emergency contact persons are not able to be contacted (see section 7 – <i>Notifying Parents/guardians</i>).
3	August 2008	Management Committee	Change exclusion of vomiting to 36 hours
4	11 August 2009	Management Committee	Added two clauses to the Parent/Staff Obligations Summary page relating to immunisation and notification of use of Panadol by the parent. Updated Exclusions table to reflect immunisation information.
5	March 2012	Management Committee	Author: Julia Charters. Reviewed in light of the new Education and Care Services National Regulations, 2011, including the National Quality Standard. Minor editorial amendments.
6	Oct 2013	Director	Author: Julia Charters. Updated to reflect updated Medication Policy - Added 'Giving Medication to Reduce a Fever' section and updated administering Panadol guidelines from NHMRC (2012), <i>Staying Healthy in Child Care, 5th edition</i> . Added children will be excluded while on anti-diarrhoea medication, such as Flagyl for Giardia. Added information on febrile convulsions. Updated definition and reporting requirements for a serious incident using form S101.

7	May 2014	Director	Author: Julia Charters. Updated to reflect updated Food Safety (Food from Home) Policy – Added ACT Health guideline - staff should not return to work until 48 hours after their diarrhoea ceases and must not be rostered on to food preparation duties until at least 72 hours after their diarrhoea ceases.
8	13 Sept 2016	Management Committee	Author: Julia Charters. Added Contents Table. Updated References. Updated procedures to reflect latest NHMRC’s recommendations in <i>Preventing Infectious Diseases in Early Childhood Education and Care Services, 5th Edition</i> , including Managing a High Temperature. Updated exclusion periods table to reflect latest guidelines from NHMRC and ACT Health. Added new sections on Infection Control for Blood-Borne Viruses (BBVs), Managing an Outbreak of Vomiting and/or Diarrhoea, Head Lice Infestations. Added Summary of Key Responsibilities in place of Parent Obligation Summary.
9	February 2018	Director	Added reference to Medical Condition Management Plan to include procedure update as per Medical Conditions Policy- Director will develop Risk Minimisation and Communication Plans in consultation with families of children identified as having allergies or anaphylaxis or other medical conditions such as asthma, ADHD, diabetes or epilepsy as per Regulation 90.
10	May 2019	Director	Updated to reflect Medication Policy update 2019: Added that families must inform the Room Leader or an educator if they have administered Paracetamol or any other over the counter medication such as cold/flu remedies or decongestants, to their child within <u>12 hours</u> prior to arriving at HECC. Added educators will ask families not to send their child to Heritage if they wish their child to receive non-prescribed medication through the day such as paracetamol or cough medicines. Added non-prescribed medication, including cough and cold remedies, are not given to children unless advised to do so by a registered medical practitioner, with the exception of specific first aid remedies such as antihistamines and paracetamol, where signed authorisation has been given on the child’s Enrolment Form. Non-prescribed topical creams and such as eczema cream and nappy rash cream provided by families are only applied according to the family’s instructions where signed authorisation has been given on the Medication Form or child’s Enrolment Form. Teething gel provided by families is only applied where daily signed authorisation has been given through the Medication Form. Added that the discretion to administer paracetamol as a first aid remedy for a high temperature will be rarely used by the Director/Nominated Supervisor as it may mask underlying cause, eg when a parent/guardian/emergency contact cannot be contacted to collect a child or if advised by a registered medical practitioner, or emergency services personnel, eg

			prior to an ambulance arriving.
11	February 2020	Director	Added Procedures for Novel coronavirus (COVID 19). Updated Notification Procedures to Relevant Authorities regarding Notifiable infectious diseases to reflect Notifiable Conditions Code of Conduct 2017 (<i>update to the Public Health Act 1997</i>) to include relevant changes for early childhood services eg, No requirement to report Giardiarsis. Updated References and Factsheets. Added attachments - Head Lice letter and Factsheet. Added ACT Immunisation Schedule to Website.
12	3 Nov 2020	Director	Received update email from ACT Health re: Childcare Gastroenteritis cases on the rise. Added Attachments: ACT HEALTH Infection Control Checklist for Childcare Centres - Outbreaks of Gastroenteritis. ACT HEALTH Bleach for Bodily Fluid Spills
13	13 August	Director	Updated National Regulation 12 Definition of Serious Incident clause (c). Previously included attention from a medical practitioner.
14	Oct 2021	Director	Updated COVID-19 procedures to reflect October update including vaccination mandate for contact staff, ventilation requirements. Added requirement for educators to provide an immunity test within 3 months of completing their probationary period.
15	February 2022	Director	Updated COVID-19 procedures to reflect Feb 2022 policy update and “living with COVID” context.
16	March 2022	Director	Updated COVID-19 procedures to reflect March 2022 policy update and updated procedures for managing a positive case.
17	May 2022	Director	Updated COVID-19 procedures to reflect May 2022 policy update and updated procedures for managing a positive case.
18	08 Nov 2022	Management Committee	Author: Julia Charters. Updated References. Minor changes to layout to improve readability. Added relevant hyperlinks. Clarified procedure for requirement to be able to contact at all times a parent/guardian/emergency contact. Added section on Managing an Outbreak of Acute Respiratory Illness. Added RSV Factsheet. Updated COVID-19 procedures to reflect COVID-19 Policy update October 2022. Updated Exclusion Guidelines to include COVID-19. Updated Exclusion Guidelines to exclude children who are displaying symptoms that may be spreading respiratory viruses eg, persistent coughing and sneezing, until symptoms have ceased, in line with ACT Health guidelines on Managing Acute Respiratory Outbreaks. Minor update to procedure for notifying ACT Health of notifiable diseases. Updated Summary of Key Responsibilities and Legislative Requirements to reflect ACECQA guidelines. Removed Appendix - ACT Health Head Lice Factsheet and added link in letter.
19	April 2023	Director	Updated COVID-19 procedures to reflect April 2023 COVID-19 Pupdate.

Appendix 1: Minimum Exclusion Periods for Infectious Conditions

- A parent/guardian of a child with a listed exclusion condition, or a child who has been in contact with a listed exclusion condition, is required to notify the Director as soon as possible (ACT Health 2016).
- Conditions marked * must be notified by medical practitioners to the ACT Chief Health Officer.
- The Director must notify ACT Chief Health Officer of the conditions marked #.
- Some diseases, eg, pertussis, typhoid, tuberculosis, meningococcal disease and hepatitis A, can cause concern among families. Heritage will contact ACT Health for support and advice.
- The definition of 'contacts' and 'appropriate antibiotic treatment' will vary according to the disease. If concerned, families are asked to contact ACT Health.
- For the purpose of this policy the **definition of diarrhoea** is: 'Two or more consecutive bowel motions that are looser and more frequent than normal or escapes a child's nappy.'

Additional Exclusion Guidelines During the COVID-19 Pandemic (as at April 2023)

Heritage recognises that positive cases may be infectious for up to 10 days. The most infectious period is the 2 days before symptoms start and while acute symptoms are present such as a runny nose, sore throat, fever, cough.

Our policy is to strongly encourage members of the Heritage community who test positive to isolate and stay at home until acute symptoms have resolved and they are well.

Anyone who is unwell with any of the following symptoms or reasonably suspected to have a communicable disease will be excluded from Heritage until they no longer display symptoms, and they are well.

Any child/adult who:

- Tests positive for COVID-19[#]
- Has a temperature over 37.5° C.
- Presents with [COVID symptoms](#), for example, unexplained or persistent cough, drowsy, shortness of breath, respiratory illness, runny nose, suffering with diarrhea or vomiting, has a persistent headache, loss of taste or smell etc.*

*Unless they have a letter from a G.P explaining the symptoms as due to a non-infectious ongoing medical condition. In this case, they must be carefully monitored for new symptoms.

Testing

- If the child/adult has symptoms and tests negative on a RAT, they are asked to take a PCR test and remain at home until they receive the result, and their acute symptoms resolve.
- PCR tests are recommended for under 2s and families are advised to call their G.P. or Healthdirect on 1800 022 222 for medical advice if symptoms are concerning.

Where there are two or more cases of COVID-19 in the service in one week:

- Where there are two or more cases of COVID-19 at the service in a week, the exclusion period is increased to **5 days** from the positive test and until acute symptoms resolve.

Condition	Exclusion of Case	Exclusion of Contacts
Acute Respiratory Illness or RSV #	Exclude if unwell with symptoms of an acute respiratory illness that may spread the virus, such as coughing and sneezing, until symptoms have resolved. A Respiratory Illness Cluster (>3 cases in 72 hours) must be reported to ACT Health #	Unwell siblings should not attend the centre during drop off and pick up.
Amoebiasis (Entamoeba histolytica)	See 'Diarrhoea and/or Vomiting'	Not excluded
Antibiotics	Exclude for 24 hours after commencement	Not excluded
Bronchiolitis or Bronchitis (virus)	No exclusion period but exclude if considered by the Director and Room Leader to be too unwell and not coping/sufficiently distressed or deemed to be spreading the virus via coughing or sneezing, until symptoms have ceased. A Respiratory Illness Cluster (>3 cases in 72 hours) must be reported to ACT Health #	Not excluded
Campylobacter infection *	See 'Diarrhoea and/or Vomiting'	Not excluded
Candidiasis	See 'Thrush - genital'	
Chickenpox *	See 'Varicella'	
Cold sores (Herpes Simplex, Virus – HSV)	Exclude all Babies and Toddlers until fully recovered as they cannot comply with hygiene procedures. Parents/guardians/staff/visitors with cold sores will be allowed in all areas except Nursery provided they take necessary hygiene precautions in their contact with children, ie, keep lesions covered; do not kiss the children; do not use communal cups, cutlery, etc.	Not excluded
Conjunctivitis	Exclude until the discharge and redness from the eyes has stopped, including discharge on waking, unless a doctor has diagnosed non-infectious conjunctivitis. It is recommended that the full course of treatment be completed.	Not excluded
Coughs and colds	Exclude for 24 hours if has a high temperature (38 degrees or above), has been given paracetamol or other medication for a fever in the last 24 hours, is on antibiotics, or is considered by Director and Room Leader to be too unwell to attend (eg, persistent coughing and sneezing that may spread the virus, or runny nose, thick yellow and foul-smelling nasal discharge, or not coping/sufficiently distressed), until symptoms have resolved.	Unwell siblings should not attend the centre during drop off and pick up.
Croup	A child considered well enough to attend must be accompanied by a certificate of non-infectiousness from their doctor	Not excluded
Cryptosporidium *	See 'Diarrhoea and/or Vomiting'	Not excluded

Cytomegalovirus (CMV) infection	Not excluded	Not excluded
Diarrhoea and/or Vomiting including: - Aamoebiasis - Campylobacter - Cryptosporidium - Rotavirus # - Salmonella - Viral gastroenteritis (See separate sections for Giardiasis, Norovirus, Shigella)	Exclude for a full 36 hours after last loose bowel motion and has returned to a normal diet . Exclude while on anti-diarrhoea medication (eg Flagyl). If the cause is unknown, possible exclusion for 48hours until cause is identified. If 2 or more children have vomiting or diarrhoea on the same day, exclude until 48 hours after last episode of vomiting or diarrhoea and notify Health Protection Service. Staff excluded until 48 hours after diarrhoea ceases and must not be rostered on to food preparation duties until at least 72 hours after their diarrhoea ceases.	Not excluded
Diphtheria * #	Exclude until at least 2 negative throat swabs have been taken (the first not less than 24 hours after cessation of antibiotic treatment and the second not less than 48 hours later), and (b) a certificate is provided by a doctor recommending that the exclusion should cease.	Exclude family and household contacts until approval to return has been given by the Chief Health Officer
Ear infections	Exclude if considered by the Director and Room to be unwell and not able to join in activities or not coping/sufficiently distressed. Exclude for a full 24 hours after commencing any antibiotics	Not excluded
Fever/High temperature (non-specific)	Exclude for full 24 hours if temperature is 38°C or above. 48 hours if > one child registers fevers on the same day. Also exclude for 24 hours after the last time paracetamol or other medication was administered to reduce a fever.	Not excluded
Fungal infections of the skin or nails (e.g. ringworm, tinea)	Exclude until the day after starting appropriate antifungal treatment.	Not excluded
German measles	See 'Rubella'	
Giardiasis	As for 'Diarrhoea and/or vomiting' AND until a medical certificate of recovery is produced.	Not excluded
Glandular fever (Mononucleosis, EBV infection)	Excluded until a medical certificate of recovery is produced.	Not excluded
Haemophilus influenzae type b (Hib) * #	Exclude until the person has completed the appropriate antibiotic treatment for at least 4 days and a medical certificate of recovery is produced	Not excluded
Hand, foot and mouth disease	Exclude until all blisters have dried and the child is well enough to attend	Not excluded
Head lice (Pediculosis)	Excluded until the day after effective treatment has commenced and all lice and eggs have been removed.	Not excluded
Hepatitis A *	Exclude at least until 7 days after the onset	Not excluded. Contact ACT

	of jaundice and until a medical certificate of recovery is produced.	Health for advice about vaccinating or treating children in the same room or group.
Hepatitis B	Exclude until they are well enough to attend and join in activities	Not excluded
Hepatitis C	Exclude until they are well enough to attend and join in activities	Not excluded
Herpes Simplex	See 'Cold Sores'	
Human Immunodeficiency Virus (HIV/AIDS)	Exclude until well enough to attend. If the person is severely immunocompromised, they will be vulnerable to other people's illnesses.	Not excluded
Human parvovirus B19 (fifth disease, erythema infectiosum, slapped cheek syndrome)	Exclude until rash disappears	Not excluded
Hydatid disease	Not excluded	Not excluded
Immunisation	Not excluded unless considered by the Director and Room Leader to be too unwell, sufficiently distressed and not able to participate in activities <u>Heritage recommends children be immunised on non- Heritage days or make a late afternoon appointment.</u> Parents/guardians must notify the Room Leader on the day of immunisation so that educators are alert to any signs of adverse reactions or distress. Adverse reactions must be reported to ACT Health. #	Not excluded
Impetigo (school sores)	Exclude until appropriate antibiotic treatment has commenced for 24 hours and until all sores have healed or covered with a water tight dressing	Not excluded
Influenza and influenza-like illnesses	Exclude until well enough to attend and join in activities	Not excluded
Leprosy *	Exclude until approval to return has been given by the Chief Health Officer	Not excluded
Listeriosis	Not excluded	Not excluded
Measles * #	Exclude for at least 4 days after the onset of the rash and until a medical certificate of recovery is produced.	Immunised and immune contacts are not excluded. Exclude non-immunised contacts until 14 days after first day of appearance of the rash in the last case. Non-immunised contacts immunised with measles vaccine within 72 hours after their first contact with the index case are not excluded after being immunised. Non-immunised contacts who are given normal human

		immunoglobulin (NHIG) within 7 days after their first contact with the index case are not excluded after being given NHIG
Meningitis (bacterial)	Exclude until has received appropriate antibiotics and a medical certificate of recovery is produced	Not excluded
Meningitis (viral)	Exclude until well enough to attend and join in activities	Not excluded
Meningococcal infection *	Exclude until adequate carrier eradication therapy has been completed and a medical certificate of recovery is produced.	Not excluded if receiving rifampicin or other antibiotic treatment recommended by the Chief Health Officer. Otherwise, excluded until 10 days after last contact with the index case. Contact Chief Health Officer for advice about antibiotics and/or vaccination for people who were in the same room as the case
Molluscum contagiosum	Not excluded	Not excluded
Mumps * #	Exclude for nine days after onset of swelling	Not excluded
Norovirus	Exclude until there has not been a loose bowel motion or vomiting for 48 hours.	Not excluded
Parvovirus infection	See 'Human Parvovirus'	
Pertussis (Whooping Cough) * #	Exclude for 21 days from start of cough, or for 5 days after starting a course of antibiotics recommended by the Chief Health Officer	Exclude non-immunised household, home based child care and close child care contacts under 7 years old for 14 days after the last exposure to infection, or until 5 days after starting a course of antibiotics recommended by the Chief Health Officer (whichever is sooner)
Poliomyelitis * #	Exclude for at least 14 days after onset of symptoms and until a certificate is provided by a medical practitioner or public health unit recommending that the exclusion should cease	Not excluded
Pneumococcal disease	Exclude until well and able to join in activities	Not excluded
Roseola	Exclude until rash and fever disappears	Not excluded
Ross River virus	Not excluded	Not excluded
Rotavirus infection #	See 'Diarrhoea and/or Vomiting'	
Rubella (German measles) * #	Exclude for 4 days after the appearance of the rash and until fully recovered	Not excluded. Female staff of child-bearing age should ensure that their rubella immune status is adequate
Salmonella infection *	See 'Diarrhoea and Vomiting'	Not excluded
Scabies (Ringworm,	Exclude until day after appropriate	Not excluded

tinea)	treatment has commenced.	
Scarlet fever	See 'Streptococcal sore throat'	
School sores	See 'Impetigo'	
Shigella infection *	Exclude until there has not been a loose bowel motion for 36 hours and two samples, 24 hours apart have tested negative	Not excluded
Slapped Cheek Syndrome	See 'Human Parvovirus'	
Streptococcal sore throat (including scarlet fever)	Exclude until has received antibiotic treatment for at least 24 hours and feels well.	Not excluded
Temperature	See 'Fever/High Temperature'	
Thrush (genital)	Exclude until proof that appropriate medical treatment has commenced. Children currently being toilet trained will be reviewed individually	Not excluded
Toxoplasmosis	Not excluded	Not excluded
Tuberculosis (TB) *	Exclude until medical certificate is produced from the appropriate health authority	Not excluded. Contact a public health unit for advice about screening, antibiotics or specialist TB clinics
Typhoid and paratyphoid fever *	Exclude until medical certificate is produced from appropriate health authority	Not excluded unless advised by public health authority.
Vaccination	See 'Immunisation'	
Varicella (Chickenpox)	Exclude for at least 5 days after rash first appears AND all blisters are dry AND the person is systemically well	Any child or staff with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise, not excluded. Exclude any pregnant woman who is, or is presumed to be susceptible
Viral gastroenteritis (viral diarrhoea)	See 'Diarrhoea and/or Vomiting'	
Vomiting	See 'Diarrhoea and Vomiting'	
Warts	Not excluded	Not excluded
Whooping cough * #	See 'Pertussis'	
Worms	Exclude until diarrhoea ceases for 36 hours	Not excluded

Adapted from: [Recommended Minimum Exclusion Periods in Staying Healthy. Preventing infectious diseases in early childhood education and care services, 5th Edition, NHMRC 2013](#)

Date:

Dear Parent/Guardian,

Your child has today been examined in accordance with our Illness and Infectious Diseases Policy and live head lice have been detected in your child’s hair.

Head lice (Pediculosis) infestation is mainly an annoyance and rarely a public health problem. Head lice are small parasitic insects that live mainly on the scalp and neck of their human host. Only humans get head lice and their presence does not indicate a lack of hygiene or sanitation. Head lice are transmitted by having head-to-head contact with someone who has head lice and are not responsible for the spread of any infectious disease. Head lice may infest anyone and are common in schools and early childhood education services.

In accordance with ACT Health Regulations, we require you to commence head lice treatment straight away. Treatment options include chemical treatments and non-chemical treatment (i.e. the conditioner and comb method described in the **ACT Health Factsheet** attached). If you are unsure of which treatment is most suitable, your local pharmacy will be able to assist. Please remember no treatments kill all the eggs, so **re-application 7 days later** is recommended.

In accordance with the Regulations, your child should not return to Heritage **until the day after appropriate treatment has started and all eggs have been removed**. It is very important that Heritage is informed of when the head lice treatment has commenced and we ask that you return the bottom part of this form to your Room Leader, on your child’s return to Heritage.

Thank you for your support in stopping the head lice cycle at Heritage. Please feel free to contact me if you have any queries or concerns regarding this matter.

Kind regards,

Vicki McDonald
Director
Heritage Early Childhood Centre

CONFIDENTIAL
Head Lice - Parent/Guardian Response Form

To: (insert Room Leader’s Name), _____

Child’s Full Name: _____ Room: _____

I understand that my child should not attend Heritage with untreated head lice. I have used the following treatment for head lice for my child (insert name of treatment):

_____.

Treatment commenced on (insert date) / /

I understand that for this treatment to be successful, I need to apply a follow up treatment in 7 days.

Signature of parent/guardian: Date: / /

Date:

Date:

Dear Parents/Guardians,

Head lice have been detected in your child's group at Heritage. We are seeking your cooperation in checking your child's head regularly throughout this week to help control their spread.

Head lice (Pediculosis) infestation is mainly an annoyance and rarely a public health problem. Head lice are small parasitic insects that live mainly on the scalp and neck of their human host. Only humans get head lice and their presence does not indicate a lack of hygiene or sanitation. Head lice are transmitted by having head-to-head contact with someone who has head lice and are not responsible for the spread of any infectious disease. Head lice may infest anyone and are common in schools and early childhood education services.

What can you do?

We ask that you check your own child's hair for live lice (tan or brown and seed shaped) or eggs (tiny white specks often stuck near the root of a hair). It may be a good idea to check all the members of your family.

What do I do if my child has live lice or eggs?

If live lice or eggs are present, you will need to begin treatment. Treatment options include non-chemical treatment (i.e. the conditioner and comb method described in the ACT Health Factsheet attached) and chemical treatments. If you are unsure of which treatment is most suitable, your local pharmacy will be able to assist. Please remember no treatments kill all the eggs, so **re-application 7 days later** is recommended.

ACT Health Regulations state that a child can return to Heritage the day after appropriate treatment has begun. In addition, we ask that your child does not return until all eggs have been removed.

Further information is available in the [ACT Health Factsheet](#) in the Members Area of our website or <https://health.act.gov.au/sites/default/files/2018-10/Head%20Lice.pdf>

Thank you for your support in stopping the head lice cycle at Heritage. Please feel free to contact me if you have any queries or concerns regarding this matter.

Kind regards,

Vicki McDonald
Director
Heritage Early Childhood Centre

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 o 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 should be 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		



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