

DEALING WITH INFECTIOUS DISEASES POLICY

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Responsible Person: BoG Chair

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Mandatory – Quality Area 2

Purpose

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

- a child attending Hampton Park Community House shows symptoms of an infectious disease
- a child at Hampton Park Community House has been diagnosed with an infectious disease
- managing and minimising the spread of infectious diseases, illnesses and infestations (including head lice)
- managing and minimising infections relating to blood-borne viruses
- managing and minimising infections relating to epidemics (*refer to Definitions*) and pandemics (*refer to Definitions*) (e.g. coronavirus (COVID-19)).

Policy Statement

Values

Hampton Park Community House is committed to:

- providing a safe and healthy environment for all children, staff and any other persons attending HPCH
- responding to the needs of the child or adult who presents with symptoms of an infectious disease or infestation while attending HPCH
- adhering to evidence-based practice infection prevention and control procedures
- preventing the spread of infectious and vaccine-preventable diseases

- complying with current exclusion schedules and guidelines set by the Department of Health (DH)
- complying with the advice of the Australian Health Protection Principal Committee (AHPPC), Victorian Chief Health Officer and DH
- providing up-to-date information and resources for parents/guardians and staff regarding protection of all children from infectious diseases and blood-borne viruses, management of infestations and immunisation programs.

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

Scope

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, early childhood teachers, educators, staff, students, volunteers, parents/guardians, children, and others attending the programs and activities of [Service Name] including during offsite excursions and activities.

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RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/guardians	Contractors, volunteers and students
R indicates legislation requirement, and should not be deleted					
Ensuring standard precaution practices (<i>refer to Definitions</i>) are carried out every day to minimise and, where possible, eliminate the risk of transmission of infection	R	√	√		√
Ensuring that where there is an occurrence of an infectious disease at HPCH, reasonable steps are taken to prevent the spread of that infectious disease (<i>Regulation 88(1)</i>)	R	√	√	√	√
Ensuring that where there is an occurrence of an infectious disease at HPCH,	R	√	√		



a parent/guardian or authorised emergency contact of each child at HPCH is notified of the occurrence as soon as is practicable (<i>Regulation 88(2)</i>)					
Ensuring that information from the DH about the minimum exclusion periods (<i>refer to Definitions</i>) is displayed at HPCH and is available to all stakeholders	R	√	√		
Ensuring that a child is excluded from HPCH in accordance with the minimum exclusion periods (<i>refer to Definitions</i>) when informed that the child is infected with an infectious disease (<i>refer to Definitions</i>) or has been in contact with a person who is infected with an infectious disease (<i>refer to Definitions</i>) as required under <i>Regulation 111(1)</i> of the <i>Public Health and Wellbeing Regulations 2019</i>	R	√	√	√	√
Contacting the Communicable Disease Section, DH (<i>refer to Definitions</i>) if there is an outbreak of two or more cases of gastrointestinal illness in a 48-hour period (<i>refer to Sources</i>)	R	√			
Ensuring obligations under No Jab No Play legislation (<i>Public Health and Wellbeing Act 2008</i>), including to request, assess and manage immunisation documentation are met, and to assist parents/guardians and parents/guardians who may face difficulties in meeting the requirements (<i>refer to Enrolment and Orientation Policy</i>)	R	√			
Ensuring when directed by the Chief Health Officer, that a child who is at material risk of contracting a vaccine-preventable disease is excluded until the Chief Health Officer directs that attendance can be resumed (<i>Regulation 111(2)(4) of the Public Health and Wellbeing Regulations 2019</i>)	R	√	√	√	
Ensuring that a minimum of one educator with current approved first aid qualifications is in attendance and immediately available at all times HPCH is in operation (<i>refer to Administration of First Aid Policy</i>).	R	√	√		
<div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p style="text-align: center;">As a demonstration of duty of care and evidence-based practice, HPCH requires that all early childhood teachers and educators have current approved first aid qualifications and anaphylaxis management training and asthma management training.</p> </div>	R	√	√		
Notifying DE within 24 hours of a serious incident (<i>refer to Definitions</i>) via the NQAITs	R	√			
Conducting a thorough inspection of HPCH on a regular basis, and consulting with staff to assess any risks by identifying the hazards and potential sources of infection	R	√	√		√

Establishing and complying with good hygiene and infection prevention and control procedures (<i>refer to Hygiene Policy</i>) (<i>refer to Attachment 4</i>)	R	√	√	√	√
Observing for signs and symptoms of an infectious disease in children, and taking appropriate measures to minimise cross-infection and inform management		√	√	√	√
Providing appropriate and current information and resources to all stakeholders regarding the identification and management of infectious diseases, blood-borne viruses and infestations	√	√	√		√
Keeping informed of current legislation, information, research and evidence-based practice	√	√	√	√	√
Complying with the <i>Hygiene Policy</i> of HPCH and the procedures for infection prevention and control relating to blood-borne viruses (<i>refer to Attachment 4</i>)	R	√	√	√	√
Communicating changes to the exclusion table or immunisation laws to all stakeholders in a timely manner	R	√	√		√
Complying with the advice of the Australian Health Protection Principal Committee (AHPPC), Victorian Chief Health Officer and DH in an epidemic or pandemic event (<i>refer to Attachment 5</i>).	R	√	√	√	√
Notifying everyone at HPCH of any outbreak of infectious disease at HPCH including information about the nature of the illness, incubation and infectious periods, and HPCH's exclusion requirements for the illness, and displaying this information in a prominent position	R	√	√		
Advising parents/guardians on enrolment that the minimum exclusion periods will be observed in regard to the outbreak of any infectious diseases or infestations (<i>refer to: www2.health.vic.gov.au/public-health/infectious-diseases/school-exclusion/school-exclusion-table</i>).	R	√	√		
Providing information to staff and parents/guardians about child and adult immunisation recommendations (<i>refer to Attachment 6</i>)	√	√			
Advising the parents/guardians of a child who is not fully immunised on enrolment and/or is undertaking the 16 weeks grace period, that they will be required to keep their child at home when a vaccine-preventable disease is diagnosed at HPCH, and until there are no more occurrences of that disease and the exclusion period has ceased	R	√	√		
Ensuring that parents/guardians understand that they must inform the approved provider or nominated supervisor as soon as practicable if the child is infected with an infectious disease or infestation, or has been in contact with a person infected with a condition for which the exclusion of contacts is specified (<i>Regulation 110, Public Health and Wellbeing</i>)	R	R	R	R	

<i>Regulations 2019)</i>					
Providing information and resources to parents/guardians to assist in the identification and management of infectious diseases and infestations	√	√	√		
Ensuring all parents/guardians have completed a consent form to conduct head lice inspections (<i>refer to Attachment 1</i>) on enrolment	R	√	√		
Conducting head lice inspections whenever an infestation is suspected, which involves visually checking children’s hair and notifying the approved provider and parents/guardians of the child if an infestation of head lice is suspected		√	√		
Providing a head lice action form (<i>refer to Attachment 2</i>) to the parents/guardians of a child suspected of having head lice	R	√	√		
Providing a head lice notification letter (<i>refer to Attachment 3</i>) to all parents/guardians when an infestation of head lice has been detected at HPCH	R	√	√		
Maintaining confidentiality at all times (<i>refer to Privacy and Confidentiality Policy</i>)	R	R	R	√	√
Keeping their child/ren at home if they are unwell or have an excludable infectious disease or infestation (<i>refer to Definitions</i>)				√	
Informing service management as soon as practicable if their child has an infectious disease or infestation (<i>refer to Definitions</i>) or has been in contact with a person who has an infectious disease (<i>Regulation 110 of the Public Health and Wellbeing Regulations 2019</i>)				R	
Complying with the minimum exclusion periods (<i>refer to Definitions</i>) or as directed by the approved provider or nominated supervisor after the Chief Health Officer directed them to exclude a child enrolled whom the Chief Health Officer has determined to be at material risk of contracting a vaccine-preventable disease (<i>Regulation 111(2) of the Public Health and Wellbeing Regulations 2019</i>)				R	

Procedures

Refer to *Attachment 4*. Infection control relating to blood borne viruses

Refer to *Attachment 5* Actions for early childhood and care services in an epidemic or pandemic event



Background and Legislation

Background

Infectious diseases such as the chickenpox, common cold, measles and mumps, are common in children and adults may also be susceptible.

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

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

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

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

notifying (as soon as practicable) children, parents/guardians and educators/staff when an excludable illness/disease is detected at HPCH

complying with relevant health department exclusion guidelines, advice and information

increasing educator/staff awareness of cross-infection through physical and close contact with others.

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

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

Legislation and Standards

Relevant legislation and standards include but are not limited to:



Education and Care Services National Law Act 2010

Education and Care Services National Regulations 2011

Family Assistance Legislation Amendment (Jobs for Parents/guardians Child Care Package) Act 2017 (Cth)

Health Records Act 2001 (Vic)

National Quality Standard, Quality Area 2 & 6

Public Health & Wellbeing Amendment (No Jab No Play) Act 2015 (Vic)

Occupational Health and Safety Act 2004 (Vic)

Privacy and Data Protection Act 2014 (Vic)

Privacy Act 1988 (Cth)

Public Health and Wellbeing Act 2008 (Vic)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: www.legislation.vic.gov.au
- Commonwealth Legislation – Federal Register of Legislation: www.legislation.gov.au

Definitions

The terms defined in this section relate specifically to this policy.

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

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

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

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

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



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

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

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

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

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

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

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

Standard precautions: work practices that achieve a basic level of infection prevention and control. Using standard precautions aims to minimise and, where possible, eliminate the risk of transmission of infection, particularly those caused by blood-borne viruses. Standard precautions include but are not limited to hand hygiene, cleaning equipment and the environment, respiratory hygiene and cough etiquette and appropriate use of PPE.

Sources and related Policies

Sources

Communicable Disease Section, Victorian Department of Health & Human Services (2019), *A guide to the management and control of gastroenteritis outbreaks in children's centres*. Victorian Government, Melbourne:
<https://www2.health.vic.gov.au/about/publications/researchandreports/A-guide-to-the-management-and-control-of-gastroenteritis-outbreaks-in-childrens-centres>

Department of Health, Victoria (2012) *Head lice management guidelines*:
<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Head-lice-management-guidelines>



Guide to the National Quality Standard (2023), ACECQA: <https://www.acecqa.gov.au/sites/default/files/2023-03/Guide-to-the-NQF-March-2023.pdf>

Immunisation Enrolment Toolkit for early childhood services: <https://www2.health.vic.gov.au/public-health/immunisation/vaccination-children/no-jab-no-play/immunisation-enrolment-toolkit>

Information about immunisations, including immunisation schedule, DH: <https://www.health.gov.au/health-topics/immunisation/when-to-get-vaccinated/national-immunisation-program-schedule>

Increase in gastroenteritis outbreaks in childcare: <https://www2.health.vic.gov.au/about/news-and-events/healthalerts/gastro-outbreaks-childcare>

National Health and Medical Research Council (2013) *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th edition): <https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services>

National Immunisation Program, Department of Health, Australian Government: <https://www.health.gov.au/initiatives-and-programs/national-immunisation-program>

Statements Section for statements on health emergencies, AHPPC. Available at: <https://www.health.gov.au/committees-and-groups/australian-health-protection-principal-committee-ahppc>

Victorian Department of Health. *Disease information and advice*. Available at: <https://www2.health.vic.gov.au/public-health/infectious-diseases/disease-information-advice>

WorkSafe, Victoria (2008) *Compliance code: First aid in the workplace*: <https://www.worksafe.vic.gov.au/resources/compliance-code-first-aid-workplace>

Related Policies

- Administration of First Aid
- Administration of Medication
- Child Safe Environment and Wellbeing
- Dealing with Medical Conditions
- Enrolment and Orientation
- Hygiene
- Incident, Injury, Trauma and Illness
- Inclusion and Equity
- Occupational Health and Safety



- Privacy and Confidentiality

Evaluation

To assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from educators, staff, parents/guardians, children, management and all affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- ensure that all information related to infectious diseases on display and supplied to parents/guardians is current
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of HPCH's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (*Regulation 172 (2)*).

Attachments

Attachment 1: Consent form to conduct head lice inspections

Attachment 2: Head lice action form

Attachment 3: Head lice notification letter

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

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

Attachment 6: Child and adult immunisation recommendations

Authorisations:

Signature of Chair of BOG :



Date of Approval by BOG: 23-10-23



Attachment 1. Consent form to conduct head lice inspections [Place on Service/Program area letterhead]

Dear parents/guardians,

Hampton Park Community House is aware that head lice infestation can be a sensitive issue and is committed to maintaining children's confidentiality and avoiding stigmatisation at all times. However, management of head lice infestation is most effective when all children and their parents/guardians actively support our policy and participate in our screening program.

All inspections will be conducted in a culturally appropriate and sensitive manner, and information about why the inspections are conducted and the benefits of preventing infestations will be explained to children prior to conducting the inspections.

Only the nominated supervisor/person in day-to-day charge or an external person approved by HPCH, such as a nurse employed by the local council, will be permitted to carry out inspections on children at HPCH. Where there is concern about a potential infection, a child's hair will be inspected for the presence of head lice or lice eggs.

Where live head lice are found, Hampton Park Community House will notify the parents/guardians and will provide them with relevant information about the treatment of head lice. Other parents/guardians will be provided with a notice to inform them that head lice have been detected in the group and to encourage them to be vigilant and carry out regular inspections of their own child.

Please note that while head lice do not spread disease, they are included in the *Minimum Period of Exclusion from Primary Schools and Children's Services for Infectious Diseases Cases and Contacts* published by the Department of Health (DH) which defines the minimum period of exclusion from a children's service for children with infectious diseases. According to this table, where a child has head lice, that child must be excluded until the day after appropriate treatment has commenced.

Child's name: **Group:**

I hereby give my consent for Hampton Park Community House, or a person approved by Hampton Park Community House, to inspect my child's head when an infestation of head lice is suspected in HPCH.

Full name of parent/guardian: _____
Signature of parent/guardian: _____ **Date:** _____

I do not give consent for my child's head to be inspected. I request that staff contact me when an infestation of head lice is suspected at HPCH, and I agree to come to HPCH to complete the inspection myself.

Full name of parent/guardian: _____
Signature of parent/guardian: _____ **Date:** _____



ATTACHMENT 2. Head lice action form

[Place on service/program area letterhead]

Dear parents/guardians,

We have detected head lice or lice eggs on your child and it is very important for you to treat your child as soon as possible, using safe treatment practices. Please read the attached pamphlet Treating and controlling head lice from the Department of Health (DH). This contains guidelines regarding detecting and treating head lice and lice eggs.

Please note that while head lice do not spread disease, they are included in the Minimum Period of Exclusion from Primary Schools and Children's Services for Infectious Diseases Cases and Contacts published by the DH which defines the minimum period of exclusion from a children's service for children with infectious diseases. According to this table, where a child has head lice, that child must be excluded until the day after appropriate treatment has commenced.

Please keep your child at home until appropriate treatment has commenced and use the form provided below to notify Hampton Park Community House (add Service area), when your child returns to HPCH, of the action taken by you to treat the head lice/eggs.

Head lice treatment - action taken

Parent/guardian response form

To Hampton Park Community House

CONFIDENTIAL

Child's name:

Group:

I understand that my child must not attend HPCH with untreated head lice or lice eggs.

I have used the following recommended treatment for head lice or lice eggs for my child:

"[write name of treatment used]" .

Treatment commenced on:

[write date treatment was first used].

Signature of parent/guardian:

Date:



ATTACHMENT 3. Head lice notification letter

[Place on service/program area letterhead]"

Dear parents/guardians,

It has come to our attention that head lice or lice eggs have been detected in your child's group at Hampton Park Community House [add Service Area] and we seek your co-operation in checking your child's hair regularly throughout this week, [Date].

Head lice are common in children and are transmitted by having head-to-head contact with someone who has head lice, but they do not transmit infectious diseases.

What can you do?

We seek your co-operation in checking your child's hair and, in instances where head lice or lice eggs are found, treating your child's hair.

We also ask that you ensure your child does not attend HPCH until the day after appropriate treatment has occurred in line with the Department of Health's (DH) minimum period of exclusion required for head lice.

How do I treat my child for head lice?

Please read the attached pamphlet Treating and controlling head lice from the DH. This contains guidelines regarding detecting and treating head lice and lice eggs. Additional information is also available by contacting HPCH.

Who do I contact if my child has head lice?

If head lice or lice eggs are found in your child's hair, you must inform:

HPCH, and use the attached form to advise when treatment has commenced parents/guardians and carers of your child's friends so that they can also check these children for head lice or lice eggs and commence treatment if necessary.

When can my child return to HPCH?

DH regulations require that where a child has head lice, that child must be excluded until the day after appropriate treatment has commenced.

[Service Name] is aware that head lice can be a sensitive issue and is committed to maintaining your confidentiality. Kind regards,

"[Signature of Nominated Supervisor]"

"[Name of Nominated Supervisor]"



ATTACHMENT 4.

Procedures for infection PREVENTION AND control relating to blood-borne viruses and body fluids

The use of standard precaution practice (*refer to Definitions*) is the best way to prevent transmission of blood borne viruses and body fluids.

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

Important note on blood spills

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

Managing exposures to blood and/or body fluids

Exposures include sharps injuries (including needlestick) and splashes into or onto mucous membranes (such as eyes, nose, mouth) or non-intact skin (cuts, sores or abrasions).

Remove contaminated clothing (if applicable) and thoroughly wash exposed area with soap and water.

Affected mucous membranes should be flushed with large amounts of water.

Eyes should be flushed gently (no soap)

The exposed person must report any occupational exposures immediately.

Seek medical attention for an assessment of the risk of infection and appropriate treatment

CLEANING AND REMOVAL OF BLOOD SPILLS and body fluids

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

Disposable gloves

Disposable plastic bags/zip lock bags/biohazard container (if available)

Detergent/bleach

Disposable towels

Access to warm water

Procedure

Put on disposable gloves.

Cover the spill with paper towels.

Carefully remove the paper towel and contents.

Place the paper towels in an appropriate disposable plastic bag/zip lock bag/biohazard container.

Clean the area with warm water and detergent/bleach, then rinse and dry.

Remove and place gloves in an appropriate disposable plastic bag/zip lock bag/biohazard container, seal and place it in a rubbish bin inaccessible to children.

Wash hands in warm, soapy water and dry (follow the Handwashing guidelines in the *Hygiene Policy*).

needle stick injuries

If you get pricked by a discarded needle and syringe (often referred to as 'needle stick injury') the following steps should be taken:

Flush the injured area with flowing water.

Wash the wound well with soap and warm water.



Dry the wound and apply a waterproof dressing

Seek medical attention for an assessment of the risk of infection and appropriate treatment.

If the needle and syringe cannot be retrieved, mark the area so others are not at risk and contact the Disposal Helpline.

SAFE DISPOSAL OF DISCARDED NEEDLES AND SYRINGES

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

Disposable gloves

Long-handled tongs

Disposable plastic bags

'Sharps' syringe disposal container, or rigid-walled, screw-top, puncture-resistant container available for free from local council, who may also provide free training to staff on the collection of sharps

Procedure

1. Put on disposable gloves.
2. Do not try to re-cap the needle or to break the needle from the syringe.
3. Place the 'sharps' syringe disposal container on the ground next to the needle/syringe and open the lid.
4. Using tongs, pick the syringe up from the middle, keeping the sharp end away from you at all times.
5. Place the syringe, needle point down, in the 'sharps' syringe disposal container and close the lid securely on the container.
6. Repeat steps 3 to 5 to pick up all syringes and/or unattached needles.
7. If appropriate, clean the area with warm water and detergent/bleach, then rinse and dry.
8. Remove and place gloves in a disposable plastic bag, seal and place it in a rubbish bin inaccessible to children.
9. Wash hands in warm, soapy water and dry (follow the Handwashing guidelines in the Hygiene Policy).

Under no circumstances should children, work-experience students or volunteers be asked or encouraged to pick up needles/syringes.

If the needle/syringe is not accessible and cannot be collected, mark and supervise the area so that others are not at risk and contact the Syringe Disposal Helpline on 1800 552 355.

Advice on the handling and disposal of needles/syringes can be accessed from:

the Syringe Disposal Helpline on 1800 552 355 (24 hours a day, 7 days a week) for the location of the nearest needle exchange outlet or public disposal bin

the environmental officer (health surveyor) at your local municipal/council offices

local general practitioners

local hospitals.

Note: 'Sharps' syringe disposal containers and/or needles/syringes must not be put in normal waste disposal bins. To dispose of the container, take it to your local Needle and Syringe Program or council office or contact the Disposal Helpline (1800 552 355) for further advice.



ATTACHMENT 5. ACTIONS F

Important note: A pandemic is an epidemic of an infectious disease that has spread across a large region, for instance multiple continents or worldwide, affecting a substantial number of people. ELAA advises that the contents of this policy are relevant to a pandemic event. In considering what actions are required by an approved provider, information and guidance provided by the Australian Health Protection Principal Committee (AHPPC), Victorian Government, the Department of Health (DH) and the Department of Education (DE) should be followed and adhered to.





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