

Mandatory – Quality Area 2**PURPOSE**

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

- a child attending Helen Paul Kindergarten shows symptoms of an infectious disease
- a child at Helen Paul Kindergarten 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.

Note: This policy includes information on child immunisation.

POLICY STATEMENT**1. VALUES**

Helen Paul Kindergarten is committed to:

- providing a safe and healthy environment for all children, staff and any other persons attending the service
- responding to the needs of the child or adult who presents with symptoms of an infectious disease or infestation while attending the service
- complying with current exclusion schedules and guidelines set by the Department of Health
- providing up-to-date information and resources for families and staff regarding protection of all children from infectious diseases and blood-borne viruses, management of infestations and immunisation programs.

Helen Paul Kindergarten supports the Immunise Australia Program and National Immunisation Program (NIP), which is currently recommended by the National Health and Medical Research Council (NHMRC) and supported by the Commonwealth Government. All educators/staff at Helen Paul Kindergarten are committed to preventing the spread of vaccine-preventable diseases through simple hygiene practices such as hand washing, effective cleaning procedures, monitoring immunisation records and complying with recommended exclusion guidelines and timeframes for children and educators/staff.

2. SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Helen Paul Kindergarten, including during offsite excursions and activities.

3. BACKGROUND AND LEGISLATION**Background**

Infectious diseases are common in children. Children are at a greater risk of exposure to infections in a children's service than at home due to the amount of time spent with a large number of other children. Infectious diseases are divided into four categories (A, B, C, D) on the basis of the method of notification and the information required. The Department of Health has developed a document, *Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious*

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Diseases Cases and Contacts, to assist in protecting the public by preventing, or containing, outbreaks of infectious conditions common in schools and other children's services and is regulated by the *Public Health and Wellbeing Regulations 2009*.

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

- notifying children, families and educators/staff when an excludable illness/disease is detected at the service
- complying with relevant health department exclusion guidelines
- increasing educator/staff awareness of cross-infection through physical contact with others.

The Victorian Government offers an immunisation program for children to assist in preventing the spread of infectious diseases. A standard immunisation calendar is available at www.health.vic.gov.au/immunisation/factsheets/schedule-victoria.htm. If an immunisation record cannot be provided at enrolment, the parent/guardian can access this information by requesting an immunisation history statement from:

- the Australian Childhood Immunisation Register, by calling 1800 653 809. This service is free of charge and it takes 7–10 working days to process a request
- any Medicare office.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*: Regulation 88
- *Health Records Act 2001*
- *Information Privacy Act 2000* (Vic)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
 - Standard 2.1: Each child's health is promoted
 - Element 2.1.1: Each child's health needs are supported
 - Element 2.1.3: Effective hygiene practices are promoted and implemented
 - Element 2.1.4: Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines
 - Standard 2.3: Each child is protected
 - Element 2.3.1: Children are adequately supervised at all times
 - Element 2.3.2: Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury
 - Element 2.3.3: Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented
- *National Quality Standard*, Quality Area 6: Collaborative Partnerships with Families and Communities

- Standard 6.2: Families are supported in their parenting role and their values and beliefs about child rearing are respected
- Standard 6.3: The service collaborates with other organisations and service providers to enhance children’s learning and wellbeing
- *Occupational Health and Safety Act 2004*
- *Privacy Act 1988 (Cth)*
- *Public Health and Wellbeing Act 2008*
- *Public Health and Wellbeing Regulations 2009*
- WorkSafe Victoria: *First aid in the workplace compliance code*

4. DEFINITIONS

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

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

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

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

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

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

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

Infectious disease: A disease that can be spread, for example, by air, water or interpersonal contact. An infectious disease is designated under Victorian Law or by a health authority (however described) as a disease that would require the infected person to be excluded from an education and care service.

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

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.

Recommended minimum exclusion period: The period recommended by the Department of Health for excluding any person from attending a children’s service to prevent the spread of infectious diseases through interpersonal contact. The exclusion period table, published by the Department of Health, can be accessed at <http://docs.health.vic.gov.au/docs/doc/Minimum-Period-of-Exclusion-from-Primary-Schools-and-Childrens-Services-Centres-for-Infectious-Diseases-Cases-and-Contacts>

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Serious incident: An incident resulting in the death of a child, or an injury, trauma or illness for which the attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a child appears to be missing, cannot be accounted for, is removed from the service in contravention of the regulations or is mistakenly locked in/out of the service premises (Regulation 12). A serious incident should be documented in an *Incident, Injury, Trauma and Illness Record* (sample form available on the ACECQA website) as soon as possible and within 24 hours of the incident. The Regulatory Authority (DEECD) must be notified within 24 hours of a serious incident occurring at the service (Regulation 176(2)(a)). Records are required to be retained for the periods specified in Regulation 183, see attachment 5.

5. SOURCES AND RELATED POLICIES

Sources

- Communicable Diseases Section, Public Health Group, Victorian Department of Human Services (2005) *The Blue Book: Guidelines for the control of infectious diseases*. Available at <http://docs.health.vic.gov.au/docs/doc/The-blue-book>
- Communicable Disease and Prevention Control Unit: phone – 1300 651 160, <http://ideas.health.vic.gov.au> and infectious.diseases@health.vic.gov.au
- Department of Health and Ageing: www.immunise.health.gov.au
- Department of Human Services (2012) *Head lice management guidelines*: <http://docs.health.vic.gov.au/docs/doc/Head-lice-management-guidelines->
- *Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011*, ACECQA
- *Guide to the National Quality Standard*, ACECQA
- National Health and Medical Research Council (2005) *Staying Healthy in Child Care: Preventing infectious diseases in child care*, www.nhmrc.gov.au/guidelines
(Note: this publication is currently being revised and will have significant changes. It is important that services refer to the most up-to-date version of this resource.)
- Victorian Department of Health: www.health.vic.gov.au/immunisation

Service policies

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

PROCEDURES

The Approved Provider is responsible for:

- ensuring that where there is an occurrence of an infectious disease at the service, reasonable steps are taken to prevent the spread of that infectious disease (Regulation 88(1))

- ensuring that where there is an occurrence of an infectious disease at the service, a parent/guardian or authorised emergency contact of each child at the service is notified of the occurrence as soon as is practicable (Regulation 88(2))
- ensuring that information from the Department of Health about the recommended minimum exclusion periods (refer to *Definitions*) is displayed at the service, is available to all stakeholders and is adhered to in the event of an outbreak of an infectious disease (as designated by the Department of Health – refer to *Definitions*)
- ensuring that the parent/guardian and Secretary¹ are informed within 24 hours of becoming aware that an enrolled child is suffering from:
 - a) Pertussis, or
 - b) Poliomyelitis, or
 - c) Measles, or
 - d) Mumps, or
 - e) Rubella, or
 - f) Meningococcal C,
 as required under Regulation 84(1) of the *Public Health and Wellbeing Regulations 2009*
 (Note: The Department of Health also recommends that services inform the Communicable Disease Prevention and Control Unit if there is an outbreak of three or more cases of respiratory or gastrointestinal illness at the service within a 72 hour period.)
- ensuring that a child who is not immunised against a vaccine-preventable disease does not attend the service when an infectious disease is diagnosed, and does not return until there are no more occurrences of that disease at the service and the recommended minimum exclusion period (refer to *Definitions*) has ceased (Regulation 85(2) of the *Public Health and Wellbeing Regulations 2009*)
- notifying DEECD within 24 hours of a serious incident (refer to *Definitions*), including when a child becomes ill at the service or medical attention is sought while the child is attending the service
- supporting the Nominated Supervisor and the educators/staff at the service to implement the requirements of the recommended minimum exclusion periods
- ensuring information about the National Immunisation Program (NIP) Schedule is displayed and is available to all stakeholders (refer to www.health.vic.gov.au/immunisation/factsheets/schedule-victoria.htm)
- conducting a thorough inspection of the service on a regular basis, and consulting with educators/staff to assess any risks by identifying the hazards and potential sources of infection
- ensuring that the Nominated Supervisor, staff and everyone at the service adheres to the *Hygiene Policy* and the procedures for infection control relating to blood-borne viruses (refer to Attachment 4)
- ensuring that appropriate and current information and resources are provided to educators/staff and parents/guardians regarding the identification and management of infectious diseases, blood-borne viruses and infestations
- keeping informed about current legislation, information, research and best practice
- ensuring that any changes to the exclusion table or immunisation schedule are communicated to educators/staff and parents/guardians in a timely manner.

¹ In practice, services should contact the Department of Health's Communicable Disease Prevention and Control Unit.

The Nominated Supervisor is responsible for:

- notifying the Approved Provider immediately on becoming aware that an enrolled child is suffering from:
 - g) Pertussis, or
 - h) Poliomyelitis, or
 - i) Measles, or
 - j) Mumps, or
 - k) Rubella, or
 - l) Meningococcal C
- contacting the parents/guardians of a child suspected of suffering from an infectious or vaccine-preventable disease, or of a child not immunised against a vaccine-preventable disease that has been detected at the service, and requesting the child be collected as soon as possible
- notifying a parent/guardian or authorised emergency contact person when a symptom of an excludable infectious illness or disease has been observed
- ensuring that a minimum of one educator with current approved first aid qualifications is in attendance and immediately available at all times the service is in operation (refer to *Administration of First Aid Policy*)
- establishing good hygiene and infection control procedures, and ensuring that they are adhered to by everyone at the service (refer to Attachment 4 – Procedures for infection control relating to blood-borne viruses)
- ensuring the exclusion requirements for infectious diseases are adhered to as per the recommended minimum exclusion periods (refer to *Definitions*), notifying the Approved Provider and parents/guardians of any outbreak of infectious disease at the service, and displaying this information in a prominent position
- advising parents/guardians on enrolment that the recommended minimum exclusion periods will be observed in regard to the outbreak of any infectious diseases or infestations (refer to <http://docs.health.vic.gov.au/docs/doc/Minimum-Period-of-Exclusion-from-Primary-Schools-and-Childrens-Services-Centres-for-Infectious-Diseases-Cases-and-Contacts>)
- advising the parents/guardians of a child who is not fully immunised on enrolment that they will be required to keep their child at home when an infectious disease is diagnosed at the service, and until there are no more occurrences of that disease and the exclusion period has ceased
- requesting that parents/guardians notify the service if their child has, or is suspected of having, an infectious disease or infestation
- providing information and resources to parents/guardians to assist in the identification and management of infectious diseases and infestations
- ensuring all families have completed a *Consent form to conduct head lice inspections* (Attachment 1) on enrolment
- conducting regular head lice inspections, at least once per term and whenever an infestation is suspected, which involves visually checking children's hair and notifying the Approved Provider and parents/guardians of the child if an infestation of head lice is suspected
- providing a *Head lice action form* (Attachment 2) to the parents/guardians of a child suspected of having head lice
- providing a head lice notification letter (Attachment 3) to all parents/guardians when an infestation of head lice has been detected at the service

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- maintaining confidentiality at all times (refer to *Privacy and Confidentiality Policy*).

Certified Supervisors and other educators are responsible for:

- encouraging parents/guardians to notify the service if their child has an infectious disease or infestation
- observing signs and symptoms of children who may appear unwell, and informing the Nominated Supervisor
- providing access to information and resources for parents/guardians to assist in the identification and management of infectious diseases and infestations
- monitoring that all parents/guardians have completed a *Consent form to conduct head lice inspections* (Attachment 1) on enrolment
- monitoring any symptoms in children that may indicate the presence of an infectious disease and taking appropriate measures to minimise cross-infection
- complying with the *Hygiene Policy* of the service and the procedures for infection control relating to blood-borne viruses (refer to Attachment 4)
- maintaining confidentiality at all times (refer to *Privacy and Confidentiality Policy*).

Parents/guardians are responsible for:

- keeping their child/children at home if they are unwell or have an excludable infectious disease
- keeping their child/children at home when an infectious disease has been diagnosed at the service and their child is not fully immunised against that infectious disease, until there are no more occurrences of that disease and the exclusion period has ceased
- informing the service if their child has an infectious disease or has been in contact with a person who has an infectious disease
- providing accurate and current information regarding the immunisation status of their child/children when they enrol, and informing the service of any subsequent changes to this while they are enrolled at the service
- complying with the recommended minimum exclusion periods
- regularly checking their child's hair for head lice or lice eggs, regularly inspecting all household members, and treating any infestations as necessary
- notifying the service if head lice or lice eggs have been found in their child's hair and when treatment was commenced
- complying with the *Hygiene policy* and the procedures for infection control relating to blood-borne viruses (refer to Attachment 4) when in attendance at the service.

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

EVALUATION

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

- regularly seek feedback from educators, staff, parents/guardians, children, management and all affected by the policy regarding its effectiveness. Feedback will be invited at the monthly committee meetings, via the quarterly newsletter and also via the annual parental survey. Contact details for the policy officer and the Committee president are also available at the kindergarten.
- monitor the implementation, compliance, complaints and incidents in relation to this policy

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- 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
- review the policy and procedures as part of the service's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any change to this policy or its procedures.

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: Storage of records and other documents

AUTHORISATION

This policy was adopted by the Approved Provider of Helen Paul Kindergarten on 14th October 2013.

REVIEW DATE: This policy will be due for review in the year 2016

ATTACHMENT 1

Consent form to conduct head lice inspections

Dear parents/guardians,

Helen Paul Kindergarten 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 families 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 or an external person approved by the service, such as a nurse employed by the local council, will be permitted to carry out inspections on children at the service. Each child's hair will be inspected for the presence of head lice or lice eggs.

Where live head lice are found, Helen Paul Kindergarten will notify the parents/guardians when the child is collected from the service and will provide them with relevant information about the treatment of head lice. Other families will be provided with a notice to inform 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 Department of Health's exclusion table 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 Helen Paul Kindergarten, or a person approved by Helen Paul Kindergarten, to inspect my child's head once per term or when an infestation of head lice is suspected in the service.

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 the service, and I agree to come to the service to complete the inspection myself.

Full name of parent/guardian: _____

Signature of parent/guardian: _____ Date: _____

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ATTACHMENT 2

Head lice action form

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 Human Services. 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 Department of Health's exclusion table 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 Helen Paul Kindergarten, when your child returns to the service, of the action taken by you to treat the head lice/eggs.

Head lice treatment – action taken

Parent/guardian response form

To Helen Paul Kindergarten

CONFIDENTIAL

Child's name: _____ Group: _____

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

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

_____.

Treatment commenced on: _____.

Signature of parent/guardian: _____ Date: _____

ATTACHMENT 3

Head lice notification letter

Dear parents/guardians,

It has come to our attention that head lice or lice eggs have been detected in your child's group at Helen Paul Kindergarten 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.

While head lice do not spread disease, they are included in the Department of Health's exclusion table 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.

We request that you observe these exclusion periods if head lice or lice eggs are detected on your child.

How do I treat my child for head lice?

Please read the attached pamphlet *Treating and controlling head lice* from the Department of Human Services. This contains guidelines regarding detecting and treating head lice and lice eggs. Additional information is also available by contacting the service.

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:

- the service, 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 the service?

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

Helen Paul Kindergarten 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 control relating to blood-borne viruses

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

Important note on blood spills

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

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

CLEANING AND REMOVAL OF BLOOD SPILLS

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

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

Procedure

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

PROVIDING FIRST AID FOR CHILDREN WHO ARE BLEEDING

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

- Disposable plastic bags/zip lock bags/bio hazard container (if available)
- Disposable gloves
- Waterproof dressings
- Disposable towels
- Detergent
- Access to warm water

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Procedure

1. Before treating the child, you must cover any cuts, sores or abrasions on your hands and arms with waterproof dressings.
2. Put on disposable gloves.
3. When cleaning or treating a child's face that has blood on it, ensure you are not at eye level with the child as blood can enter your eyes/mouth if the child cries or coughs. If a child's blood enters your eyes, rinse them while open, gently but thoroughly for at least 30 seconds. If a child's blood enters your mouth, spit it out and then rinse the mouth several times with water.
4. Raise the injured part of the child's body above the level of the heart (if this is possible) unless you suspect a broken bone.
5. Clean the affected area and cover the wound with waterproof dressing.
6. Remove and place gloves in an appropriate disposable plastic bag/zip lock bag/bio hazard container, seal and place it in a rubbish bin inaccessible to children.
7. Wash hands in warm, soapy water and dry (follow the *Handwashing guidelines* in the *Hygiene Policy*).
8. Remove contaminated clothing and store in leak-proof disposable plastic bags. Give these bags to the parent/guardian for washing when the child is collected from the service.

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
- Detergent/bleach

Procedure

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

Under no circumstances should work-experience students or children 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.

NEEDLE STICK INJURIES

The risk of transmission of a blood-borne virus from a needle stick injury is low and should not cause alarm. The following procedure should be observed in the case of a needle stick injury.

1. Flush the injured area with flowing water.
2. Wash the affected area with warm soapy water and then pat dry.
3. Cover the wound with a waterproof dressing.
4. Report the injury to the Approved Provider or Nominated Supervisor as soon as possible.
5. Document needle stick injuries involving a staff member or child in the incident report book maintained at the service under OHS laws, and report to WorkSafe Victoria.
6. For incidents involving a child, contact the parents/guardians as soon as is practicable and provide a report to DEECD within 24 hours (refer to 'serious incident' in the *Definitions* section of this policy).
7. See a doctor as soon as possible and discuss the circumstances of the injury.

ATTACHMENT 5**Storage of records and other documents****Operational Policy Manual FOR Regulatory Authorities***National Regulations: regulation 183*

7.72 The approved provider must ensure the documents kept under regulation 177 are stored in a safe and secure place and for the relevant period. The relevant period is:

- if the record relates to an incident, illness, injury or trauma suffered by a child while being educated and cared for by the service, or may have been suffered following an incident that occurred while being educated and cared for at the service, until the child is aged 25
- if the record relates to the death of a child while being educated and cared for by the service or that may have occurred as a result of an incident while being educated and cared for by the service, until seven years after the death
- in the case of any other record relating to a child enrolled at the service, until the end of three years after the last date on which the child was educated and cared for by the service if the record relates to the approved provider, until the end of three years after the last date on which the approved provider operated the service
- if the record relates to the nominated supervisor or a staff member, until the end of three years after the last date on which the nominated supervisor or staff member provided education and care on behalf of the service, or
- in the case of any other record, until the end of three years after the date on which the record was made.