

HDKA promotes a commitment to child safety, wellbeing, participation, empowerment, cultural safety and awareness including children with a disability, Aboriginal and Torres Strait Islander children and/or communities and children from cultural and/or linguistically diverse backgrounds.

HDKA has a zero tolerance of child abuse and a duty of care to prevent and manage child abuse risks including physical and online environments.

Purpose

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

- A child attending a service administered by HDKA shows symptoms of an infectious disease.
- A child at services managed by HDKA has been diagnosed with an infectious disease.
- Managing and minimising the spread of infectious diseases, illnesses and infestations (including head lice).

Note: This policy includes information on child immunisation.

Values

HDKA 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, immunisation programs and management of infestations.

HDKA 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 and staff at services administered by HDKA are committed to preventing the spread of vaccine-preventable diseases through simple hygiene practices such as handwashing, effective cleaning procedures, monitoring immunisation records and complying with recommended exclusion guidelines and timeframes for children and educators and staff.

Scope

This policy applies to the members of the HDKA Board of Management, members of the HDKA management team, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, parents or guardians, children and others attending the programs and activities of services administered by HDKA including during offsite excursions and activities.

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 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 *Health (Infectious Diseases) Regulations 2001*.

An approved service must take reasonable steps to prevent the spread of infectious diseases at the service and ensure that the parent or 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 (Regulations 4, 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 or staff when an excludable illness or disease is detected at the service.
- Complying with relevant health department exclusion guidelines.
- Increasing educator and 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. If an immunisation record cannot be provided at enrolment the parent or 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*
- *Health (Infectious Diseases) Regulations 2001*
- *Health Records Act 2001*
- *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*
- *Public Health and Wellbeing Regulations 2009*
- WorkSafe Victoria Compliance Code: *First aid in the workplace*

Definitions

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 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. Download the [exclusion table](#) published by the Department of Health.

Sources

- *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
- [Department of Health and Ageing](#):
- [Victorian Department of Health](#):
- National Health and Medical Research Council (2005), [Staying Healthy in Child Care: Preventing infectious diseases in child care](#)
- Communicable Diseases Section, Public Health Group, Victorian Department of Human Services (2005), [The Blue Book: Guidelines for the control of infectious diseases](#)
- Department of Human Services (2012), [Head lice management guidelines](#):

Service policies

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

Procedures

The Approved Provider (HDKA) is responsible for:

- Ensuring that if 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, a parent/guardian, authorised nominee or emergency contact of each child at the service is notified of the occurrence as soon as is practicable (Regulation 88(2)).
- Ensuring that information about the minimum exclusion periods recommended by the Department of Health is displayed at the service and is available to all stakeholders.
- Supporting the Nominated Supervisor and the educators or 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 the [immunisation fact sheet](#))
- Conducting a thorough inspection of the service and consulting with educators or staff to assess any risks by identifying the hazards and potential sources of infection to educators or staff and children.
- Ensuring there are sufficient resources available for educators or staff and parents or guardians in relation to the identification and management of infectious diseases and infestations.
- Keeping informed about current information and research, ensuring that any changes to the exclusion table or immunisation schedule are communicated to educators or staff and parents or guardians in a timely manner.

The Nominated Supervisor is responsible for:

- Informing DET, DHS Communicable Diseases Prevention and Control Unit and the parents or guardians of the child within 24 hours of becoming aware that a child is suffering or believed to be suffering from a vaccine-preventable disease, or a child not immunised against such a disease has been in contact with an infected person at the service (*Health (Infectious Diseases) Regulations 2001: Regulation 13(2)*). Any exclusion will be based on firm medical evidence following diagnosis of a vaccine-preventable disease, or on recommendations from the DHS Communicable Diseases Prevention and Control Unit
- Contacting the parents or guardians of a child they suspect may be 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 or guardian, authorised nominee or 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 *Hygiene Policy*)
- Ensuring the exclusion requirements for infectious diseases are adhered to as per the recommended minimum exclusion periods (*Health (Infectious Diseases) Regulations 2001: Regulation 14*).
- Notifying the Approved Provider and parents or guardians of any outbreak of infectious disease at the service and displaying this information in a prominent position.
- Advising parents or guardians on enrolment that the recommended [minimum exclusion periods](#) will be observed in regard to the outbreak of any infectious diseases or infestations.
- Advising the parents or 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 or guardians notify the service if their child has or is suspected of having an infectious disease or infestation.

- Providing information and resources to parents or 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 or guardians of the child if an infestation of head lice is suspected.
- Providing a *Head lice action form* (Attachment 2) to the parents or guardians of a child suspected of having head lice.
- Providing a *Head lice notification letter* (Attachment 3) to all parents or guardians when an infestation of head lice has been detected at the service.
- Maintaining confidentiality at all times (refer to *Privacy and Confidentiality Policy*).

Certified Supervisors and other educators are responsible for:

- Encouraging parents or 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 or guardians to assist in the identification and management of infectious diseases and infestations.
- Monitoring that all parents or 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.
- Maintaining confidentiality at all times (refer to *Privacy and Confidentiality Policy*).

Parents or guardians are responsible for:

- Keeping their child/ren home if they are unwell or have an excludable infectious disease.
- Keeping their child/ren at home when an infectious disease has been diagnosed at the service and their child is not fully immunised against that infectious disease, until there are no more occurrences of that disease and the exclusion period has ceased.
- Informing the 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/ren 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* when in attendance at the service.

Generally speaking

- Parents are asked to keep children home for 48 hours after the last episode of diarrhoea and/or vomiting to assist the child to recover and to minimise the threat of spreading the illness.
- Green or yellow discharge from nose and/or throat is indicative of bacterial infection which should be treated by a doctor.

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

Attachments

- Attachment 1: *Consent form to conduct head lice inspections*
- Attachment 2: *Head lice action form*
- Attachment 3: *Head lice notification letter*

Attachment 1

Consent form to conduct head lice inspections

Dear parents or guardians

HDKA 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, HDKA 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 has 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 HDKA or a person approved by HDKA 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 or guardian: _____

Signature of parent or 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 or guardian: _____

Signature of parent or guardian: _____ Date: _____

Attachment 2**Head lice action form**

Dear parents or 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 HDKA 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 [Service Name]

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:

_____ [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**

Dear parents or guardians

It has come to our attention that head lice or lice eggs have been detected in your child's group at [Service Name] and we seek your co-operation in checking your child's hair regularly throughout this week of [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 or 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.

[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]