



Title	Infection Control Policy
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Approved By	General Manager
Owner	General Manager
Version	6
Purpose or Reason	Education and Care Services National Regulations 2011
Source or Reference Material	<ul style="list-style-type: none"> • Staying Healthy: Preventing infectious diseases in early childhood education and care services 2013 • Victorian Department of Health (emergency department factsheets) • Public Health & Wellbeing Regulations 2009 • Victorian 'No Jab, No Play' legislation (amended February 2018)

VERSION CONTROL

Version No.	Date	Comment	Author
1	May 2006	Developed to ensure clear guidelines for infection control.	Manager
2	Aug 2014	Merged the Illness & Infection Control Policy, Immunisation Policy and HIV/Aids Policy to ensure consistent and clear guidelines for controlling infection.	General Manager
3	Nov 2014	Reviewed and reformatted by ACS CoM for consistency	ACS CoM
4	Sep 2016	Updated to ensure policy is in line with the Victorian Government's 'No Jab No Play' legislation	General Manager
5	Feb 2017	Included a definition of gastroenteritis from the Department of Health emergency department factsheet Removed the requirement for staff to have a medical certificate to return to work given both the difficulty in seeing a doctor and related expense Updated the exclusion table to include gastroenteritis to ensure consistency Added a clear definition of a fever at the start of the policy	General Manager
6	Feb 2018	Updated to ensure policy is in line with the new Victorian Government's 'No Jab No Play' legislation - an Immunisation History Statement from the Australian Immunisation Register will be the only documentation accepted by early childhood education and care services for the purposes of confirming a child's enrolment in their service.	General Manager

Policy

Scope

The Policy and Procedure applies to all Alpine Children's Services (ACS) staff, ACS Committee of Management, Family Day Care Educators, parents/guardians, children, volunteers, students and contractors involved with the service.

Policy Statement

ACS recognises the right of educators and young children grouped together in early childhood settings to work and be cared for in healthy, safe environments. ACS acknowledges that effective control and prevention of transmission of infection is based on standard and additional precautions.

ACS is committed to:

- As far as practicable, providing a safe and healthy environment for all children, educators, and any other persons during the hours of the centre's operation
- Responding to the needs of the child if the child becomes ill whilst attending the service
- Complying with the exclusion requirements for infectious diseases set out in Staying Healthy: Preventing infectious diseases in early childhood education and care services

Objectives/Principles

The chain of infection refers to the way in which germs spread. The three steps in the chain of infection are:

1. The germ has a source

People can pick up germs directly from an infection person, or from the environment. A person with an infection may or may not show any signs of infection.

2. The germ spreads from the source

Germs can spread in a number of ways, including through the air by droplets, through contact with faeces and then contact with mouths, through direct contact with skin, and through contact with other body secretions (such as saliva, urine, discharges or blood).

3. The germ infects another person

When the germ has reached the next person, it may enter the body through the mouth, respiratory tract, eyes, genitals, or broken or abraded skin. Whether the person becomes ill after the germ has entered their body depends on both the germ and the person's immunity.

All the steps in the chain need to occur for germs to spread from one person to another. By breaking the chain, you can prevent and control infections. It is important to remember that the chain of infection can be broken at any stage.

No employee, prospective employee, employer, parent/guardian or child will be discriminated against or harassed on the grounds of having, or being assumed to have, a HIV or hepatitis infection. Being infected with HIV is not grounds for exclusion of a child, parent/guardian, staff member or employer.

Procedure

There most important ways to break the chain of infection and stop the spread of diseases are:

1. **Effective hand hygiene**
2. **Exclusion of ill children, educators and other staff**
3. **Immunisation**

Other strategies to prevent infection include:

4. **Cough and sneeze etiquette**
5. **Appropriate use of gloves**
6. **Effective environment cleaning**
7. **Effective nappy changing**
8. **Effective toileting**

1. Effective Hand hygiene

Hand hygiene is one of the most simple and effective ways to break the chain of infection. The most effective method of hand hygiene is using soap and water, and this is the best option when your hands are visibly dirty.

Ensure children, staff, volunteers and visitors wash hands correctly with liquid soap and running water. Dry hands with paper towels, individual towels or automatic hand-dryer upon arriving and leaving the centre and other situations where appropriate.

Examples of occasions for staff to wash hands include:

Before	After
<ul style="list-style-type: none">• Starting work, so germs are not introduced into the service• Eating/handling of food/drink• Giving medication• Putting on gloves• Applying sunscreen or other lotions to one or more children• Going home, so germs are not taken home with you	<ul style="list-style-type: none">• Hands become visibly soiled• Eating/handling any foods/drink• Visiting the toilet or assisting a child with toileting or nappy changing• Removing gloves• Handling laundry/equipment/waste• Blowing/wiping/touching own or a child's nose and mouth• Coming in from outside play• Cleaning up faeces, vomit or blood• Applying sunscreen or other lotions to one or more children• Applying sunscreen or other lotions to one or more children• Touching animals

Examples of appropriate occasions for children to wash hands include:

Before	After
<ul style="list-style-type: none"> • Starting the day at the service so germs are not introduced into the service • Eating/handling of food/drink • Going home, so germs are not taken home with them 	<ul style="list-style-type: none"> • Hands become visibly soiled • Eating/handling any foods/drink • Using the toilet • Touching nose secretions • Having their nappy changed - their hands will become contaminated while they are on the change mat • Coming in from outside play • Touching animals

Ensure safe, well maintained age appropriate facilities are available for washing hands with soap and running water in the immediate vicinity of areas where children or staff use toilets, nappies are changed, food is stored, prepared or served, pets handled or kept, near areas of outdoor play or bath tubs.

In situations where running water is not available, non-water cleansers or antiseptics such as alcohol based hand rub, gel or foam are adequate. Educators must ensure children do not mouth or inhale fumes.

Ensure staff and visitors also use additional barriers such as non-latex single use (disposable) gloves where appropriate.

Replace liquid soap bottles or re-fill them, and wash out the bottle and the dispenser between refills.

Make available moisturising lotion for centre staff for use after handwashing. Moisturiser lotion should be kept out of children's reach.

Ensure that staff with cuts, abrasions, dermatitis or open wounds on their hands cover with a water-resistant occlusive dressing, which should be changed each time it is soiled or wet.

Please refer to Appendix One. How to Wash Hands

2. Exclusion of ill children, educators and other staff

The aim of exclusion is to reduce the spread of infectious disease. The less contact there is between people who have an infectious disease and people who are risk of catching the disease, the less chance the disease has of spreading. Excluding ill children, educators and other staff is an effective way to limit the spread of infection in education and care services.

Definition of a Fever

The definition of a fever is an oral (mouth) temperature or forehead using a forehead thermometer) temperature greater than 37.5°C or an axillary (armpit) temperature greater than 37°C. A child with a fever must be kept at home (or will be sent home) until the child is fever free for at least 24 hours.

Children and staff who have the following conditions shall be excluded:

- are acutely ill and may need to see a doctor,
- are too ill to participate in normal children's centre activities,
- may require extra supervision to the detriment of the care and safety of the child or other children,
- who are ill from gastroenteritis or hepatitis A,
- have symptoms or signs of a possible infectious illness

In Victoria, children's services have a responsibility under the Public Health and Wellbeing Regulations 2009 to help manage infectious diseases. Children with infectious conditions may be excluded from attending the children's services in compliance with the exclusion periods and return requirements defined in Schedule 7 Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts. See Appendix Two.

Expert advice on managing risk when a child is identified with an infectious disease can be sought from the Department of Health on 1300 651 160.

Gastroenteritis

Gastroenteritis (gastro) may cause some or all of the following symptoms:

- Nausea and vomiting that may last a day or two;
- Diarrhoea which usually lasts one to three days, but can last up to 10 days;
- Stomach cramps and pain; and / or
- Fever.

In bacterial gastro, the symptoms are similar but the fever is often higher, stomach cramps are worse and diarrhoea can have blood and mucus in it.

Exclude all confirmed and suspected cases of gastroenteritis (children, staff, volunteers or visitors). All persons coming into the centre (including families, children and staff) must be clear of symptoms for 48 hours.

A gastro outbreak (defined as two or more cases of vomiting and/or diarrhoea occurring among children and/or staff within 48 hours of each other, when the symptoms cannot be explained by medication and or other medical conditions) the Department of Health must be notified on 1300 651 160 within 24 hours and the Environmental Health Officer at the Alpine Shire on (03) 5755 0555.

The department officer will collect information on the number of cases, symptoms, duration of illnesses and other details and can discuss any issues and provide advice if necessary. Refer to 'A guide for the management and control of gastroenteritis outbreaks in children's centres' for assistance on the management and control of a gastro outbreak.

Food Safety

People with wounds and pustular infections (such as boils) of the skin that cannot be covered shall be excluded from handling food.

All staff and persons working or visiting the centre shall comply with all infectious disease policies.

Advise families that when children have commenced treatment with a medication, the child should not attend care for at least 24 hours to ensure the child is recovering and is not having side effects from the medication.

Illnesses that Require Exclusion for Unimmunised Children:

Measles: Unimmunised contacts will be excluded until 14 days after the first day of appearance of rash in the last case. If unimmunised contacts are vaccinated within 72 hours of their first contact with the first case, or received NHIG within 144 hours of exposure, they may return to the service.

Whooping Cough (pertussis): Persons aged less than 7 years in the same room as the case who have not received three effective doses of pertussis vaccine should be excluded for 14 days after the last exposure to the infectious case, or until they have taken 5 days of a course of effective antibiotic treatment.

Provide a translated copy of the service's Infection Control Policy if required or discuss the issue with culturally and linguistically diverse families.

Be aware that conflicts and difficulties may arise when negotiating with families, and interpreting medical certificates, due to:

- families finding exclusion requirements difficult because of pressures to meet working and other personal commitments,
- families may present doctors' certificates of fitness of a child to attend care that the children's centre staff and the centre manager considers inconsistent with the situation at the time.

Refer difficult or unresolved situations to the local Public Health Unit, or discuss with the child's doctor (with the parent's or legal guardian's consent), before accepting the child into care, difficult situations in relation to infectious diseases should be referred to the Public Health Unit.

Some children are immune suppressed and therefore at greater risk than others for both contracting an infectious disease and/or for experiencing a more severe episode of the illness. Examples include children receiving cancer treatments and immunosuppressive diseases.

Refer difficult or unresolved situations to the local Public Health Unit, or discuss with the child's doctor (with the parent's or legal guardian's consent), before accepting the child into care, difficult situations in relation to infectious diseases should be referred to the Public Health Unit.

Some children are immune suppressed and therefore at greater risk than others for both contracting an infectious disease and for experiencing a more severe episode of the illness. Such children include those who are receiving treatment for cancer or some other major disease, and children with late stage HIV infection (i.e. AIDS).

Assessing Serious or Potential Infectious Diseases

To minimise the spread of potential infectious disease between children, other healthy children and children's centre staff and to minimise the detrimental impact on a sick child and the ability of the children's centre staff to safely supervise other children, the service will:

Advise families to always inform you when their child has been sick at home prior to bringing their child to care so you can assess whether or not they are well enough to attend. Use this guide to assess whether the child is too ill to attend or needs to see a doctor, inform the family that the child cannot attend until they have recovered or have a certificate from their doctor.

If you are having difficulty assessing whether a child is ill or not fit enough to attend the service, discuss with the family and contact the child's doctor if they consent.

If you are unable to contact the child's doctor, contact:

- another local doctor
- the local hospital or emergency department
- the local Public Health Unit

Refer difficult or unresolved situations in relation to infectious diseases to the local Public Health Unit or the Department of Education and Early Childhood Development.

Advise families to take a child with any of the illnesses or symptoms listed below or a child you believe to be acutely ill or infectious to their doctor.

Write a report and include any actions and decisions taken regarding excluding a child from care or advising families to take their child to a doctor.

When a child is acutely ill from an infectious disease or the educator or staff or a person normally residing in the home is suspected as having an infectious disease as listed by the Scheduled Medical Conditions, the NHMRC exclusion guidelines, or Recommended Notifiable Disease, an educator should:

Notify the family as soon as practically possible, request they or a responsible person nominated by the parent or guardian, pick up and take charge of the child and take to the doctor.

If practicable and if supervision is available, isolate the child from other children until the child can be picked up their family or nominated responsible person.

Assess the child for any need for first aid or emergency treatment, make them comfortable and reassure them. Keep the child under adult supervision until the child's family or some other responsible person who has consent takes charge of the child except as required by law under the Health Act 1958 (VIC). Inform all families as soon as possible of the presence of the infectious disease in an early childhood service, an educator or staff, or a person normally residing in the home. In providing such information, ensure confidentiality of any personal identifying or health information of any person or child with an infectious disease.

When a confirmed outbreak of an infectious disease has occurred, discuss the situation with the local Public Health Unit, and request the Public Health Unit to provide written advice and information about identification, prevention and management of possible infection or serious illness. The WorkCover Authority may also need to be notified.

Ensure all bedding, towels, clothing, toys, equipment and utensils used by the child or staff member are washed and dried in the sun, or give the child's clothes to the family to wash.

If the educator or a person normally residing in the home has the infectious disease, ask advice from the Public Health Unit and Team Leader whether to close your service until the person has recovered and received a medical certificate that they are not infectious.

Be vigilant for the same disease occurring in any other child or person that has been in contact with the child (most incubation periods for common infectious diseases are around 1 to 2 weeks).

Be aware that infection with HIV, AIDS, Hepatitis B, or Hepatitis C, are not grounds for exclusion (unless the person is acutely infectious or has an infectious secondary infection).

Be aware that if an educator or other staff member is informed that a child or any person associated with the service has HIV, AIDS, Hepatitis B, or Hepatitis C, this information must remain confidential unless the person or parent has given explicit consent to inform others.

Record all immunisable and infectious diseases, with the exception of the common cold (on the child's Accident, Illness, Injury and Trauma record).

Exclude a child and advise the family to take the child to a doctor if you consider:

- the child has fever which has not yet been assessed by a doctor
- the child has fever accompanied by abnormal behaviour or symptoms or signs that indicate a possible severe illness (such as lethargy, drowsiness, severe or prolonged coughing, wheezing, difficulty breathing, unusual irritability or crying)
- the child will be unable to participate in normal activities without possible detriment to their care and safety
- the child will require extra supervision which may compromise the adequate supervision, care and safety of other children
- the child needs to see a doctor for any reason

Exclude a child or staff member with any of the following symptoms which might indicate they have a potentially serious illness, and advise the family to take the child to, or advise the staff member to go to, a doctor or hospital:

- vomiting
- rash, especially if purplish or haemorrhaging spots (possibly meningococcal) or blistering (possibly staphylococcal)
- headache
- stiffness of the neck
- aversion to light (photophobia)
- severe pain anywhere (including toothache)
- swelling of the lips, mouth, tongue, throat, neck or airways
- hives (urticaria)
- asthma, wheezing, or any difficulty breathing
- drowsiness or any unusual state of consciousness or behaviour
- convulsion or epileptic seizure

Exclude a child or staff member with any of the following symptoms which might indicate they have an infectious illness, and advise the family to take the child to, or advise the staff member to go to, a doctor or hospital:

- diarrhoea
- generalised rash
- enlarged or tender lymph glands
- severe cough with fever
- scabies, tinea ('ringworm'), impetigo ('school sores'), or mouth ulcers not yet treated
- mouth ulcers due to herpes simplex virus or coxsackie virus
- infection or yellow or green discharge of the eyes or ears
- excessive yellow or green discharge of the nose
- if any other infectious disease is suspected

Consider a child may be ill or is developing an illness, and seek advice from a doctor and the child's family, if you notice a child has the any of following symptoms:

- a fever
- irritable, agitated, fretful, crying, not able to be comforted, behaving abnormally
- listless, quiet, inactive, has no interest in normal play activities
- not wanting to eat or drink
- an excess number of wet or soiled nappies
- is not having the usual number of wet nappies (usual is 4-6 a day)
- an unusual colour or smell to the urine or faeces

Ensure that staff who have symptoms which may indicate a potential illness are not caring for children and advise them to seek medical advice.

Ensure that staff who have symptoms which may indicate a potential illness are replaced to provide appropriate supervision for children.

Use only non-latex (eg. vinyl, neoprene) gloves where practicable, and if using single-use (disposable) gloves, use only gloves which comply with Australia Standard AS/NZS 4011: Single use examination gloves - Specifications.

Ensure centre staff always wear gloves where they are likely to be exposed to blood, faeces, urine, or other body fluids, including any activity where there might be contact with a child's mucous membranes such as the nose, mouth or genital area, or when handling any items or materials that have come into contact with blood or body fluids.

Separate acutely ill children from well children and keep under supervision until they can be picked up by their family or nominated responsible person.

Exclude children who have a respiratory infection, diarrhoea, any vaccine preventable disease, a transmissible skin infection not yet being treated, or any other infectious disease.

If using needles, other sharps, giving injections, or administering medications which are likely to be contaminated by blood or body fluids, handle and dispose in accordance with infection control standards.

Medical equipment used for individual staff or children must not be used for any other person and must be cleaned, disinfected or sterilised after each use and in accordance with manufacturers' instructions.

If medicine cups are used, use single use disposable cups. If thermometers are used, between each use, clean according to the manufacturer's instructions, or by washing with neutral detergent and water, wipe with a single use alcohol swab, and leave to dry. For staff, children or visitors who are injured, sick or have been exposed to blood or body fluids, take the appropriate actions according to this policy. Keep up to date information in relevant community languages about infectious diseases, to provide education and advice to Culturally and Linguistically Diverse families.

3. Immunisation

Immunisation is a reliable way to prevent some infections.

NB. Children attending an Outside School Hours Care program are not required to be immunised, however ACS will encourage children attending this program to be immunised.

Under the 'No Jab, No Play' legislation, before enrolling their child/ren families must provide evidence that the child/ren is:

- Fully immunised for their age, OR
- On a vaccination catch-up program, OR
- Unable to fully immunised for medical reasons.

An Immunisation History Statement from the Australian Childhood Immunisation Register is the only form of documentation accepted for the purpose of enrolling in an early childhood education and care service.

Other immunisation records, such as Immunisation Status Certificate from a medical doctor or a local council immunisation service, 'homeopathic immunisation' or a statutory declaration from the family **are not acceptable**.

Immunisation History Statements are available on request at any time by contacting Medicare:

- By telephone on 1800 653 809
- By email on acir@medicareaustralia.gov.au
- Online at www.humanservices.gov.au/customer/services/medicare/medicare-online-accounts
- In person at your local Medicare service centre.

If you are experiencing difficulties accessing vaccinations or required related documents, please contact us for assistance as soon as you are able. In some cases children can commence at the service while the required documents are obtained.

Immunisations are the responsibility of each family and can be arranged through your local medical practitioner or by contacting the Alpine Shire's Maternal & Child Health Service on 0417 147 120.

The service will display the session dates and details of the Alpine Shire Council's free immunisation sessions. The service will also review at least annually the immunisation records of children and children's centre staff, record if they are behind in their immunisation, and provide a written reminder, particularly the importance of the vaccine doses due at age 4 years in accordance with the current Australian Standard Vaccination Schedule.

If any child, children's centre staff, other staff member or visitor has a vaccine preventable disease, you are required under the Public Health Act 1991 to:

- inform your local Public Health Unit directly and ask for advice
- inform in writing, or request the Public Health Unit to inform in writing, all families, children's centre staff and persons normally working or visiting the premises that an outbreak of the particular infectious disease has occurred
- contact the local Public Health Unit to seek advice about exclusion of children and staff who are not immunised or do not have up to date immunisation until the outbreak has resolved, ask the Public Health Unit for advice on exclusion of children too young to be immunised for that particular disease

- on instruction of the Public Health Unit inform in writing (or ask the PHU to inform in writing) any staff member or family of any child who is excluded, giving the reason and length of exclusion period

At enrolment advise the parent or legal guardian that: - you require a copy of a confirmed record of their child's immunisation, and you are required to keep an up to date record of their continuing immunisation, it is the families' responsibility to ensure their child's immunisation is up to date, the PHU or you on their advice, will inform families when an vaccine preventable disease occurs in anyone attending, working or visiting the centre, what action needs to be taken to protect children, staff and others from risk of infection, and exclusion of children or staff from the centre until outbreak resolves,

4. Cough and sneeze etiquette

Many germs can be spread through the air by droplets. By covering your mouth and nose when you cough or sneeze, you reduce how far the droplets can travel and stop them from contaminating other surfaces.

The correct way to prevent the spread of germs that are carried in droplets is by coughing or sneezing into your inner elbow, or by using a tissue to cover your mouth and nose. Put all tissues in the rubbish bin straight away, and clean your hands with either soap and water or an alcohol-based rub.

5. Appropriate use of gloves

Wearing gloves does not replace the need to wash your hands, and staff should ensure that they perform hand hygiene before putting gloves on and taking them off.

Gloves provide a protective barrier against germs. When educators and other staff wear gloves appropriately, they protect both themselves and the children in their care from potential infection. It is important to remember that using gloves correctly will reduce the spread of germs, but will not eliminate it.

Disposable (i.e. single-use only) gloves are made of natural rubber latex, nitrile or vinyl. Latex gloves are preferable, but nitrile gloves can be used by educators and other staff who have a latex allergy, or with children who have latex allergies. Vinyl gloves are not recommended.

Powder-free gloves are preferable, because powdered gloves may contribute to latex allergies in children, educators and other staff. Wear disposable gloves if you are likely to come in contact with body fluids or excretions, such as when changing nappies or cleaning up vomit or blood.

Children attending education and care services may be at significant risk of exposure to latex and acquiring a latex allergy because:

- Education and care services are more likely to use cheaper, powdered supermarket brands of latex gloves rather than the more expensive, low-protein, powder-free, medical-grade examination gloves used in health care; and
- Children may be regularly exposed to latex, including via their mucous membranes (e.g. when educators and other staff wear powdered latex gloves to prepare and handle food and to change a child's nappy; from inhaling latex powder when educators and other staff remove powdered gloves near children; and from touching surfaces that are contaminated with latex powder, such as nappy change mats).

Some authorities suggest that latex gloves should not be used in education and care services because of latex allergy risks to children, educators and other staff.⁷

Reusable utility gloves are made of more heavy-duty rubber and should be worn during general cleaning activities.

Washing hands before wearing gloves

Wash your hands before putting on gloves so that you remove as many germs as possible from your hands. Otherwise, when you reach into the box of gloves, you can contaminate the other gloves in the box. When changing a nappy, it is very important to wash your hands before you put on gloves, so that when you have finished changing the child, you can remove the dirty gloves and dress the child without needing to interrupt the nappy-changing procedure to wash your hands before dressing the child.

Washing hands after wearing gloves

When you have finished a procedure that requires you to wear gloves, it is important to wash your hands thoroughly after removing the gloves, because any germs on your hands may have multiplied significantly while you were wearing the gloves. There may also be microscopic tears or holes in the gloves that can allow germs to contaminate your skin. When taking off the gloves, you may contaminate your hands with the dirty gloves; therefore, it is essential that you wash your hands.

6. Effective environmental cleaning

Some germs can survive in the environment, usually on surfaces such as bench tops, door handles and toys. The length of time a germ can survive on a surface depends on the germ itself, the type of surface it has contaminated, and how often the surface is cleaned. Reducing the number of germs in the environment can break the chain of infection.

Washing germs away

Routine cleaning with detergent and water, followed by rinsing and drying, is the most useful method for removing germs from surfaces. Detergents help to loosen the germs so that they can be rinsed away with clean water. Mechanical cleaning (scrubbing the surface) physically reduces the number of germs on the surface, just as hand hygiene using soap and water reduces the number of germs on the hands. Rinsing with clean water removes the loosened germs and any detergent residues from the surface, and drying the surface makes it harder for germs to survive or grow.

Detergent and water should be made up fresh daily in a clean, dry container, which should be labelled with the time it was made, the date and the type of detergent. Do not 'top up' the container with extra water during the day because this dilutes the detergent mixture, making it less effective. Spray bottles are not recommended—spraying a surface with a fine mist and then wiping it with a cloth or paper towel will not be enough to dislodge germs. There is also a greater risk of germs growing in the bottle and in the detergent mixture.

The most effective method is to use a container of fresh detergent and warm water (follow the manufacturer's instructions on how much detergent to use), immerse a cloth, wring it out, then clean the area with a vigorous rubbing action, followed by rinsing and drying. Although it is best to use warm water, cold water can also be used with a little extra scrubbing.

Disinfectants

Disinfectants are usually only necessary if a surface that has already been cleaned with detergent and water is known to have been contaminated with potentially infectious material. Most germs do not survive for long on clean surfaces when exposed to air and light, and routine cleaning with detergent and water should be enough to reduce germ numbers. Disinfectants might be used after routine cleaning during an outbreak of, for example, a gastrointestinal disease.

Clean first, then disinfect

It is more important to make sure that all surfaces have been cleaned with detergent and warm water than to use a disinfectant. If you do need to use a disinfectant, remember that the disinfectant will not kill germs if the surface has not been cleaned first.

To kill germs, any disinfectant must:

- Have enough time in contact with the surface to kill the germs (as per the manufacturer's instructions);
- Be used at the right concentration;
- Be applied to a clean, dry surface; and
- Be effective against those particular germs.

Note that you should only use bleach for cleaning up small to large blood spills. Bleach is stronger than other disinfectants and can inactivate bloodborne viruses.

Cleaning equipment

Appropriate cleaning equipment includes mops with detachable heads (so they can be laundered in a washing machine using hot water), disposable cloths or cloths that can be laundered, and vacuum cleaners fitted with HEPA (high-efficiency particulate air) filters to reduce dust dispersion. Ensure that cleaning equipment is well maintained, cleaned, and stored so it can dry between uses.

It can be useful to have colour-coded cloths or sponges for each area (e.g. blue in the bathroom, yellow in the kitchen) so that it is easier to keep them separate. Wear utility gloves when cleaning and hang them outside to dry. Wash your hands after removing the gloves.

When choosing cleaning products, it is important to consider the product's effectiveness against germs and the length of time the product must be in contact with a surface to properly clean it.

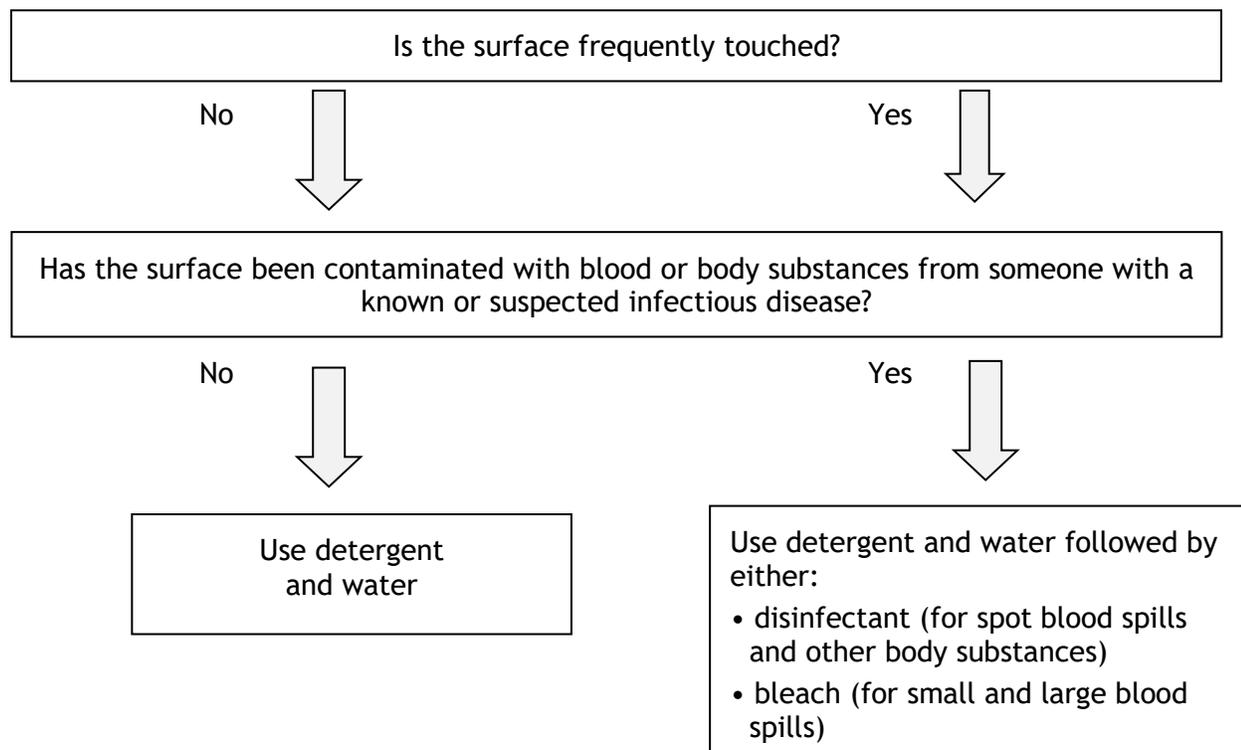
When to clean

The following table shows how often different surfaces and areas should be cleaned.

Surface or area	Wash daily plus when visibly dirty	Wash weekly plus when visibly dirty
Bathrooms—wash tap handles, toilet seats, toilet handles and door knobs. Check the bathroom during the day and clean if visibly dirty	✓	
Toys and objects put in the mouth □	✓	
Surfaces that children have frequent contact with (e.g. bench tops, taps, cots and tables)	✓	
Beds, stretchers, linen and mattress covers (if children do not use the same mattress cover every day)	✓	
Door knobs	✓	
Floors	✓	
Low shelves		✓
Other surfaces not often touched by children		✓

Disinfectants are only necessary if a surface is known to be contaminated with potentially infectious material. Remember, if the surface is not clean, the disinfectants cannot kill germs, so you should always clean first, then (if required) disinfect.

Decision tree: when to use disinfectant



Bathrooms and toilets

Bathrooms and toilets should be cleaned at least once a day, and more often if they are visibly dirty.

Ensure that the education and care service has bathrooms and toilets that are appropriate for staff and visitors as well as children; these should include appropriate disposal bins for sanitary products.

Nappy change area

After each nappy change, clean the nappy change area thoroughly with detergent and water, rinsing and drying with single-use paper towel. If faeces or urine spill onto the change table or mat, clean it with detergent and water, then rinse and dry with single-use paper towel.

If possible, it is useful to have at least two nappy change surfaces for each day. At the end of the morning and at the end of the day, remove the nappy change surface (waterproof

Clothing

Staff clothing or over-clothing should be washed daily with detergent, preferably in hot water. It is recommended that children's dress-up clothes are washed once a week in hot water and detergent, plus when they are visibly dirty.

Linen

Wash linen in detergent and hot water. Do not carry used linen against your own clothing or coverall— take it to the laundry in a basket, plastic bag or alternative.

Treat soiled linen as you would a soiled nappy, and wear gloves. If washed at the education and care service, soiled linen should be:

- Soaked to remove the bulk of the contamination;
- Washed separately in warm to hot water with detergent; and
- Dried in the sun or on a hot cycle in the clothes dryer.

Cots

If a child soils a crib or cot:

- Wash your hands and put on gloves
- Clean the child
- Remove your gloves
- Dress the child and wash the child's hands and your hands
- Put on gloves
- Clean the cot
 - remove the bulk of the soiling or spill with absorbent paper towels
 - place the soiled linen in a plastic-lined, lidded laundry bin
 - remove any visible soiling of the cot or mattress by cleaning thoroughly with detergent and water
- Remove your gloves and wash your hands
- Provide clean linen for the cot

Dummies

Never let children share dummies. When not in use, dummies should be stored in individual plastic containers labelled with the child's name. Store dummies out of children's reach, and do not let the dummies come in contact with another dummy or toy

Toys

Washing toys effectively is very important to reduce spread of disease. Toys need to be washed at the end of each day, especially those in rooms with younger children. Wash toys in warm water and detergent, and rinse them well—many toys can be cleaned in a dishwasher (but not at the same time as dishes). All toys, including cloth toys and books, can be dried by sunlight.

Only buy washable toys, and discard non-washable toys that are for general use. Individual non-washable toys may be assigned to a child and kept in the child's cot for the use of that child only.

Books should be inspected for visible dirt. They can be cleaned by wiping with a moist cloth with detergent on it, and allowing to dry. Keep damp or wet books out of use until they are dry.

Remove toys for washing during the day. Start a 'Toys to wash' box and place toys in it during the day if you see a child sneeze on a toy or put a toy in their mouth, or if the toy has been used by a child who is unwell.

Toys can also be split into two lots and rotated between washing one day and in use the next.

In the nappy change area, have a box of clean toys and a box of toys to be washed. Give a child a clean toy if they need one while being changed. Immediately after the nappy change, place the toy in the 'Toys to wash' box.

Cushions

Make sure that all cushions, including large floor cushions, have removable cushion covers that can be changed and washed daily, as well as when they are visibly dirty.

Carpets, mats and curtains

Carpets and mats should be vacuumed daily and steam cleaned at least every 6 months. Curtains should be washed every 6 months and when they are visibly dirty. Spot clean carpets, mats and curtains if they are visibly dirty in a small area.

Garbage disposal:

- Use separate garbage containers in the nappy change, bathrooms, kitchen and play areas
- Ensure indoor garbage containers are waterproof, have a tightly fitting lid, preferably foot pedal bin
- Line indoor garbage container with plastic bag, empty daily and insert new lining
- Clean indoor garbage containers weekly
- Ensure indoor and outdoor garbage container are inaccessible to children
- Keep outdoor garbage area clean
- Clean outdoor garbage container if there has been a spill

Needles/syringes disposal

Equipment needed: disposable gloves, long handled tongs, disposable plastic bags and Sharps' syringe disposal container or plastic container with a screw-top lid.

- Put on disposable gloves
- Do not try to recap the needle
- Place the disposal container on the ground next to the syringe
- Pick up the syringe as far from the needle end as possible, using tongs if not easily accessible
- Place the syringe, needle point down, in the disposal container and screw the lid back on firmly
- Repeat this procedure to pick up all syringes and/or unattached needles
- Remove gloves and place in disposable plastic bag
- Seal and dispose of the plastic bag
- If tongs are used, soak in bleach solution for 30 minutes, then wash in hot soapy water and rinse
- Wash hands in warm, soapy water

Syringe disposal containers may be disposed of by:

- Telephoning the Disposal Help Line on 1800 552355 for the location of the nearest needle exchange outlet or public disposal bin
- Contacting the local hospital
- Contacting the Risk Reduction Unit at the Department of Human Services on (03) 9637 4000
- Contacting the environmental officer (health surveyor) at the Alpine Shire Council on (03) 5755 0555 also for any further concerns about syringe disposal

Clinical waste

Clinical waste includes material soiled by blood, soiled bandages and dressings, or used disposable medical equipment soiled by blood):

- gloves, paper towel, tissues and soiled disposable nappies are discarded into a plastic lined garbage container and disposed of daily as general domestic waste
- clinical waste (bandages, dressings, disposable medical materials, and disposable material soiled by blood) are discarded into a leakproof bag or plastic lined container and disposed of in a yellow biohazard bag or container
- use tongs to pick up needles, sharps and small bits of contaminated material

Blood spills

Cleaning the blood spill

The best way to clean a blood spill depends on the size of the spill. The following table will help educators and other staff decide on the most appropriate cleaning strategy.

Size of spill	What to do
Spot (drop of blood less than the size of a 50 cent coin)	<ul style="list-style-type: none">• Wear gloves• Wipe up blood immediately with a damp cloth, tissue or paper towel• Place the cloth, tissue or paper towel in a plastic bag or alternative; seal the bag and put it in the rubbish bin• Remove gloves and put them in the rubbish bin• Wash surface with detergent and warm water• Wash your hands with soap and water
Small (up to the size of the palm of your hand)	<ul style="list-style-type: none">• Wear gloves• Place paper towel over the spill and allow the blood to soak in• Carefully lift the paper towel and place it in a plastic bag or alternative; seal the bag and put it in the rubbish bin• Remove gloves and put them in the rubbish bin• Clean the area with warm water and detergent using a disposable cloth or sponge; place the cloth in the rubbish bin• Wipe the area with diluted bleach and allow to dry• Wash your hands with soap and water
Large (more than the size of the palm of your hand)	<ul style="list-style-type: none">• Wear gloves• Cover the area with an absorbent agent (e.g. kitty litter or sand) and allow the blood to soak in• Use a disposable scraper and pan to scoop up the absorbent material and any unabsorbed blood or body fluids• Place the absorbent agent, the scraper and the pan into a plastic bag or alternative; seal the bag and put in the rubbish bin• Remove gloves and put them in the rubbish bin• Mop the area with warm water and detergent; wash the mop after use• Wipe the area with diluted bleach and allow to dry

Preparing bleach solution

Always prepare bleach solutions according to the manufacturer's instructions. Because bleach loses strength over time, always make up new dilutions of bleach every day. Any diluted bleach that is not used within 24 hours of preparation should be discarded.

Safe use of bleach

Always:

- Read and follow the safety and handling instructions on the label.
- Dilute bleach according to directions.
- Wear gloves when handling and preparing bleach.
- Check the use-by date before using bleach, because it can lose effectiveness during storage.
- Make up a new batch of bleach each time you disinfect—it loses its effectiveness quickly once it has been diluted.

Never:

- Use bleach in a spray bottle.
- Use hot water to dilute bleach.
- Mix bleach with any other chemicals.
- Use bleach on metals other than stainless steel—bleach is corrosive.

7. Effective nappy changing

Parents and education and care services may have different preferences for nappies: some may choose to use cloth nappies, and some may choose disposable nappies. However, the use of disposable nappies is strongly encouraged in education and care services. This is because disposable nappies are less likely to spread germs into the environment¹⁵ because they are less prone to ‘leaking’ than cloth nappies and can be disposed of immediately.

Whether you choose cloth nappies or disposable nappies, it is important to minimise the risk of contact with urine and faeces when dealing with soiled nappies. This includes keeping soiled nappies in a contained space, and having a separate, dedicated nappy change area.

An area should be specifically set aside for changing nappies. Ensure that the nappy change mat or surface is not torn and can be easily cleaned. Do not share the same nappy change mat with children from another room, if possible. Having separate change mats for each room can help limit the spread of an infection and contain it to a single room. If this is not possible, take extra care to ensure that the change mat is thoroughly cleaned after each nappy change, especially if a child is known to have an infection.

Check that all the supplies you need are ready. If the child can walk, walk with them to the changing area.

If the child cannot walk, pick them up and carry them to the changing area. If there are faeces on the child’s body or clothes, hold the child away from your body if you need to carry them.

Nappy changing procedure

Preparation	Changing	Cleaning
1. Wash your hands	3. Remove the child's nappy and put in a hands-free lidded bin. Place any soiled clothes in a plastic bag.	10. Clean the change table with detergent and warm water after each nappy change
2. Put disposable gloves on both hands	4. Clean the child's bottom	11. Wash your hands
	5. Remove your gloves and put them in the bin	
	6. Place a clean nappy on the child	
	7. Dress the child	
	8. Take the child away from the change table	
	8. Wash your hands and the child's hands	

Cleaning the nappy change table

- After each nappy change and at the end of each day, wash the surface well with detergent and warm water, rubbing with paper towel or a cloth as you wash. Put the paper towel in the bin, or put the cloth aside for washing after each nappy change— there will be many germs on this cloth, and it cannot be used again until it has been washed. Leave the change surface to dry. See Section 3.3 for information on how to clean the nappy change table if the child had diarrhoea.
- If faeces or urine spill onto the change surface, clean the surface with detergent and warm water and leave it to dry.
- Halfway through the day, remove the morning change mat or waterproof sheet, clean it with detergent and water and leave it to dry, preferably outside in the sun. Use the fresh mat for the afternoon.
- Always wash your hands after cleaning the nappy change area.

8. Effective toilet training

Ask parents to supply a clean change of clothing for children who are toilet training. Place soiled clothes in a plastic bag or alternative, and keep these bags in a designated place until parents can take them home.

Help the child use the toilet. It is better for the child to use the toilet rather than a potty chair, which increases the risk of spreading disease. If the child must use a potty:

- Wear single use non-latex gloves
- Empty potty contents into the toilet
- Wash potty with warm water and neutral detergent using a cloth or brush that is designated specifically for this purpose
- Do not rinse or wash potty in a sink used for hand-washing
- Wash chair with warm water and neutral detergent if contaminated by urine or faeces
- Wash hands after removing gloves

Children, especially girls, should be encouraged to wipe front to back, to reduce the chance of introducing bowel bacteria to the urinary tract.

After toileting, encourage children to flush the toilet after use and help the child wash their hands. Ask older children if they washed their hands. Explain to the child that washing their hands and drying them properly will stop germs that might make them ill. Always wash your own hands after helping children use the toilet.

Disposable materials such as gloves, nappies and paper should be disposed of at the end of the day in a sealed plastic bag. Children's clothes, towels, toys that are soiled should be placed in a sealed plastic bag and given to parent.

Be aware of the diverse styles of toileting children due to cultural or religious practice (e.g. washing or douching instead of using toilet paper), and ask families to inform the centre of any cultural or religious issues of toileting that staff might need to be aware of.

Be aware of and accommodate the possible need to maintain privacy of toileting and dressing (e.g. using screens that still allow visual supervision of children) between male and female children due to cultural or religious practices of the family.

In Case of Contact with Blood & Body Fluids

Consult a doctor, advise the centre director, advise the WorkCover Authority, the public liability insurer and any others that are appropriate, if you think you, staff, others or children in your care have been exposed blood borne viruses or to blood or body fluid from a needlestick, sharps injury, splash into the face, eyes, mouth or nose, or contact with an open wound, regardless of the known or presumed infections status of the person or child who is the source of the blood or body fluid.

For any form of possible exposure to blood or body fluids (needlestick injury, skin contact, splash into eyes, nose or mouth, or biting):

- seek medical advice as soon as practical about risk of infection and post exposure treatment including HIV and hepatitis B and C treatment and testing regardless of the known or presumed infection status of source person of the blood or body fluid,
- complete the Illness, Injury, Incident and Trauma form
- report the injury to the WorkCover Authority and public liability insurance or others as appropriate

For needle stick or sharps injuries involving exposure of any staff, children or visitors to blood or body fluids:

- Wash the injured area with soap and running water
- Dry the wound and cover with a water resistant occlusive dressing
- Dispose of the object that caused the injury, wear gloves and use forceps or tongs to pick up the object, and discard into a sealed firm container to be disposed of (preferably a yellow biohazard sharps container which are commercially available)
- For advice, contact:
 - Your doctor;
 - Infectious Diseases Physician, the Austin Hospital Tel. (03) 9435 5000;
 - Infectious Diseases Physician, the Alfred Hospital Tel. (03) 9276 2000; or
 - Infectious Diseases Physician, the Austin Hospital Tel. (03) 9342 7000.

Be aware that for skin contact with blood:

- the risk of contracting blood borne diseases including HIV through skin contact with blood is low but is more likely if there are open cuts, abrasions, skin cracking or infections that are uncovered
- wash off with warm water and soap as soon as possible, and cover all open skin with a water resistant occlusive dressing

If blood or body fluids splash into the eyes:

- rinse for 5 to 10 minutes with water, or a sterile eye irrigation solution if available
- if wearing contact lenses, rinse the eyes with the lenses in, remove the lenses and rinse the eyes again, and do not put the contaminated lenses back in

If blood or body fluids splash into the nose or mouth, blow your nose or spit out and rinse with water.

Be aware that for contact with saliva, tears and biting:

- HIV has been found in saliva and tears in low concentrations and risk of transmission from spitting, kissing, wiping noses and eyes is considered to be very low, however standard infection control precautions should still be followed for all children, contact with saliva and nasal secretions may transmit other infectious diseases
- the risk of HIV infection from biting is considered to be very low and requires the skin to be broken, if a bite has resulted in breaking the skin, wash with soap and running water, cover with a clean dressing, and advise the family of the injured child to seek urgent medical advice about risks of infection and further management
- rinse the biting child's mouth with water to prevent cross-infection from the bitten child

Be aware that for giving first aid and cardiopulmonary resuscitation (CPR):

- use a disposable mask or a mask with a one-way valve
- use gloves when applying first aid to bleeding wounds

Appendix One: How to Wash Hands



Handwashing

HOW TO WASH HANDS

- Use liquid soap and running water
- Wash your hands thoroughly while counting slowly from 1 to 10
- Rinse your hands while slowly counting from 1 to 10
- Turn off the tap with paper towel
- Dry hands well with new paper towel

WHEN TO WASH HANDS

- On arrival (this reduces new germs being introduced to the centre)
- Before handling food, including a baby's bottle
- Before eating
- Before and after changing a nappy
- After removing gloves
- After going to the toilet
- After cleaning up blood, faeces or vomit
- After wiping a nose
- Before giving medication
- After handling garbage
- After playing outside
- Before going home (this prevents taking germs home)

WASHING AND RINSING YOUR HANDS SHOULD TAKE ABOUT AS LONG AS SINGING 'HAPPY BIRTHDAY' TWICE.



Appendix Two: Exclusion Table

Condition	Exclusion of cases	Exclusion of contacts
Amoebiasis (<i>Entamoeba histolytica</i>)	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Campylobacter	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Chickenpox	Exclude until all blisters have dried. This is usually at least 5 days after the rash appears in unimmunised children, but may be less in previously immunised children	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded
Conjunctivitis	Exclude until discharge from eyes has ceased	Not excluded
Diphtheria	Exclude until a medical certificate of recovery is received following at least two negative throat swabs, the first not less than 24 hours after finishing a course of antibiotics and the other 48 hours later	Exclude family/household contacts until cleared to return by the Secretary
Gastroenteritis	Exclude until clear of symptoms for 48 hours	Not excluded
Hand, foot and mouth disease	Exclude until all blisters have dried	Not excluded
<i>Haemophilus influenzae</i> type b (Hib)	Exclude until at least 4 days of appropriate antibiotic treatment has been completed	Not excluded
Hepatitis A	Exclude until a medical certificate of recovery is received, but not before 7 days after the onset of jaundice or illness	Not excluded
Hepatitis B	Exclusion is not necessary	Not excluded
Hepatitis C	Exclusion is not necessary	Not excluded

Condition	Exclusion of cases	Exclusion of contacts
Herpes (cold sores)	Young children unable to comply with good hygiene practices should be excluded while the lesion is weeping. Lesions to be covered by a dressing, where possible	Not excluded
Human immunodeficiency virus (HIV) infection	Exclusion is not necessary	Not excluded
Impetigo	Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing	Not excluded
Influenza and influenza-like illnesses	Exclude until well	Not excluded unless considered necessary by the Secretary
Leprosy	Exclude until approval to return has been given by the Secretary	Not excluded
Measles*	Exclude for at least 4 days after onset of rash	Immunised contacts not excluded. Unimmunised contacts should be excluded until 14 days after the first day of appearance of rash in the last case. If unimmunised contacts are vaccinated within 72 hours of their first contact with the first case, or received normal human immunoglobulin within 6 days of exposure, they may return to the facility
Meningitis (bacteria, other than meningococcal meningitis)	Exclude until well	Not excluded
Meningococcal infection*	Exclude until adequate carrier eradication therapy has been completed	Not excluded if receiving carrier eradication therapy
Mumps*	Exclude for 9 days or until swelling goes down (whichever is sooner)	Not excluded

Condition	Exclusion of cases	Exclusion of contacts
Pertussis (whooping cough)*	Exclude for 21 days after the onset of cough or until they have completed 5 days of a course of antibiotic treatment	Contacts aged less than 7 years in the same room as the case who have not received three effective doses of pertussis vaccine should be excluded for 14 days after the last exposure to the infectious case, or until they have taken 5 days of a course of effective antibiotic treatment
Poliomyelitis*	Exclude for at least 14 days from onset. Re-admit after receiving medical certificate of recovery	Not excluded
Ringworm, scabies, pediculosis (head lice)	Exclude until the day after appropriate treatment has commenced	Not excluded
Rubella* (German measles)	Exclude until fully recovered or for at least 4 days after the onset of rash	Not excluded
<i>Salmonella</i> or <i>Shigella</i> infection	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Severe acute respiratory syndrome (SARS)	Exclude until a medical certificate of recovery is produced	Not excluded unless considered necessary by the Secretary
Streptococcal infection (including scarlet fever)	Exclude until the child has received antibiotic treatment for at least 24 hours and feels well	Not excluded
Tuberculosis	Exclude until a medical certificate is received from the treating physician stating that the child is not considered to be infectious	Not excluded
Typhoid fever (including paratyphoid fever)	Exclude until approval to return has been given by the Secretary	Not excluded unless considered necessary by the Secretary
Verotoxin-producing <i>E. coli</i> (VTEC)	Exclude if required by the Secretary and only for the period specified by the Secretary	Not excluded

Condition	Exclusion of cases	Exclusion of contacts
Worms (intestinal)	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded

* Vaccine-preventable disease

Note: In this schedule, 'medical certificate' means a certificate of a registered medical practitioner.