

	Dealing with Infectious Diseases Policy & Procedures
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Responsible Officer	Manager Evolve Early Learning & Kindergarten
Policy Owner	Evolve Early Learning & Kindergarten

Policy

Evolve Early Learning & 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 BBV's (Blood-Borne Viruses), management of Infestations and immunisation programs.
- Evolve Early Learning & 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 Evolve Early Learning & 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.

Purpose

Evolve Early Learning & Kindergarten is committed to:

- A child attending Evolve Early Learning & Kindergarten who shows symptoms of an Infectious Disease
- A child at Evolve Early Learning & Kindergarten that 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.
- This policy has been adapted from *PolicyWorks* Manual - National Quality Framework released by the Early Learning Association Australia.

Scope

This policy applies to Evolve Early Learning & Kindergarten who is responsible for the direct education and care of children including offsite excursions and activities.

This policy applies to the Approved Provider, Nominated Supervisor, Primary Nominee, Nominees, Certified Supervisor, Educators, Staff, Students on placement, Volunteers, Parents/guardians, Children and others attending Evolve Early Learning & Kindergarten

National Quality Standards (NQS)

Quality Area 2: Children's Health and Safety

2.1.1 Wellbeing and comfort – Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation

2.1.2 Health practices and procedures – Effective illness and injury management and hygiene practices are promoted and implemented

2.2 Safety - Each child is protected

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 *Public Health and Wellbeing Regulations 2009*.
- A registered/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 (National Regulations 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.

No Jab No Play-

- The Victorian Government has passed immunisation legislation named '[No Jab, No Play](#)'. No Jab No Play is a commitment made by the Government to help protect children from serious and potentially life-threatening illnesses.
- Under the new law in effect from 1 January 2016, all children must be fully vaccinated in order to be enrolled in an Early Childhood program.
- Only Children who cannot be vaccinated for medical reasons will be exempt.
- "Conscientious Objection" will not be an exemption.

What does this mean?

- You will be required to provide your selected care provider with a copy of your child's immunisation history Statement. You can obtain a record of your child's immunisation history from Australian Childhood Immunisation Register (ACIR) through the website below.
- <https://www.humanservices.gov.au/customer/services/medicare/australian-childhood-immunisation-register>
- Alternatively, you can call ACIR and request that a statement is sent to you.
- Your child will not be eligible to attend the service until the Immunisation History is provided.
- Vulnerable and disadvantaged children will be eligible to enrol in a service under a grace period - without having provided proof of up to date immunisation - to allow families to continue accessing services while they seek advice and assistance to get their child's vaccination schedule on track.

Education and Care National Regulations

- Health, hygiene and safe food practices (National Regulations 77)
- Incident, injury, trauma and illness policies and procedures (National Regulations 85)
- Notification to parents of incident, injury, trauma and illness (National Regulations 86)
- Incident, injury, trauma and illness record (National Regulations 87)
- Infectious diseases (National Regulations 88)
- Medical conditions policy (National Regulations 90)
- Health information to be kept in enrolment record (National Regulations 162)

Responsibility/Accountability

The Approved Provider, according to Regulations is responsible for the implementation of this policy. This will be achieved through the Centre Manager and the staff:

- Where there is an occurrence of an Infectious Disease at the service, reasonable steps are taken to prevent the spread of that Infectious Disease (National Regulation 88(1))
- 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 (National Regulation 88(2))
- Information from the Department of Health about the Recommended Minimum Exclusion Periods (refer to *Definitions*), 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*)

Parent/guardian and DET are informed within 24 hours of becoming aware that an enrolled child is suffering from:

- Pertussis
- Poliomyelitis
- Measles
- Mumps
- Rubella
- 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.
- 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 DET 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, Primary Nominee, Nominees and the educators/staff at the service to implement the requirements of the Recommended Minimum Exclusion Periods
- Information about the NIP immunisation schedule is displayed and is available to all stakeholders (refer to *Sources*)
- 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

Nominated Supervisor, Primary Nominee, Nominees, educators, staff and everyone at the service adheres to the *Hygiene Policy*

- Appropriate and current information and resources are available to educators/staff and parents/guardians regarding the identification and management of Infectious Diseases, BBV's and Infestations
- Keeping informed about current legislation, information, research and best practice
- Any changes to the Exclusion table are communicated to educators/staff and parents/guardians in a timely manner.

The Nominated Supervisor, Primary Nominee is responsible for:

Notifying the Approved Provider immediately on becoming aware that an enrolled child is suffering from:

- Pertussis
- Poliomyelitis
- Measles
- Mumps
- Rubella
- 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 *Hygiene Policy*)
- 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 Department of Health Exclusion table in *Sources*)
- Advising the parents/guardians of a child who is not fully immunised and does not meet the grace period or exemption for medical reasons 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 as per the requirements as stated in the No Jab, No Play legislation.
- 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 on enrolment ensuring all families have authorised a consent to conduct Head Lice inspections
- Maintaining confidentiality at all times (refer to *Privacy and Confidentiality Policy*).

Certified Supervisors, Nominees 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 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/Guardians are responsible for:

- Keeping their child(ren) at 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.
- Volunteers and students, while at the service, are responsible for following this policy and its procedures.

Definitions

The terms defined in this section relate specifically to this policy and related procedures. For commonly used terms e.g. Approved Provider, Regulatory Authority etc. refer to the *Glossary of Terms*.

Word/Term	Definition
Blood-Borne Virus (BBV)	A virus that is spread when blood from an infected person enters another person’s bloodstream. Examples of BBV include Human Immunodeficiency Virus (HIV), Hepatitis B, Hepatitis C and Viral Haemorrhagic Fevers. Where basic hygiene, safety, Infection control and First Aid procedures are followed, the risks of contracting a BBV is negligible.
Exclusion	Inability to attend or participate in the program/service.
Illness	Any sickness and/or associated symptoms that affect the child’s normal participation in the program/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.
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.
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.
Medication	Any substance, as defined in the <i>Therapeutic Goods Act 1989</i> (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 table is published by the Department of Health and can be viewed on their website (see <i>Sources</i>).

Word/Term	Definition
Serious Incident	<p>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 (National Regulations 12).</p> <p>A Serious Incident should be documented in an <i>Incident, Injury, Trauma and Illness Record</i> (sample form available on the ACECQA website) as soon as possible and within 24 hours of the incident. The Regulatory Authority (Department of Education & Training (DET)) must be notified within 24 hours of a Serious Incident occurring at the service (National Regulations 176). Records are required to be retained for the periods specified in the National Regulations 183.</p>

DEALING WITH INFECTIOUS DISEASES PROCEDURES

Purpose

This procedure will provide a process to follow when:

- A child who attends Evolve Early Learning & Kindergarten shows symptoms of an Infectious Disease
- A child at Evolve Early Learning & 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 (BBV)

Procedure

In terms of Illness and Exclusion:

- It is in the best interests of all of the children and families using services, that those attending are healthy and free from Infection.
- Children will be excluded from children's services when they have developed an Infectious Condition.
- The educator will notify individual families.
- Parents are asked to comply with the information found in the Exclusion Table (see *Sources*) to reduce the spread of Infection within Services.
- If it is believed that a child is suffering from an infectious condition, the parents/guardians or emergency contact will be phoned and asked to collect the child.
- A clearance from a medical practitioner may be requested prior to the child returning to the care environment.

In terms of if a child comes into care and is unwell or becomes unwell while in care:

- If the child feels unwell and isn't able to participate in the activities or if the child requires ongoing one on one attention from the educator, which limits the educator's ability to care for and supervise the other children in care.
- The educator will document all relevant information e.g. temperature, not eating, pale, unable to participate in normal activities.
- The educator will monitor the child's condition, if there is no improvement within an hour or the child's condition worsens, the educator will contact the parent and ask them to collect the child.
- If parent is unavailable the educator will proceed to the emergency contacts provided by the parent.
- Throughout the above process the child's best interests are paramount.

In terms of HIV/aids and Hepatitis B:

- HIV/AIDS is a health issue that concerns everyone and has aroused community anxiety often because of misinformation and ignorance.

This procedure aims to:

- Endorse a caring and supportive approach to this issue
- Help to inform parents and staff about the facts of HIV/AIDS
- Assure users of the service that the service is aware of its responsibilities in providing a safe environment for staff, children and parents
- Assure the community that the service is carrying out its responsibilities in relation to Government legislation concerning HIV/AIDS in particular, the *Occupational Health and Safety Act* and the *Health Act* which protect against discrimination and ensures confidentiality for staff and users
- Fulfil obligations under the Children's Services in Victoria Policy & Procedures General Guidelines and to comply with all relevant Commonwealth legislation.

Anti-discrimination:

- No employee, prospective employee, parent or child will be discriminated against on the grounds of having, or assumed to have, HIV Infection.
- Being infected with HIV is not grounds for Exclusion of a child, parent, or staff member.

Confidentiality:

- Information regarding HIV/AIDS status of any child, parent, or staff member will remain confidential and all reasonable steps will be taken to develop and implement systems to protect the privacy of that person.

Occupational Health and Safety:

- Management will ensure that all staff and educators are aware of their responsibilities towards service users and people in their care.
- The service shall at all times follow proper Infection control procedures to prevent the risk of the transmission of HIV.
- The service or educator will ensure that First Aid equipment for protection against the risk of Infection from HIV/AIDS will be available at all times.
- Management and educators will provide as far as practicable a healthy and safe environment.
- Staff and educators are required to take reasonable care to protect their own health and safety and the health and safety of others in the work place.

Information and education:

- Management will ensure that all staff and educators have access to education about the basic facts on HIV/AIDS and preventative measures and access to further information and support services as required.

Procedures for infection control:

There will be a two-tiered approach to Infection control, which includes:

- Standard precautions, which will be implemented at all times
- Additional precautions when the standard precautions are insufficient to stop transmission of Infection occurring.

The following statements are based on the principle that all people are potentially infectious and that Infection control will be universally practised.

- Staff, educators and users will have access to materials as required that will enable them to implement Infection control procedures. This will include disposable gloves etc. and the First Aid cabinet will be equipped at all times with disposable gloves.
- The service will have access to information outlining Infection control procedures.

For responding to incidents:

- Full details of the incident must be recorded. Any incident, which a staff member or educator believes may have resulted in exposure to HIV/AIDS, should be reported to Approved Provider and DET.
- The staff member/educator should be informed to immediately consult a qualified medical practitioner or an accredited counsellor to assess need for testing.

For confidentiality:

- There is no obligation, legal or otherwise for anyone to inform an employer, service provider, or service of their HIV status, consequently:
- Such information must not be disclosed without informed consent of the individual (or parent/guardian of a person under the age of 18 years)
- The only reason a parent/guardian would inform the teacher of the child at the centres of the child's HIV/AIDS status would be for the benefit of the child themselves who may have specific requirements
- All such information must be kept securely (under lock and key) within the centre and access to this information must only be by the person who has been informed
- No routine or mandatory HIV testing may be carried out on the service users or staff
- no testing may be carried out without the informed consent of the individual and provision of pre and post-test counselling, by an accredited counsellor or qualified medical practitioner.

Hepatitis:

The above confidentiality procedure also applies to Hepatitis B, with the following differences:

- Hepatitis B is a notifiable disease under the *Health Act* and therefore parents are obliged to inform the service if their child is infected with Hepatitis B
- The child must be excluded if they are displaying the active symptoms of the disease.

In terms of Pediculosis/head lice:

- Education material will be provided to families in the case of an episode of head lice in their child. Material outlines the importance of regular inspection of hair and discourages the sharing of personal items such as combs, hats, smocks and all types of hair ties.
- Any child in care who presents with symptoms of head lice will be separated from close contact with the other children, and the parent /guardian or emergency contact will be contacted to collect the child from care.
- The child will be excluded from care in accordance with the Exclusion table outlined in the Staying Healthy in Childcare manual.

- Parents/guardians need to check the child's hair for both lice and eggs on the day of returning to the service and prior to arrival at the service.
- All families in the care environment during this period will be advised that there is a case of head lice. The confidentiality of the child(ren) involved will be maintained at all times.
- Parents/guardians who do not consent for staff or educators to check children hair will be required to attend the centre upon request and check their child's hair with staff/educators.

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- 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 BBV, management of Infestations and immunisation programs.
- Evolve Early Learning & Kindergarten support 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 Evolve Early Learning & 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.

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

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. 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.
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.

Procedure

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

References, Sources, Links to Legislation and Other Documents

Please refer to Reference and Sources page

Related service policies:

Administration of First Aid Policy

Administration of Medication Policy
Dealing with Medical Conditions Policy
Hygiene Policy
Incident, Injury, Trauma and Illness Policy
Inclusion and Equity Policy
Occupational Health and Safety Policy
Privacy and Confidentiality Policy.