



DEALING WITH INFECTIOUS DISEASES POLICY

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

PURPOSE

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

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

POLICY STATEMENT

1. VALUES

South Kingsville Pre School 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
- preventing the spread of vaccine-preventable diseases
- complying with current exclusion schedules and guidelines set by the Department of Health and Human Services (DHHS)
- complying with the advice of the Australian Health Protection Principal Committee (AHPPC), Victorian Chief Health Officer and DHHS
- providing up-to-date information and resources for families and staff regarding protection of all children from infectious diseases and blood-borne viruses, management of infestations and immunisation programs.

South Kingsville Pre School 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 South Kingsville Pre School are committed to preventing the spread of vaccine-preventable diseases through simple hygiene practices such as hand washing, effective cleaning procedures, monitoring immunisation records and complying with recommended exclusion guidelines and timeframes for children and educators/staff.

2. SCOPE

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

3. BACKGROUND AND LEGISLATION

Background

Infectious diseases are common in children. Infectious diseases such as the Chicken Pox, Common Cold, Measles and Mumps, are common in children and adults are also susceptible.

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

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

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

An approved service must take reasonable steps to prevent the spread of infectious diseases at the service, and ensure that the parent/guardian, authorised nominee or emergency contact of each child enrolled at the service is notified of the occurrence of an infectious disease as soon as possible. The service must have policies and procedures in place for dealing with infectious diseases (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 (as soon as practicable) children, families and educators/staff when an excludable illness/disease is detected at the service
- complying with relevant health department exclusion guidelines, advice and information
- increasing educator/staff awareness of cross-infection through physical contact with others.

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

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

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011: Regulation 88*
- *Family Assistance Legislation Amendment (Jobs for Families Child Care Package) Act 2017*
- *Health Records Act 2001*
- *National Quality Standard, Quality Area 2: Children's Health and Safety*
- *National Quality Standard, Quality Area 6: Collaborative Partnerships with Families and Communities*

- *No Jab No Play Law (Vic)*
- *Occupational Health and Safety Act 2004*
- *Privacy and Data Protection Act 2014 (Vic)*
- *Privacy Act 1988 (Cwlth)*
- *Public Health and Wellbeing Act 2008*
- *Public Health and Wellbeing Regulations 2019*

4. DEFINITIONS

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

Acceptable immunisation documentation: documentation as defined by the *Immunisation Enrolment Toolkit for early childhood education and care services* as acceptable evidence that a child is fully vaccinated for their age, or is on a recognised catch-up schedule if their child has fallen behind their vaccinations; or has a medical reason not to be vaccinated; or has been assessed as being eligible for a 16 week grace period.

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

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

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

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

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

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

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

Infectious disease: An infectious disease designated by the Communicable Disease and Prevention Control Unit (refer to *Definitions*), Victorian Department of Health and Human Services in Schedule 7 of the *Public Health and Wellbeing Regulations 2009*, the Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts.

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

Minimum exclusion period: The minimum period for excluding any person from attending a children's service to prevent the spread of infectious diseases as specified in Schedule 7: Minimum Period of Exclusion from Primary Schools and Children's Services for Infectious Diseases Cases and Contacts of the *Public Health and Wellbeing Regulations 2019*, the. An infringement penalty for failure to exclude a child with, or exposed to, a specified infectious disease applies (applicable to a person in charge). The exclusion period table, published by the DHHS, can be accessed at <https://www2.health.vic.gov.au/public-health/infectious-diseases/school-exclusion/school-exclusion-table>

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

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

Serious incident: A serious incident (regulation 12) is defined as any of the following:

- the **death of a child** while being educated and cared for at the service or following an incident at the service
- any **incident involving serious injury or trauma** while the child is being educated and cared for, which
 - a reasonable person would consider required urgent medical attention from a registered medical practitioner; or
 - the child attended or ought reasonably to have attended a hospital e.g. a broken limb*
- any **incident involving serious illness of a child** while that child is being educated and cared for by a service for which the child attended, or ought reasonably to have attended, a hospital e.g. severe asthma attack, seizure or anaphylaxis*.
 - ***NOTE:** In some cases (for example rural and remote locations) a General Practitioner conducts consultation from the hospital site. Only treatment related to serious injury or illness or trauma are required to be notified, not other health matters.
- any emergency for which **emergency services** attended. NOTE: This means an incident, situation or event where there is an imminent or severe risk to the health, safety or wellbeing of a person/s at an education and care service. It does not mean an incident where emergency services attended as a precaution.
- a child appears to **be missing or cannot be accounted for** at the service
- a child appears to have been **taken or removed** from the service in a manner that contravenes the National Regulations
- a child was mistakenly **locked in or out of the service** premises or any part of the premises.

Examples of serious incidents include amputation (e.g. removal of fingers), anaphylactic reaction requiring hospitalisation, asthma requiring hospitalisation, broken bone/fractures, bronchiolitis, burns, diarrhoea requiring hospitalisation, epileptic seizures, head injuries, measles, meningococcal infection, sexual assault, witnessing violence or a frightening event.

If the approved provider is not aware that the incident was serious until sometime after the incident, they must notify the regulatory authority within 24 hours of becoming aware that the incident was serious.

Notifications of serious incidents should be made to the regulatory authority (DET) through the [NQA IT System](#). If this is not practicable, the notification can be made initially in whatever way is best in the circumstances.

NOTE: some of serious incidents above are also reportable incidents under the *Occupational Health and Safety Act 2004* and require notification to WorkSafe.

5. SOURCES AND RELATED POLICIES

Sources

- Communicable Disease Section, Public Health Group, Victorian Department of Health & Human Services (2011), *The Blue Book: Guidelines for the control of infectious diseases*. Available at: <https://www2.health.vic.gov.au/about/publications/researchandreports/The-blue-book>
- Communicable Disease Section, Victorian Department of Health & Human Services (2019), *A guide to the management and control of gastroenteritis outbreaks in children's centres*. Victorian Government, Melbourne: <https://www2.health.vic.gov.au/about/publications/researchandreports/A-guide-to-the-management-and-control-of-gastroenteritis-outbreaks-in-childrens-centres>

- National Immunisation Program, Department of Health, Australian Government: <https://www.health.gov.au/initiatives-and-programs/national-immunisation-program>
- Department of Health & Human Services, Victoria (2012) *Head lice management guidelines*: <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Head-lice-management-guidelines>
- *Immunisation Enrolment Toolkit for early childhood services*: <https://www2.health.vic.gov.au/public-health/immunisation/vaccination-children/no-jab-no-play/immunisation-enrolment-toolkit>
- *Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011* (2017), ACECQA: <https://www.acecqa.gov.au/sites/default/files/2018-01/NQF-Resource-02-Guide-to-ECS-Law-Regs.pdf>
- *Guide to the National Quality Standard* (2017), ACECQA: <https://www.acecqa.gov.au/sites/default/files/acecqa/files/National-Quality-Framework-Resources-Kit/NQF-Resource-03-Guide-to-NQS.pdf>
- National Health and Medical Research Council (2013) *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th edition): <https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services>
- Information about immunisations, including immunisation schedule, DHHS: www.health.vic.gov.au/immunisation
- WorkSafe, Victoria (2008) *Compliance code: First aid in the workplace*: <https://www.worksafe.vic.gov.au/resources/compliance-code-first-aid-workplace>
- Statements Section for statements on health emergencies, AHPPC. Available at: <https://www.health.gov.au/committees-and-groups/australian-health-protection-principal-committee-ahppc>

Service policies

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

PROCEDURES

The Approved Provider and Person with Management or Control are responsible for:

- ensuring that where there is an occurrence of an infectious disease at the service, reasonable steps are taken to prevent the spread of that infectious disease (Regulation 88(1))
- ensuring that where there is an occurrence of an infectious disease at the service, a parent/guardian or authorised emergency contact of each child at the service is notified of the occurrence as soon as is practicable (Regulation 88(2))
- ensuring that information from the DHHS about the minimum exclusion periods (refer to *Definitions*) is displayed at the service and is available to all stakeholders including staff, parents/guardians, students and volunteers

- ensuring that a child is excluded from the service in accordance with the minimum exclusion periods (refer to *Definitions*) when informed that the child is infected with an infectious disease (refer to *Definitions*) or has been in contact with a person who is infected with an infectious disease (refer to *Definitions*) as required under Regulation 111(1) of the *Public Health and Wellbeing Regulations 2019*
- contacting the Communicable Disease Section, DHHS (refer to *Definitions*) if there is an outbreak of two or more cases of gastrointestinal illness in a 48-hour period
- ensuring obligations under No Jab No Play legislation (*Public Health and Wellbeing Act 2008*), including to request, assess and manage immunisation documentation and to assist parents/carers and families who may face difficulties in meeting the requirements are met (refer to *Enrolment and Orientation Policy*)
- ensuring when directed by the Chief Health Officer, that a child who is at material risk of contracting a vaccine-preventable disease is excluded until the Chief Health Officer directs that attendance can be resumed (Regulation 111(24) of the *Public Health and Wellbeing Regulations 2019*)
- notifying DET within 24 hours of a serious incident (refer to *Definitions*) via the [NQA ITS](#)
- supporting the Nominated Supervisor and the educators/staff at the service to implement the requirements of the minimum exclusion periods
- conducting a thorough inspection of the service on a regular basis, and consulting with educators/staff to assess any risks by identifying the hazards and potential sources of infection
- ensuring that the Nominated Supervisor, staff and everyone at the service adheres to the *Hygiene Policy* and the procedures for infection control relating to blood-borne viruses (refer to Attachment 2)
- ensuring that appropriate and current information and resources are provided to all staff and parents/guardians regarding the identification and management of infectious diseases, blood-borne viruses and infestations
- keeping informed about current legislation, information, research and best practice
- ensuring that any changes to the exclusion table or immunisation laws are communicated to all staff and parents/guardians in a timely manner
- complying with the advice of the Australian Health Protection Principal Committee (AHPPC), Victorian Chief Health Officer and DHHS in an epidemic or pandemic event (refer to Attachment 4).
- Comply with the SKPS Actions in regards to the Coronavirus Pandemic (See Attachment 5)

The Nominated Supervisor and Person in Day-to-Day Charge are responsible for:

- ensuring that where there is an occurrence of an infectious disease at the service, reasonable steps are taken to prevent the spread of that infectious disease (Regulation 88(1))
- ensuring that where there is an occurrence of an infectious disease at the service, a parent/guardian or authorised emergency contact of each child at the service is notified of the occurrence as soon as is practicable (Regulation 88(2))
- ensuring that information from the Department of Health Services about the recommended minimum exclusion periods (refer to *Definitions*) is displayed at the service and is available to all stakeholders including staff, parents/guardians, students and volunteers
- ensuring that a child is excluded from the service in accordance with the recommended minimum exclusion periods (refer to *Definitions*) when informed that the child is infected with an infectious disease (refer to *Definitions*) or has been in contact with a person who is infected with an infectious disease (refer to *Definitions*) as required under Regulation 111(1) of the *Public Health and Wellbeing Regulations 2019*

- contacting the Communicable Disease Prevention and Control Unit (refer to Definitions) – if there is an outbreak of three or more cases of respiratory illness at the service, and/or if there is an outbreak of two or more cases of gastrointestinal illness in a 48 hour period.
- 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*). (As a demonstration of duty of care and best practice, ELAA recommends that **all educators** have current approved first aid qualifications and anaphylaxis management training and asthma management training.)
- establishing good hygiene and infection control procedures, and ensuring that they are adhered to by everyone at the service (refer to *Hygiene Policy* and Attachment 2 – Procedures for infection control relating to blood-borne viruses)
- ensuring the exclusion requirements for infectious diseases are adhered to as per the recommended minimum exclusion periods (refer to *Definitions*), notifying the Approved Provider and parents/guardians of any outbreak of infectious disease at the service, and displaying this information in a prominent position
- contacting the advising parents/guardians on enrolment that the minimum exclusion periods will be observed in regard to the outbreak of any infectious diseases or infestations (refer to: <https://www2.health.vic.gov.au/public-health/infectious-diseases/school-exclusion/school-exclusion-table>).
- advising the parents/guardians of a child who is not fully immunised on enrolment that they will be required to keep their child at home when an infectious disease is diagnosed at the service, and until there are no more occurrences of that disease and the exclusion period has ceased
- ensuring that parents/guardians understand that they must inform the Approved Provider or Nominated Supervisor as soon as practicable if the child is infected with an infectious disease or infestation, or has been in contact with a person infected with a condition for which the exclusion of contacts is specified (Regulation 110, *Public Health and Wellbeing Regulations 2019*)
- providing information and resources to parents/guardians to assist in the identification and management of infectious diseases and infestations
- providing a head lice notification letter (Attachment 1) to all parents/guardians when an infestation of head lice has been detected at the service
- maintaining confidentiality at all times (refer to *Privacy and Confidentiality Policy*).
- complying with the advice of the Australian Health Protection Principal Committee (AHPPC), Victorian Chief Health Officer and DHHS in an epidemic or pandemic event (refer to Attachment 4).
- Comply with the SKPS Actions in regards to the Coronavirus Pandemic (See Attachment 5)

All 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 and the procedures for infection control relating to blood-borne viruses (refer to Attachment 2)
- maintaining confidentiality at all times (refer to *Privacy and Confidentiality Policy*).

- complying with the advice of the Australian Health Protection Principal Committee (AHPPC), Chief Health Officer and DHHS in an epidemic or pandemic event (refer to Attachment 4).
- Comply with the SKPS Actions in regards to the Coronavirus Pandemic (See Attachment 6)

Parents/guardians are responsible for:

- keeping their children at home if they are unwell or have an excludable infectious disease (refer to *Definitions*)
- informing the Approved Provider, Nominated Supervisor or Persons in Day-to-Day Charge as soon as practicable if their child has an infectious disease (refer to *Definitions*) or has been in contact with a person who has an infectious disease (Regulation 84(1) of the *Public Health and Wellbeing Regulations 2019* and providing acceptable immunisation documentation for their child
- complying with the minimum exclusion periods (refer to *Definitions*) or as directed by the Approved Provider or Nominated Supervisor after the Chief Health Officer directed them to exclude a child enrolled who the Chief Health Officer has determined to be at material risk of contracting a vaccine-preventable disease (Regulation 111(2) of the *Public Health and Wellbeing Regulations 2019*)
- where a child is on an immunisation catch-up schedule, ensuring that the child's immunisations are updated in line with the schedule and providing acceptable immunisation documentation to the service
- notifying the service if head lice or lice eggs have been found in their child's hair and when treatment was commenced
- complying with the *Hygiene Policy* and the procedures for infection control relating to blood-borne viruses (refer to Attachment 2) when in attendance at the service.
- Comply with the SKPS Actions in regards to the Coronavirus Pandemic (See Attachment 5)

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

EVALUATION

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

- encourage feedback from educators, staff, parents/guardians, children, management and all affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy on a periodic basis
- ensure that all information related to infectious diseases on display and supplied to parents/guardians is current
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any substantial change to this policy, which would impact on the supervision or care of children

ATTACHMENTS

- Attachment 1: Communicable Diseases Exclusion Table
- Attachment 2: Procedures for infection control relating to blood-borne viruses
- Attachment 3: Head lice notification letter
- Attachment 4: Actions for Early Childhood and Care Services in an Epidemic or Pandemic Event

- Attachment 5: Actions for South Kingsville Pre School during Coronavirus (COVID-19) Pandemic
- Attachment 6: South Kingsville Pre School Communication Chart

AUTHORISATION

This policy was adopted by the Committee of Management of South Kingsville Pre School on 2nd of August 2020

REVIEW DATE: 2/08/2021

ATTACHMENT 1

Communicable diseases exclusion table (*Public Health and Wellbeing regulations 2019*)

The following table indicates the minimum period of exclusion from schools and children's service centres required for infectious diseases cases and contacts as prescribed under Regulations 13 and 14 of the Health (Infectious Diseases) Regulations 2001 – Schedule 6. In this schedule, 'medical certificate' means a certificate of a registered medical practitioner.

Column 1 Number	Column 2 Conditions	Column 3 Exclusion of cases	Column 4 Exclusion of Contacts
1	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
2	Conjunctivitis	Exclude until discharge from eyes has ceased	Not excluded
3	Cytomegalovirus (CMV) infection	Exclusion is not necessary	Not excluded
4	Diarrhoeal illness*	Exclude until there has not been vomiting or a loose bowel motion for 24 hours	Not excluded
5	Diphtheria	Exclude until 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 Chief Health Officer
6	Glandular fever (Epstein-Barr Virus infection)	Exclusion is not necessary	Not excluded
7	Hand, Foot and Mouth disease	Exclude until all blisters have dried	Not excluded
8	Haemophilus influenzae type b (Hib)	Exclude until 48 hours after initiation of effective therapy	Not excluded
9	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
10	Hepatitis B	Exclusion is not necessary	Not excluded
11	Hepatitis C	Exclusion is not necessary	Not excluded
12	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 dressing, where possible	Not excluded
13	Human immuno-deficiency virus infection (HIV)	Exclusion is not necessary	Not excluded
14	Impetigo	Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing	Not excluded
15	Influenza and influenza like illnesses	Exclude until well	Not excluded unless considered necessary by the Chief Health Officer
16	Leprosy	Exclude until approval to return has been given by the Chief Health Officer	Not excluded
17	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 exposure with any infectious case, or received Normal Human Immunoglobulin (NHIG) within 144 hours of exposure of any infectious case, they may return to the facility
18	Meningitis (bacterial —other than meningococcal meningitis)	Exclude until well	Not excluded
19	Meningococcal infection	Exclude until adequate carrier eradication therapy has been completed	Not excluded if receiving carrier eradication therapy
20	Mumps	Exclude for 5 days or until swelling goes down (whichever is sooner)	Not excluded
21	Molluscum contagiosum	Exclusion is not necessary	Not excluded
22	Pertussis (Whooping cough)	Exclude the child 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
23	Poliovirus infection	Exclude for at least 14 days from onset. Re-admit after receiving medical certificate of recovery	Not excluded
24	Ringworm, scabies, pediculosis (head lice)	Exclude until the day after appropriate treatment has commenced	Not excluded
25	Rubella (German measles)	Exclude until fully recovered or for at least four days after the onset of rash	Not excluded
26	Severe Acute Respiratory Syndrome (SARS)	Exclude until medical certificate of recovery is produced	Not excluded unless considered necessary by the Chief Health Officer
27	Shiga toxin or Verotoxin producing Escherichia coli (STEC or VTEC)	Exclude if required by the Chief Health Officer and only for the period specified by the Chief Health Officer	Not excluded
28	Streptococcal infection (including scarlet fever)	Exclude until the child has received antibiotic treatment for at least 24 hours and the child feels well	Not excluded
29	Tuberculosis (excluding latent tuberculosis)	Exclude until receipt of a medical certificate from the treating physician stating that the child is not considered to be infectious	Not excluded
30	Typhoid fever (including paratyphoid fever)	Exclude until approval to return has been given by the Chief Health Officer	Not excluded unless considered necessary by the Chief Health Officer

Regulation 111

A person in charge of a primary school, education and care service premises or children's services centre must not allow a child to attend the primary school, education and care service premises or children's services centre for the period or in the circumstances:

* specified in column 3 of the Table in Schedule 7 if the person in charge has been informed that the child is infected with an infectious disease listed in column 2 of that Table; or

* specified in column 4 of the Table in Schedule 7 if the person in charge has been informed that the child has been in contact with a person who is infected with an infectious disease listed in column 2 of that Table.

*Diarrhoeal illness includes instances where certain pathogens are identified including Amebiasis (*Entamoeba histolytica*), Campylobacter spp., Salmonella spp., Shigella spp. and intestinal worms, but is not limited to infection with these pathogens.

FURTHER INFORMATION

Please contact the Communicable Disease Prevention and Control Section on 1300 651 160 or visit www2.health.vic.gov.au/public-health/infectious-diseases/school-exclusion

ATTACHMENT 2

Procedures for infection control relating to blood-borne viruses

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

Important note on blood spills

A person responding to an incident involving blood at 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

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. Put on disposable gloves.
2. 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.
3. 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.
4. Clean the affected area and cover the wound with waterproof dressing.
5. 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.
6. Wash hands in warm, soapy water and dry (follow the *Handwashing guidelines* in the *Hygiene Policy*).
7. 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.

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*).

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

8. Put on disposable gloves.
9. Do **not** try to re-cap the needle or to break the needle from the syringe.
10. Place the 'sharps' syringe disposal container on the ground next to the needle/syringe and open the lid.
11. Using tongs, pick the syringe up from the middle, keeping the sharp end away from you at all times.
12. Place the syringe, needle point down, in the 'sharps' syringe disposal container and close the lid securely on the container.
13. Repeat steps 3 to 5 to pick up all syringes and/or unattached needles.
14. Remove and place gloves in a disposable plastic bag, seal and place it in a rubbish bin inaccessible to children.
15. Clean the area with warm water and detergent/bleach, then rinse and dry.
16. 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

17. Flush the injured area with flowing water.
18. Wash the affected area with warm soapy water and then pat dry.
19. Cover the wound with a waterproof dressing.
20. Report the injury to the Approved Provider or Nominated Supervisor as soon as possible.
21. 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.
22. For incidents involving a child, contact the parents/guardians as soon as is practicable and provide a report to DET within 24 hours (refer to 'serious incident' in the *Definitions* section of this policy).
23. See a doctor as soon as possible and discuss the circumstances of the injury.

Head lice notification letter

Dear parents/guardians,

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

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

What can you do?

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

While head lice do not spread disease, they are included in the Department of Health's exclusion table which defines the minimum period of exclusion from a children's service for children with infectious diseases. According to this table, where a child has head lice, that child must be excluded until the day after appropriate treatment has commenced.

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

How do I treat my child for head lice?

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

Who do I contact if my child has head lice?

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

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

When can my child return to the service?

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

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

Kind regards,

"[Signature of Nominated Supervisor]"

"[Name of Nominated Supervisor]"

ATTACHMENT 4

ACTIONS FOR EARLY CHILDHOOD AND CARE SERVICES IN AN EPIDEMIC OR PANDEMIC EVENT

Early childhood education and care services should consider a variety of strategies to support physical distancing and good hygiene practices to reduce the risk of infection transmission within the practical limitations of an early learning environment.

The following actions are to be considered, adapted and implemented as necessary according to the education setting and the individual needs of the staff, children and the wider service community.

- Display educational materials, which can be downloaded and printed from the [Department of Health and Human Services \(DHHS\) website](#)
- Comply with National Health and Medical Research Council (NHMRC) guidance [Staying healthy: Preventing infectious diseases in early childhood education and care services](#)
- Alert your approved provider about any child or staff absenteeism due to an infectious outbreak.
- Keep parents and staff informed of the actions you are taking.

ACTIONS

Perhaps the most important action early childhood services can take to reduce the risk of infection transmission is to ensure that any unwell staff and children remain at home.

Staff or children most at risk of severe illness should individually assess appropriateness for on-site attendance at this time, with support from their medical practitioner.

It is important that visitors to early childhood services are limited to those delivering or supporting essential services and operations during a pandemic situation.

- All unwell staff and children must stay home.
- Parents/carers of children with complex medical needs (including those with compromised immune systems), should seek advice from the child's medical practitioner to support decision-making about whether on-site education and care is suitable, noting that this advice may change depending on the status of the pandemic in Victoria.
- Additional staff, including parent volunteers, should be discouraged from attending the service at this time. Ensure vigilance is maintained through the use of the visitor signing in and out record book including their contact details.
- Parent information sessions and interviews should meet physical distancing requirements of 1.5 metres between adults, or else be replaced with virtual alternatives.

HYGIENE

Everyone can protect themselves and prevent the spread of infection by continuing effective hand hygiene.

- All staff and children should undertake regular hand hygiene, particularly on arrival to the service, before and after eating, after blowing their nose, coughing, sneezing or using the toilet. You are a good role model for the children and their parents/carers, so actively talk about why everyone needs to wash their hands and the importance of everyone doing this.
- Make sure liquid soap and running water, or alcohol-based hand sanitiser, is available at the entrance of the facility and throughout.
- Tissues should be readily accessible with bins provided in each room and in outdoor areas for easy disposal.

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- Children should bring their own water bottle for use (and refilling) at the service.
 - Ensure the highest hygiene practices amongst food handlers as per NHMRC guidance [Staying healthy: Preventing infectious diseases in early childhood education and care services](#). Sharing of food should not occur.
 - Use of mobile phones by staff should be discouraged. Staff should be reminded to clean their phones regularly.

ARRIVAL AND DEPARTURE

To assist in minimising the spread of infection, procedures to reduce close proximity between attendees at the service should be considered.

- Consider the arrival and departure procedures for children and, where possible, minimise opportunities for parents and carers to gather in groups, especially in foyers and in children's play areas.
- It may be possible, for example, for children to be dropped off and picked up in the service entrance or foyer,.
- While staggered start and finish times occur naturally in some service types, early childhood education and care services will often have one arrival and pick up time. Consider how the arrival and pick up time could be spread out. One example may be to divide the group and allocate times, noting that it is not expected that session times are extended to accommodate additional arrival and departure procedures.
- Greeting parents and children at the front door in the morning and during pick up times will allow for one-on-one communication with families while practising physical distancing and providing opportunities to consider whether children are showing any signs of being unwell.

As at 9 July 2020, daily temperature checks were introduced for services in metropolitan Melbourne and Mitchell Shire to curb the spread of coronavirus (COVID-19).

As at 10 July 2020, the Victorian Chief Health Officer recommended that people in metropolitan Melbourne and Mitchell Shire wear face masks in situations where physical distancing cannot be maintained. These recommendations apply to adults over the age of 12. Face masks should not be placed on children under two.

Victoria's Chief Health Officer has confirmed that the use of face masks or coverings by adults or children is not recommended in early childhood settings at this time.

A single use facemask or cloth mask made to DHHS standards is recommended for staff performing temperature checks. Note that a cloth mask must be washed after each use before being worn again.

CONSIDERATIONS FOR TEACHING AND LEARNING ENVIRONMENTS

Maintaining a physical distance of 1.5 metres will not be practical in early childhood services. Physical distancing is most important between adults.

Reducing mixing between different age or room groups is recommended as a precautionary measure to minimise risk of spread of transmission and aid containment.

- Consider small group play, staggered mealtimes and indoor/outdoor play opportunities whenever possible.
- Windows should be open during the day to promote air flow where possible.
- Consider the setup of the room and the placement of the activities and limit the number of whole group activities.

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- Rather than having group times where everyone is sitting on the mat, consider using informal opportunities to engage with the children/read books/do storytelling with small groups of children at a time.
 - For younger children, particularly consider the rotation of toys more often and increase the frequency of cleaning toys. Sharing of toys that have been placed in mouths should be monitored and avoided.
 - Wherever possible and where you have enough staffing for adequate supervision, consider operating an indoor/outdoor program.
 - A greater range of activities will encourage children and staff to spread out more broadly.
 - Mixing of staff and children between rooms should be minimised where possible. It is acknowledged that staff may need to move between rooms to support breaks and, in these situations, staff should be reminded of the importance of hand hygiene.
 - Where multiple staff are in a room, remind staff to maintain physical distancing from each other as much as practical.

CONSIDERATIONS FOR OFFICES AND STAFF FACILITIES

- Close proximity between staff should be avoided, where possible, and especially in offices and staff rooms.
- Workstations should be spaced out as much as possible, and the number of staff in offices limited. Where possible, staff should use separate offices.
- Remind staff to maintain physical distancing from each other as much as possible in the reception, staff room and offices.

CLEANING AND FACILITIES MANAGEMENT

- Environmental cleaning, coupled with regular hand hygiene, remains important to reduce the risk of infection transmission.
- Services should maintain full adherence to the NHMRC childcare cleaning guidelines, in addition:
 - clean and disinfect high-touch surfaces at least daily (e.g. play gyms, tables, hard-backed chairs, doorknobs, light switches, phones, remotes, handles, desks, toilets, sinks, kitchenware).
 - wash and launder play items and toys including washable plush toys, as appropriate, in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.
 - note, disinfecting and cleaning of toys and equipment is not required after every use.
- Hand hygiene before and after use of shared equipment is recommended. (For example, prior to a new activity).
- Excursions should not be undertaken other than to local parks. A risk assessment will be undertaken to ascertain if bush kinder will go ahead, if permitted by DET

PROVISION OF ROUTINE CARE AND FIRST AID

Physical distancing is not practical when providing direct care. In this situation, standard precautions, including hand hygiene, are important for infection control.

- Standard precautions are advised when coming in to contact with someone for the purpose of providing routine care, assistance or first aid. Also see NHMRC guidance [Staying healthy: Preventing infectious diseases in early childhood education and care services](#).
- Always wash hands with soap and water or use a hand sanitiser before and after performing routine care or first aid.
- Additional Personal Protective Equipment (PPE), for example face masks, is not required to provide routine care or first aid for children who are well.

MANAGEMENT OF AN UNWELL CHILD OR STAFF MEMBER

It is important that any staff member or child who becomes unwell while at an early childhood service returns home. Sensible steps services can take while a child awaits collection by a parent or carer as a precaution.

- Staff or children should be isolated in an appropriate space with suitable supervision and collected by a parent/carer as soon as possible.
- Where staff or children are experiencing compatible symptoms important actions to take include hand hygiene, physical distance and where possible putting on a face mask.
- Face masks should not be used in situations where an individual is unable to safely or practically tolerate a mask (e.g. a child with complex medical needs, including existing respiratory needs, and younger children).
- Urgent medical attention should be sought where indicated.
- Health care plans, where relevant, should be updated to provide additional advice on monitoring and identification of the unwell child in the context of an epidemic or pandemic.
- If a staff member is unsure whether a child is unwell, it is advisable in the first instance to contact the parent/carer to discuss any concerns about the health status of the child and, taking a precautionary approach, request the parent/carer to collect their child if concerns remain. A trained staff member could take the temperature of the child, where appropriate, to support decision making. Gloves should be worn for the purpose of taking a temperature.
- Staff or children experiencing compatible symptoms with the infection should be encouraged to seek the advice of a healthcare professional who can advise on next steps. A medical certificate is not required to return to an early childhood setting after a period of illness, however staff and children should not return until symptoms resolve.
- Follow cleaning guidance according to the situation of the case. If a child spreads droplets (for example by sneezing, coughing or vomiting), clean surfaces immediately with disinfectant wipes while wearing gloves.

SOURCE

[Health and safety advice for early childhood education and care services in the context of coronavirus \(COVID-19\)](#), Department of Education and Training and DHHS.

ATTACHMENT 5

ACTIONS FOR SOUTH KINGSVILLE PRE SCHOOL DURING CORONAVIRUS (COVID-19) PANDEMIC

CORONAVIRUS:

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus.

SIGNS & SYMPTOMS:

- Fever
- Chills or sweats
- Cough
- Sore throat
- Shortness of breath
- Runny nose
- Loss of sense of smell or taste

In certain circumstances headache, muscle soreness, stuffy nose, nausea, vomiting and diarrhoea may also be considered.

If you have any of the symptoms, however mild, you should seek advice and get tested.

For further information see DHHS website: <https://www.dhhs.vic.gov.au/victorian-public-coronavirus-disease-covid-19#what-are-the-symptoms-of-coronavirus-covid-19>

SKPS REQUIREMENTS DURING COVID-19 PANDEMIC:

- Children and staff are NOT to attend kindergarten if they are unwell
- Parents will be contacted to collect the child if they are unwell during a session with the above symptoms or if they develop them during the day. Staff are to go home if symptoms develop.
- **If children or staff are showing symptoms of COVID-19 they are to stay home from kindergarten and get tested. They are to remain at home while waiting for test results & isolate.**
- Children & staff are to adhere to hygiene procedures while at kinder set out in SKPS Risk Assessments & guidelines from DET, DHHS & ELAA

DROP OFF AND PICK UP PROCEDURE:

- We will be requiring families to social distance on arrival and departure. We encourage only one family member to drop off and pick up.
- Families will be required to wear masks.
- Drop off and pick up will take place from the back gate, in the carpark.
- Hand sanitizer will be provided and dispensed on entry and departure.
- Temperature checks will be undertaken on children and staff when they enter the service. If a temperature is above 37.5 degrees, the child/staff member will be asked to wait 15 minutes outside the service (children with their parent/guardian) and their temperature will be rechecked in 15 minutes. If it is still above 37.5 degrees, the parent/guardian will be advised to take the child home and staff members are to return home
- Educators will take your child into the kindergarten room and exit your child on departure.
- Parents will not be permitted to enter into the kindergarten room
- Educators will sign and time your child in and out on the attendance book.

STAFFING ARRANGEMENTS DURING PANDEMIC:

- Staff who are able to work from home, should work from home when directed by the State & Federal Government
- Temperature checks will be undertaken on staff when they enter the service. If a temperature is above 37.5 degrees, the staff member will be asked to wait 15 minutes outside the service and their temperature will be rechecked in 15 minutes. If it is still above 37.5 degrees, the staff member is to return home.
- Staff are to alert the Educational Leader and President if they have symptoms and are having a test for COVID-19 as soon as possible.
- **In the event that South Kingsville Pre School is unable to safely staff the kindergarten in conjunction with child/educator ratios, due to unwell staff or staff waiting & isolating to be advised in regards to test results, the kindergarten will cancel sessions until adequate staff can be organised. This is to protect the safety of children, families and staff.**
- **Parents/Guardians and staff need to be aware that there is a strong possibility due to a case of Coronavirus at South Kingsville Pre School or South Kingsville Community Centre that both services will be required to close due to the areas (bathrooms, kitchen, playground etc..) that the services share.**

MASKS:

- As of 11:59 Wednesday July 22nd until advised by DHHS, DET and the Victorian State Government, masks are to be worn when leaving home in Metropolitan Melbourne & Mitchell Shire. This does not include children under 12.
- In kindergartens masks are therefore to be worn by parents/guardians when dropping off and picking up children
- Masks are to be worn by staff when parents/guardians are picking up & dropping off children and when they are performing temperature checks. Masks are not mandatory for staff who are working with children, unless the staff member elects to wear a mask throughout the session and at work.
- When staff are working in the office they are required to wear a mask.
- **DISPOSABLE MASKS:** Staff wearing disposable masks are to dispose of in a hygienic safe manner when they are not wearing the mask.
- **REUSABLE MASKS:** When staff are not wearing their reusable mask they are to store it in a zip lock plastic bag while at kinder.

CLOSURE OF SOUTH KINGSVILLE PRE SCHOOL

- In the situation where there is a confirmed case of Coronavirus (COVID-19) at South Kingsville Pre School or South Kingsville Community Centre Occasional Care, the **Communication Flow Chart** (see Attachment 6) is to be followed.
- Follow the advice and any guidelines provided by DHHS in regards to action to be taken and information required for contact tracing.
- In the event there is a delay in contact or response from DHHS, the Committee of Management and the Educational Leader to follow SKPS guidelines until DHHS are able to be involved.

If there is a case of Coronavirus (COVID-19) at South Kingsville Pre School, the following steps will be taken by South Kingsville Pre School:

- The kindergarten is closed, with no one entering the site until a deep clean has taken place and we have details from DHHS that it is acceptable to reopen.
- Educational Leader, President and/or admin staff to contact families via email and text alerting them to closure of the service. Emails sent to families can be modelled on the DET templates for closure in the Closure Communication Pack. Staff are also to be contacted and made aware not to return to the kinder until advised it is safe to do so. <https://www.education.vic.gov.au/childhood/Pages/closure-preparedness.aspx>
- Collect contact tracing information required by DHHS on Contract Tracing Spreadsheet.

All staff and children are to self isolate and get tested if they have any symptoms. Families will then need to await further instruction from South Kingsville Pre School to see if and when asymptomatic children will need to be tested, once we have advice from the Department of Health and Human Services.

- **Children and staff are not to return to kindergarten until they receive their test results. If you do not wish for your child to be tested they will not be able to return to kindergarten for 14 days.**
- **In the event that there is a confirmed case of Coronavirus in a kindergarten group or staff member, families can contact the 24 hour Coronavirus `Hotline 1800675398 for further advice.**
- If the test results are positive, the child or staff member needs to self isolate for 14 days and follow any instructions given to them by DHHS.
- Children or staff who have contracted Coronavirus, need to return a negative test result in order to return to the kindergarten.
- SKPS President or Educational Leader to contact SKPS cleaner for a “deep clean” of the kindergarten following the DET Cleaning and Disinfecting Protocols. <https://www.education.vic.gov.au/childhood/Pages/closure-preparedness.aspx>
- During closure staff are required to maintain regular contact with families and staff, reassuring them and helping them understand the process that is underway. See link for resources in different languages. <https://www.education.vic.gov.au/childhood/Pages/closure-preparedness.aspx>

LINKS

[Department of Health & Human Services](#)

[Department of Education Early Learning Association Australia](#)

ATTACHMENT 6

COMMUNICATION CHART FOR A CONFIRMED CASE OF CORONAVIRUS (COVID-19) AT SOUTH KINGSVILLE PRE SCHOOL OR SOUTH KINGSVILLE COMMUNITY CENTRE

South Kingsville Pre School OR South Kingsville Community Centre is notified of a confirmed case of a child or staff member with COVID-19, by a family member, staff member or DHHS.

Notify Elissa Stafford Educational Leader on 0412480030. Elissa will notify all staff members via text or email.

*Call DET Coronavirus Hotline **1800338663**. A case manager will be assigned to assist the service. *Advise the Department of Education's (DET) Quality Assessment and Regulation Division (QARD) on **1300 307 415**. *Elissa to lodge a notification through [National Quality Agenda IT System](#) or educators call **1300307415**. *Advise DET Regional Office, Footscray on **1300333232** DET will seek advice from the DHHS Public Health Team to verify the case. Follow their instructions and requirements. *Call and advise **Worksafe on 132360** within 48 hours & they will email an **Incident Notification Form** to complete & return.

Notify President Emma Butler on 0411248988

If advised of COVID-19 case while kinder session in progress:

Notify parents/guardians via text message to collect their child.

Sample message: The Department of Health and Human Services (DHHS) has confirmed that someone at (**insert: South Kingsville Pre School or South Kingsville Community Centre**) has tested positive for coronavirus (COVID-19). We have just been advised of the situation and the appropriate authorities have been contacted. Can you please come and collect your child as soon as you are able. If there are any problems in getting here, please text us or call the kindergarten (93919780). There is no need to panic or rush. We will communicate more to families when we are advised by the authorities.

Notify Sandra Wilkinson Manager at South Kingsville Community Centre on **0424619543**

Kindergarten Mobile: In the case of a closure and staff are at the centre and the Educational Leader is absent, Dawn or Rachel to take kindergarten mobile home so it is easily accessible for Educational Leader to collect from them.

After instructions and advice from DET & DHHS, the appropriate email template from the **DET Initial Closure Communication Pack** will be sent out by the Educational Leader, President or Admin staff to inform families of the situation and if they need to do anything. This will advise families of possible closure, deep cleaning etc... DHHS & DET will advise individuals from our service who are close contacts & in regards to testing.

IN THE EVENT OF A DELAY IN CONTACT FROM DHHS:

Closure of the kindergarten

Emails sent to families to alert to kindergarten closure

Families/staff encouraged to remain isolated until hear from SKPS & get tested if symptomatic

Anyone testing positive is to self isolate for 14 days and not return to kindergarten until they have a negative result.

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