

## YMCA Geelong- Accident, Illness, Immunisation & Infectious Diseases Policy



### OFFICE USE ONLY

Policy Number	Date Approved	Date Last Amended	Status
YG 145-O	05/03/2020	05/03/2020	APPROVED

### 1. ACCIDENT, ILLNESS, IMMUNISATION & INFECTIOUS DISEASES POLICY

### 2. INTRODUCTION

The YMCA Geelong endeavours to minimise the risk of accident, injury and illness in its workplace, programs and services. Where an accident, injury and illness occurs the YMCA will take action to manage it in an effective, timely, and in a confidential manner. Immunisation is a personal responsibility and the YMCA respects this decision. This policy outlines our requirements and practices that will address accident, illness and infectious disease controls.

### 3. POLICY

The aim of this policy is;

- To ensure all educators and parents are aware of the importance of disease prevention.
- To ensure all parents and educators are aware of their rights and responsibilities if they choose not to have their child immunised.
- To ensure educators are aware of their responsibilities when an outbreak occurs.

**3.1** Manage any accident, injury and illness in a timely, effective and confidential manner

**3.2** Minimise any worsening of an accident, injury and illness through effective management and intervention

**3.3** Ensure all YMCA reporting requirements are met

**3.4** Ensure all legislative reporting requirements are met

**3.5** YMCA staff caring for any person(s) will assume responsibility for acting in the best interests of those people in the event of an accident, injury and illness

**3.6** YMCA staff will assess situation and take necessary steps to remove any danger, stabilise immediate environment, assist any individuals who require immediate attention,

**3.7** If required call 000 and ask for relevant emergency service – ambulance, police, fire

**3.8** YMCA staff who hold a current 1<sup>st</sup> aid certificate will administer 1<sup>st</sup> aid where required

**3.9** Where required YMCA staff will contact a nominated person to assist a patient home

**3.10** YMCA Staff will keep patient comfortable until nominated person arrives

**3.11** Wherever possible transport of patients by YMCA staff in private or YMCA vehicles will be avoided

**3.12** An accident, injury and illness form will be completed immediately after and ensure relevant authorities are appropriately notified

**3.13** If the child is taken to the hospital or requires medical attention the secretary will be notified

**3.14** All YMCA centres will maintain an appropriately stocked first aid kit in a secure location accessible to staff but not to children

**3.15** All media requests must be referred to the CEO, no YMCA staff member will comment to the media.

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- 3.16** A courtesy phone call will be made by a YMCA Staff member after any significant accident, injury and illness to enquire about recovery

**Additional actions if casualty is a child;**

- 3.17** The child will be supervised at all times by a YMCA staff member, whilst they remain in the care of the YMCA.
- 3.18** Parent/ guardian of child will be contacted as soon as possible, if not contactable emergency contact persons will be notified
- 3.19** An ambulance may be called if injury/illness is deemed serious

**Additional actions if casualty is a staff member;**

- 3.20** Injury must be reported to YMCA insurance within 48 hours of the incident as per Procedures for accident, injury and illness Reporting

**IMMUNISATIONS**

3.21 Immunisation is what happens in your body after you have had a vaccination. The vaccine, which contains inactivated or weakened viruses or bacteria (or parts of them), stimulates your immune system so that it can recognise and protect you from future infection (i.e. you become immune to the infection).

Immunisation also protects other people who are not immunised, such as children who are too young to be immunised, or people whose immune systems did not respond to the vaccine. This is because the more people who are immunised against a disease, the lower the chance that a person will ever come into contact with someone who has the disease. The chance of an infection spreading in a community therefore decreases if a large proportion of people are immunised, because the immune people will not become infected and can protect the vulnerable people; this is known as 'herd immunity'.

Immunisation is a simple, safe and effective way of protecting children against harmful diseases that can cause serious health problems and sometimes death.

The health of children is paramount and the aim is to increase immunisation rates in the community. The choice not to vaccinate on the grounds of vaccination objection is neither supported by public health policy or medical research.

**Procedures**

- Parents who wish to enrol their child are required to provide evidence of their child's immunisation record.
- Parents are required to present the child's immunisation record at the time of enrolment and as required when updates are completed.
- This information allows children at risk of catching a vaccine preventable disease to be identified if there is a case of that disease at the service.
- The Australian Childhood Immunisation Register (ACIR) maintains immunisation records for children up until their seventh birthday. You can obtain an ACIR Immunisation History Statement for your child by calling 1800 653 809.

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- If there is a case of a vaccine preventable disease at the service and your child has not been immunised/their records indicate they have not been immunised, they may be excluded from the service for a period of time or until evidence of immunisation in an approved record is provided.
- If a child is not fully immunised and has been in contact with someone with a vaccine preventable disease outside of the service, they may need to be excluded from the service for a period of time.
- It is the responsibility of families to inform the service that their child has come into contact with someone with a vaccine preventable or infectious disease.
- If you cannot provide an immunisation record for your child you may provide a statutory declaration stating either that your child has been immunised or that you don't know if your child has been immunised for each disease on the schedule. If you are unsure whether your child has been immunised, the service will take the approach that your child is not immunised and request that you seek medical attention.
- To be fully immunised your child needs to have received all vaccines recommended for their age as part of the National Immunisation Program (NIP). Homeopathic immunisation is not recognised.

#### **To determine when a person should be excluded:**

- Identify whether the symptoms or a diagnosed illness have an exclusion period.
- Refer to the National Health Medical Research Council (NHMRC) for the recommended minimum periods of exclusion
- Advise the parents or Educator when they may return to the education and care service.

'No Jab, No Play' is the name of the Victorian Government legislation that requires all children to be fully vaccinated unless they have a medical exemption to be enrolled in childcare or kindergarten in Victoria. This does not apply to Outside School hours Care Services.

#### **Catering for Children with overseas immunisation records**

- Overseas immunisation schedules often differ from the schedule recommended in Australia and a child may require extra vaccinations to be up to date with the Australian schedule.
- Parents are responsible for having their child's overseas immunisation record transcribed onto the Australian Childhood Immunisation Register (ACIR), if your child is less than seven years of age.
- A medical practitioner, registered nurse, registered midwife, enrolled nurse, or a person authorised by the state/territory Health Officer may transcribe overseas immunisation records.

#### **Educators Immunisation**

It's recommended by the NHMRC that Educators be immunised against:

- Hepatitis A
- MMR (measles, mumps, rubella)

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- Pertussis (Whooping Cough)
- Influenza

### Disease Prevention

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

- effective hand hygiene
- exclusion of ill children and Educators
- Immunisation
- cough and sneeze etiquette
- appropriate use of gloves
- effective environmental cleaning.

### Effective hand hygiene

Hand hygiene is one very effective way to control the spread of infection. Hand hygiene is a general term that refers to washing hands with soap and water, or using an alcohol based hand rub. Hands can play an important role in the spread of infection. The best way to prevent the transmission of disease is through effective hand hygiene. This can be done with soap and water, which removes both dirt and germs from the hands; or by using an alcohol-based hand rub, which reduces the number of germs on the hands.

### COMMUNICABLE DISEASES EXCLUSION TABLE 3.22 Minimum Period of Exclusion from Schools and Children's Services Centres for Infectious Diseases Cases and Contacts (inclusive of YMCA Camp and Stadiums Programs)

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 Regulation 85 of the Public Health and Wellbeing Regulations 2009 – Schedule 7. . In this Schedule 'medical certificate' means a certificate of a registered medical practitioner.

Conditions	Exclusion of cases	Exclusion of contacts
Amoebiasis ( <i>Entamoeba histolytica</i> )	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Campylobacter	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Chicken pox	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
Corona Virus (CoVid-19)	Exclude for 14 days post travel /return from a country/ location that has been deemed by Australia Health Department affected by the	Any child or adult with compromised respiratory conditions.

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Conditions	Exclusion of cases	Exclusion of contacts
	virus (self exclusion)- Seek medical treatment . Excluded from service /program if patron/staff member has symptoms for corona virus until medically cleared to return. <a href="https://www.health.gov.au/health-topics/novel-coronavirus-2019-ncov#what-is-coronavirus-covid19">https://www.health.gov.au/health-topics/novel-coronavirus-2019-ncov#what-is-coronavirus-covid19</a>	
Conjunctivitis	Exclude until discharge from eyes has ceased	Not excluded
Diarrhoea	Exclude until 48 hrs from the last time of diarrhea or until medical certificate of recovery is produced	Not excluded
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 Secretary
<i>Haemophilus influenzae</i> type b (Hib)	Exclude until at least 4 days of appropriate antibiotic treatment has been completed medical certificate of recovery is received	Not excluded
Hand, Foot and Mouth disease	Exclude until all blisters have dried	Not excluded
Hepatitis A	Exclude until a medical certificate of recovery is received, but not before 7 days after the onset of jaundice or illness	Not excluded
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
Human immuno-deficiency	Exclusion is not necessary	Not excluded

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<b>Conditions</b>	<b>Exclusion of cases</b>	<b>Exclusion of contacts</b>
virus infection (HIV/AIDS)		
Impetigo	Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing	Not excluded
Influenza and influenza like illnesses	Exclude until well	Not excluded unless considered necessary by the Secretary
Leprosy	Exclude until approval to return has been given by the Secretary	Not excluded
Measles	Exclude for at least 4 days after onset of rash	Immunised contacts not excluded. Unimmunised contacts should be excluded until 14 days after the first day of appearance of rash in the last case. If unimmunised contacts are vaccinated within 72 hours of their first contact with the first case, or received normal human immunoglobulin within 6 days of exposure, they may return to school
Meningitis (bacteria)	Exclude until well	Not excluded
Meningococcal infection	Exclude until adequate carrier eradication therapy has been completed	Not excluded if receiving carrier eradication therapy
Mumps	Exclude for 9 days or until swelling goes down (whichever is sooner)	Not excluded
Poliomyelitis	Exclude for at least 14 days from onset. Re-admit after receiving medical certificate of recovery	Not excluded
Ringworm, scabies, pediculosis (head lice)	Exclude until the day after appropriate treatment has commenced	Not excluded
Rubella (german measles)	Exclude until fully recovered or for at least four days after the onset of rash	Not excluded
Salmonella, Shigella	Exclude until there has not been a loose bowel motion for 24 hours.	Not excluded

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<b>Conditions</b>	<b>Exclusion of cases</b>	<b>Exclusion of contacts</b>
Severe Acute Respiratory Syndrome (SARS)	Exclude until medical certificate of recovery is produced	Not excluded unless considered necessary by the Secretary
Streptococcal infection (including scarlet fever)	Exclude until the child has received antibiotic treatment for at least 24 hours and the child feels well	Not excluded
Tuberculosis	Exclude until receipt of a medical certificate from the treating physician stating that the child is not considered to be infectious	Not excluded
Typhoid fever (including paratyphoid fever)	Exclude until approval to return has been given by the Secretary	Not excluded unless considered necessary by the Secretary
Verotoxin producing <i>Escherichia coli</i> (VTEC)	Exclude if required by the Secretary and only for the period specified by the Secretary	Not excluded
Whooping cough	Exclude for 21 days after the onset of cough or until they have completed 5 days of a course of antibiotic treatment	Contacts aged less than 7 years in the same room as the case who have not received three effective doses of pertussis vaccine should be excluded for 14 days after the last exposure to the infectious case, or until they have taken 5 days of a course of effective antibiotic treatment course of antibiotics
Worms (Intestinal)	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded

Exclusion of cases and contacts is NOT required for Cytomegalovirus Infection, Glandular fever (mononucleosis), Hepatitis B or C, Hookworm, Molluscum contagiosum, or, Parvovirus (erythema infectiosum fifth disease).

### **3.23 Exclusion guidelines for food handlers, health care workers and childcare workers for gastroenteritis illnesses**

The following table indicates the exclusion guidelines in childcare services/camp facilities for gastroenteritis illnesses, as per the Victorian industry guides for the management and control of gastroenteritis outbreaks in children's centres and camp facilities.

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<b>Gastrointestinal illness/pathogen</b>	<b>Exclusion period advised</b>
<i>Cholera, Shigella, STEC/VTEC</i>	Until 2 successive negative faecal specimens are taken 24 hours apart, and not less than 48 hours after taking antimicrobials. Food handlers, health care workers and childcare workers need to be counseled on personal hygiene before returning to work.
<i>Typhoid and Paratyphoid</i>	Until 3 consecutive negative stools are taken one week apart, and not less than 48 hours after taking antimicrobials. Cases who continue to excrete for 90 days or more are not to engage in food handling.
Other bacterial gastroenteritis (including <i>Campylobacter, Salmonella, Staphylococcus, Clostridium, Helicobacter, Vibrio, Listeria, Entamoeba</i> ). <i>Giardia</i> or <i>Cryptosporidium</i> .	Until diarrhea has ceased. Food handlers, health care workers and childcare workers to be counseled on personal hygiene before returning to work.
Hepatitis A or E	Until a medical certificate of recovery is received, but not before 7 days after onset of jaundice or illness. Food handlers with acute hepatitis illness should be excluded from work until laboratory tests confirm that the infection is not due to either Hepatitis A or E.
Other viral gastroenteritis (including rotavirus and norovirus), or when the pathogen is unknown	Until 48 hours after symptoms have ceased.

### 3.24 Instructions for the control and management of gastroenteritis outbreaks

In the event of a gastroenteritis outbreak, staff are to refer to the 'gastro kit' located on site, which includes a flowchart outlining required actions of staff, PPE equipment and cleaning chemicals.

For further instructions to the handling of gastroenteritis illnesses, refer to the [Guide for the Management and Control of Gastroenteritis Outbreaks in Camp Facilities/Children's Centres](#) as per the Victorian Department of Health.

### 3.25 PROCEDURES FOR REPORTING:

Notify Community Programs Co-ordinator /Manager/ Health and Safety Officer that incident or accident or the notification of a communicable disease has occurred

- If incident/ accident has involved the police, fire or ambulance or is deemed a critical incident the CEO must be notified
- If the incident/accident involves a child at one of the YMCA Geelong Children's Services, the Department of Education & Early Childhood Development must be notified by phone & then Team Leader must complete a "Serious Incident Notification" this must be lodged within 24 hours of the incident occurring. If incident/ accident is a critical incident( staff member or patron dies or sustains serious injury or illness please refer to Critical Incidents Policy & Procedures. If the illness is an infectious disease please refer to Victorian Infectious Disease Guidelines
- Determine if event requires an Accident or Incident form (or both) to be completed.
- Complete relevant form as soon as practicable after the event and no later than within 24 hours

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- If a significant injury or illness has occurred ensure courtesy phone call is made by appropriate staff person after the event to enquire about recovery
- At no stage should any admission of liability be made by a YMCA staff person
- Under no circumstances should contact or comment be made to the media by YMCA staff or volunteers. Any media enquiries must be referred to the CEO
- Any incident or accident that results in death or serious injury, including to a person other than an employee, or that could have caused death or serious injury must be reported to Workcover as soon as practicable and no later than within 7 working days. See <http://www.workcover.vic.gov.au/docs/injreport.htm> for details

Incident Report Form	Accident Report Form
Accurately record all details	Accurately record all details
If incident involves child ensure parent/guardian signs the form	Form must be signed by casualty or parent/guardian of casualty
Forward form to coordinator/ manager	Remains in the centre with a copy given to Children's Services Director
Treat form with confidentiality	Treat form with confidentiality
Details entered into extranet online reporting (as directed by Children's Services Director/CEO)	Details entered into extranet online reporting (as directed by Children's Services Director/CEO)
Hard copy forms brought by CEO to Operations Meetings	Copy brought by CEO to Operations Meeting
All forms retained on file at Childcare Centre and YMCA and archived according to YMCA procedures	All forms retained on file at Childcare Centre and YMCA and archived according to YMCA procedures

**3.26 In addition if illness, injury or incident involves a child;**

- Notify parents/guardians as listed on enrolment form
- If parent/guardian are not available contact nominated emergency contact persons on enrolment form
- In the event of a Critical Incident or an incident where a child has been transported by emergency services, when notifying parent/guardian or nominated contact YMCA staff must state the following; **“There has been an incident involving [ Name of person] all matters are under control. Can you please make your way immediately to [name of your centre or provide name and address of hospital or police station to where person has been taken]”**
- **No further details regarding the condition of the person must be disclosed by YMCA staff.**
- In the event of a minor injury or illness where parents need to be notified to collect the child YMCA staff may provide details of the condition of the child.
- In any Licensed YMCA Children's Service the Director of Children & Early Learning must be notified by phone as soon as practical followed by submission of a copy of the relevant report no later than the next working day for the following;
  - Any significant incident that affects the provision of care or the wellbeing of children (excluding illness or accidents)
  - Any accident or incident that requires medical intervention or hospitalisation or results in the death of a child
  - If a child dies from non accidental causes

**In addition, if injury, incident or illness involves a staff member**

- If injury, incident or illness involves a staff person the Director of Children & Early Learning/CEO must be informed immediately. CEO will inform the Human Resources Executive Manager if required.

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- If injury, incident or illness involves a staff person a photocopy of report form must be placed on their personnel file
- If a staff person is injured a report must be made within 48hours to the YMCA's insurance company this ensures a claim number is created for the incident and ensures the casualty and the YMCA are covered should a worker's compensation claim arise from the accident.
- All Workcover forms should be forwarded to the finance and operations manager.
- All workers compensation claims that proceed must be forwarded to the Finance and operations Manager promptly, along with all receipts and documentation as they come in

Incidents can be recorded using the [Incident, Injury, Trauma & Illness Report Form](#) accessed through the ACECQA website.

#### 4. DEFINITIONS

#### 5. SCOPE

The scope of this policy applies to all YMCA Geelong operations.

#### 6. ROLES AND RESPONSIBILITIES

Department/Area	Role/Responsibility
Operations Staff	All Educators are responsible for the daily implementation of the policy when directly supervising children.
Community Programs Co-ordinator / Centre Director / Centre Coordinator / Camp Manager	Is responsible for ensuring suitable resources and support systems to enable compliance with this policy. Drive the consultation process and provide leadership and advice on the continuous improvement of the policy.
Community Programs Co-ordinator / Centre Director / Centre Coordinator / Camp Manager	Is responsible for the development, monitoring and review of the Policy and related systems, ensuring all content meets all legislated requirements. Facilitate annual policy training to Children's Services Educators on the appropriate implementation and use of policy.
CEO	Approve the Policy Provide official sign off on the Policy

#### 7. MONITORING, EVALUATION AND REVIEW

The Policy will be reviewed three years from the date of initial approval.

The ongoing monitoring and compliance to this policy will be overseen by Centre/Service Managers. The National Quality Framework Ratings and Assessment process, and Service Approval conditions, will also assist in the external audit and monitoring of the policy, by delegates of the Department of Education and Early Childhood Development.

The evaluation of the policy will be facilitated by the policy owner using stakeholder feedback to drive continuous improvement and reflect service users' comments where practical. The active

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engagement of all key stakeholders will ensure the policy is reviewed in accordance with the YMCA Victoria Policy Framework and National Quality Framework.

## 8.SUPPORTING DOCUMENTS (LINKS TO PROCEDURES, LEGISLATION, FORMS, WORK PRACTICES)

1. [Victorian Early Years Learning and Development Framework \(VEYLDF\)](#)
2. [National Early Years Learning Framework \(EYLF\)](#)
3. [My Time, Our Place: Framework for School Age Care in Australia](#)
4. [Education and Care Services National Law Act](#)
5. [Education and Care Services National Regulations 2011](#)
6. [A Guide to for the Management and Control of Gastroenteritis Outbreaks in Children's Centres](#)
7. [A Guide for the Management and Control of Gastroenteritis Outbreaks in Camp Facilities](#)
8. [Victorian Infectious Disease Guidelines](#)
9. [Victorian Notifications Procedures for Infectious Diseases](#)
  - a. Medical Conditions Policy
  - b. Administration of First Aid Policy
  - c. Administration of Medication Policy
  - d. Orientation and Enrolment Policy
10. [Coronavirus update](#)

## 9. DOCUMENT HISTORY

Approved by: Chief Executive Officer

Effective date: July 28/11/2018 05/03/2020

Review date: 14/03/2017, 27/11/2018, 05/03/2020

Next review: 14/03/2021

Policy Owner: Health & Safety Change Agent

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As Adopted and reviewed by the YMCA of Geelong Inc on 05.03.2020



Chief Executive Officer YMCA Geelong Inc.

Amendment History:

Version	Date	Author	Change Description
V1	July 2011	Kimberley Maher	Document created
V2	July 2012	Kimberley Maher	Reviewed
V3	04/04/2014	Shona Eland	Uploaded to YMCA Geelong Policy Template included scope, monitoring and evaluation clauses.
V4	Jan/Feb 2017	Jack Trimble	<p>The Communicable Diseases Exclusion Table (incorporated from the Health (Infectious Diseases) Regulations 2001 which have since been repealed) replaced by the Public Health and Wellbeing Regulations 2009.</p> <p>Inclusion of an exclusion guidelines table for gastroenteritis illnesses, as per the Victorian industry guides for the management and control of gastroenteritis outbreaks in children's centres and camp facilities.</p> <p>Incorporated the guides for the management and control of gastroenteritis outbreaks in children's centres and camp facilities into the YMCA policy.</p> <p>Added links to the Victorian Health Infectious Diseases Guidelines for the event of an infectious disease outbreak.</p> <p>Amended Responsibilities table to include Centre Director / Centre Coordinator / Camp Manager as well as Community Programs Coordinator</p> <p>Added link to Incident, Injury, Trauma &amp; Illness Report Form accessed through the ACECQA website.</p> <p>Added:</p> <ul style="list-style-type: none"> <li>• Flowchart</li> <li>• Appendix 1 – Case List template</li> <li>• Appendix 2 – Cleanup Procedures for all Gastro Outbreaks</li> <li>• Appendix 3 – Instructions for collection of faecal specimens</li> <li>• Appendix 4 – Control Measures for all Gastro Outbreaks</li> <li>• Appendix 5 – hand washing procedures</li> </ul>
V5	Approved by SMT 14/03/2017	Rebecca Johnson	Removed Appendix 4 – instructions for collection of faecal specimens and updated the flowchart and case list template to reflect this.
V6	27/11/2018	Shona Eland	Change the policy name to <b>Accident, Illness, Immunisation &amp; Infectious Diseases Policy</b> Inserted Clause 3.23 Immunisations

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V7	05/03/2020	Shona Eland	Added Corona Virus ( Covid-19) to the Infectious diseases register.
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## Appendix 2. Clean up Procedures for all Gastro Outbreaks

### General clean-up procedures for all gastro outbreaks (Camp Facility)

- **Protective clothing**, such as disposable gloves and plastic aprons, should be used when cleaning up vomit and diarrhoea. **These can be found in the Infectious Diseases Outbreak Kit, located in the (Enter location here).**

### Kitchen

- **Clean and sanitise all work surfaces:**

- benches,
- shelving,
- doors,
- door and cupboard handles,
- storage areas, sinks, floors and any other areas possibly contaminated.

Hot water and detergent should be used to wash, followed by a solution of 1,000ppm of available chlorine as a disinfectant. Leave disinfectant on surfaces for ten minutes then rinse with cold water and dry.

- **All kitchen food contact surfaces** (such as utensils, equipment, crockery and cutlery) must be cleaned and sanitised. This should be done by washing with hot water and detergent, sanitising, and then rinsing with clean cold water. Sanitising can be carried out in one of the following ways:

- -- Immersing in hot water at a minimum of 82°C for two minutes. This can be done in a dishwasher as long as the rinse cycle reaches this temperature.
- -- Washing by hand then immersing in 100ppm of available chlorine for at least three minutes at 50°C. Water from the hot water tap should be 50°C.
- -- For equipment that cannot be completely immersed, 200ppm of chlorine should be used on all surfaces for 10 minutes.

- **All other communal areas** must be cleaned and disinfected. This includes games rooms, staff rooms, halls, rehearsal rooms, dining areas, sick bays, first aid rooms, music rooms, playgrounds, outdoor equipment and accommodation facilities. Hot water and detergent should be used to wash, followed by a solution of 1,000ppm of available chlorine as a disinfectant. Leave disinfectant on surfaces for ten minutes then rinse with cold water and dry.

- **Toilet/bathroom areas** must be cleaned thoroughly, including toilet bowls, hand wash basins, tap handles, doors, door handles, toilet flush buttons/handles, floors and any other areas that may have been contaminated. Hot water and detergent should be used to wash, followed by a solution of 1,000ppm of available chlorine as a disinfectant. Leave disinfectant on surfaces for ten minutes then rinse with cold water and dry.

- **For cleaning of faecal accidents and vomit**, ensure that disposable brushes, mops and cloths are used and discarded after use.

- **All carpets contaminated by vomit and/or faeces** should be steam cleaned, as high temperature and moisture are required to kill viruses. Clean all surface soiling thoroughly with hot water and detergent.

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Then use a vapour steam cleaner that boils the water until it turns to steam, rather than carpet cleaners as these use lower temperature hot water to wet the carpet (they are often called 'steam cleaners' but do not actually use steam). True steam cleaners release steam under pressure, which ensures that the temperature is above 100°C, and the carpet dries quickly.

**As some viruses can survive for extended periods of time in the environment, and infection generally results in short-term immunity only, the following is advised:**

- **Mattresses and soft furnishings** (including pillows, curtains and doonas) that have been contaminated by vomit and/or faeces should be steam cleaned, including carpets in accommodation rooms, dormitories and communal areas such as dining rooms and games rooms. If this is not possible consideration should be given to discarding them.
- **All soiled linen, including sheets, towels and blankets**, should be laundered separately using the hottest washing machine cycle. The Australian Standard AS/NZS4146 (2000) provides guidelines for correct laundry practice, including water temperatures and times for correct disinfection.
- **Disposable gloves should be worn** to handle soiled linen and clothing, and hands must be washed immediately after removing gloves.
- **Vacuum cleaning carpets** and polishing floors should be avoided during an outbreak, as these can cause viruses to re-circulate and continue to infect people.
- **Bus companies or other transport** used by the camp or by the affected group(s) attending the camp, must be contacted to advise of the need for cleaning (as above) of any vehicles that may have been contaminated by cases, particularly where vomiting has occurred in a vehicle. It is essential that this is conducted before the vehicle is used again.

## General clean-up procedures for all gastro outbreaks (Children's Centres)

- Protective clothing, such as disposable gloves and plastic aprons, should be used when cleaning up vomit and diarrhoea. These can be found in the Infectious Diseases Outbreak Kit, located in the (Enter location here).

### Kitchen

- Clean and sanitise all work surfaces:
  - benches,
  - shelving,
  - doors,
  - door and cupboard handles,
  - storage areas, sinks, floors and any other areas possibly contaminated.

Hot water and detergent should be used to wash, followed by a solution of 1,000ppm of available chlorine as a disinfectant. Leave disinfectant on surfaces for ten minutes then rinse with cold water and dry.

- **All kitchen food contact surfaces must be sanitised** (such as utensils, equipment, crockery and cutlery), which should be done by washing with hot water and detergent, sanitising, and then rinsing with clean cold water. Sanitising can be carried out in one of the following ways:

- Immersing in hot water at a minimum of 82°C for two minutes. This can be done in a dishwasher as long as the rinse cycle reaches this temperature.
- Washing by hand then immersing in 100ppm of available chlorine for at least three minutes at 50°C. Water from the hot water tap should be 50°C.
- For equipment that cannot be completely immersed, 200ppm of chlorine should be used on all surfaces for 10 minutes.

- **All other areas of the premises should be cleaned.** Hot water and detergent should be used to wash, followed by a solution of 1,000ppm of available chlorine as a disinfectant. Leave disinfectant for ten minutes then rinse with cold water and dry.

- **Toilet/bathroom areas must be cleaned**, including toilet bowls, hand wash basins, tap handles, doors, door handles, toilet flush buttons/handles, floors and any other areas that may have been contaminated. Hot water and detergent should be used to wash, followed by a solution of 1,000ppm of available chlorine as a disinfectant. Leave disinfectant on surfaces for ten minutes then rinse with cold water and dry.

- **All items or fittings that are touched frequently must be washed with detergent and hot water**, sanitised for ten minutes with 1,000ppm chlorine solution, then rinsed with cold water. This includes toilet seats, potties, cupboard handles, tables, cots, high chairs, booster seats and change tables – always use disposable cleaning equipment.

- **Ensure that when a faecal accident has occurred, all surrounding surfaces are cleaned using hot water and detergent** followed by 1,000ppm of available chlorine for 10 minutes as a disinfectant and rinsed with cold water and dried – this includes nappy changing tables. Ensure that when vomiting has occurred, all surrounding surfaces are cleaned using hot water and detergent followed by 1,000ppm of

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available chlorine for 10 minutes as a disinfectant, and rinsed with cold water and dried. All children and staff should be immediately removed from the area for at least one hour (when a case vomits a fine mist of virus particles is introduced into the air and can easily infect others and contaminate surfaces). Any uncovered food in the immediate area must be discarded.

- **For cleaning of faecal accidents and vomit** ensure that disposable brushes, mops and cloths are used, and discarded after use.
- **All carpets contaminated by vomit and/or faeces should be steam cleaned**, as high temperature and moisture are required to kill viruses. Clean all surface soiling thoroughly with hot water and detergent. Then use a vapour steam cleaner that boils the water until it turns to steam, rather than carpet cleaners as these use lower temperature hot water to wet the carpet (they are often called 'steam cleaners' but do not actually use steam). True steam cleaners release steam under pressure, which ensures that the temperature is above 100°C, and the carpet dries quickly.
- **Do not allow babies and toddlers to crawl, sit or play on carpeted areas** where vomiting has occurred until after steam cleaning has been conducted – it is advisable to barricade/close the area.
- **Cleaning of toys is important to reduce the spread of disease**, especially during an outbreak. Toys should be washed regularly throughout the day with detergent and hot water, and then sanitised for ten minutes with 100ppm of available chlorine, and rinsed in cold water. Some toys can be washed in a dishwasher at the end of each day, and these will be effectively sanitised if the rinse cycle is 82° C or above.
- **Remove any soiled toys from use** until they can be washed, sanitised and dried.
- **All rooms used for family groupings and combined group activities should be cleaned** at the beginning and end of every day.
- **All outdoor play equipment should be cleaned** at the end of every day.

**As some viruses can survive for extended periods of time in the environment, and infection generally results in short-term immunity only, the following is advised:**

- **Mattresses and soft furnishings (including pillows, curtains, couches, cushions and doonas)** that have been contaminated by vomit and/or faeces should be steam cleaned. If this is not possible, consider discarding them.
- **All soiled linen, including sheets, towels and blankets, should be laundered separately** on the hottest washing machine cycle. The Australian Standard AS/NZS4146 (2000) provides guidelines for correct laundry practice, including water temperatures and times for correct disinfection.
- **Always wear disposable gloves when handling soiled linen, soft furnishings and toys**, and wash hands thoroughly immediately after removing gloves.
- **Avoid vacuuming carpets and polishing floors during an outbreak**, as these can cause viruses to recirculate and continue to infect people.

### Appendix 3: Control Measures for all Gastro Outbreaks

#### General control measures for all gastro outbreaks (Camp Facility)

The following infection control procedures must be implemented as soon as possible after a gastro outbreak is suspected, and should continue until the outbreak has been confirmed as being over (48 hours after symptoms have ceased in the last case – no further cases of illness occurring). The local government EHO will check that the following control measures and cleaning tasks are underway.

- **Isolate any persons with gastrointestinal symptoms** in an appropriate room (for example sick bay, first aid room, a bedroom removed from others). Sleeping arrangements may need to be reorganised to minimise contact between those who are ill and with those who are not.
- **Parents of ill children/students should be contacted immediately** and requested to collect their child, and take them home as soon as possible.
- **Ill adults in the attending group (some of whom may be staff, for example teachers accompanying a school group) are to be isolated** or advised to go home and not to return to work until 48 hours after symptoms have ceased.
- **Ascertain if any food handling staff have been ill with gastrointestinal symptoms** (this includes all kitchen staff, waiting staff, serving staff/volunteers and may include nursing or child care staff) and ensure that they are sent home and do not return to work until 48 hours after symptoms have stopped, or, if the pathogen is known, for the time period specified in the guidelines for exclusion.
- **Check if any staff of the camp (food handling staff, cleaners, tour operators, activity supervisors) have been ill** and, if so, send them home, requesting that they do not return to work until 48 hours after symptoms have ceased or, if the pathogen is known, for the time period specified in the advice for exclusion, (Appendix 3).
- **Assign staff to specific duties during an outbreak where possible**, rather than multiple tasks in several areas, to reduce the risk of transmission (for example, camp staff looking after children/students should not also prepare or serve food; food handlers should not also assist with cleaning).
- **Review current hygiene**, cleaning and food handling practices throughout the facility/premises including kitchen and accommodation areas, and give advice on any improvements found to be necessary.
- **Everyone who has been ill** should be excluded from any food handling or kitchen/ dining room duties/rosters.
- **Advise staff/guests/user groups that toilet lids should be closed** before flushing to prevent faecal and/or vomit aerosols being generated.
- **Consider the risks associated with any activities undertaken** by the affected groups while at the camp, such as activities involving animal contact or water sports. Provide a detailed list of these activities to the EHO.

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- **Ensure that solids/soiling is removed** from all soiled clothing, sleeping bags, bedding, pillows and toys, and these are double bagged individually (and labelled) to be taken home with the student or staff member.
- **Advise that students/camp attendees with symptoms** travel home in a separate bus to those who are well, if necessary.
- **Inform the next groups booked to attend the facility that an outbreak has occurred.** These groups should be advised of the control and clean-up measures being implemented, and given the opportunity to decide whether or not to attend the facility. However, they should not attend the camp until a full clean-up according to these guidelines has been completed.
- **Provide the EHO with contact details of the current group** and of other groups who stayed at the camp in the two weeks immediately before the affected group, and the dates for their stay. These groups may need to be contacted to ascertain if there has been any illness in these groups.
- **Provide the EHO with a list of activities conducted** at the camp, for example, water sports, horse riding, excursions.

#### **General control measures for all gastro outbreaks (Children's Centre)**

For all gastroenteritis outbreaks, the following infection control measures must be implemented as soon as possible to reduce the risk of spreading the illness:

- **Ill children should be isolated if onset of illness occurs while at the centre**, and parents should be contacted immediately and requested to take the child home as soon as possible.
- **All ill children are required to remain at home until 48 hours** after symptoms have ceased.
- **Inform parents of all children at the centre (including those who do not attend every day)** of the outbreak, the symptoms they need to be aware of, and that ill children must be kept at home for 48 hours after symptoms have ceased. This may be relayed to parents via a letter, a telephone call or a poster at the centre.
- **Ensure that parents of children who have been ill at home (for example, children who only attend the centre occasionally or casually)** are informed that they should advise the child care centre if their child is or has been ill with symptoms of gastroenteritis at home (and these children must also stay at home until 48 hours after symptoms have stopped).
- **Ascertain if any food handling staff have been ill with symptoms of gastroenteritis (this includes all kitchen staff and anyone who helps with food preparation)** and ensure that they are sent home and do not return to work until 48 hours after symptoms have stopped, or, if the pathogen is known, for the time period specified in the guidelines for exclusion.
- **Send all other ill staff home and request that they do not return to work until 48 hours** after their symptoms have ceased or, if the pathogen is known, for the time period specified in the advice for exclusion (Appendix 3).

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- **Review current hygiene, cleaning and food handling practices throughout the facility/premises** (includes kitchen areas) and make any improvements found to be necessary.
- **Ensure that all staff observe strict hand washing procedures** and that they ensure that children's hands are washed thoroughly and often. You may also suggest the use of protective clothing, such as disposable gloves (and hand washing when gloves are removed), plastic aprons, and/or gowns, when cleaning up after ill children.
- **Always wash children's hands** after every nappy change.
- **If possible, to reduce the risk of transmission, assign staff to specific duties during an outbreak** rather than multiple tasks in several areas (for example, carers should not also prepare or serve food; food handlers should not also assist with cleaning).
- **Remove soft toys and do not use sandpits, wading pools and water play tables/areas** during an outbreak.
- **Do not move toys from room to room during outbreaks** unless they have been washed and sanitised first.

#### **Appendix 4. Handwashing Procedures**

Effective hand washing is the most important measure in preventing the spread of infection and should be practised by all staff at all times. Camp facilities may generally use alcohol wipes or antibacterial gels. However, while these products are able to kill bacteria on the hands, they are far less effective against viruses. While washing with soap and running water does not kill viruses, it can physically wash them off the skin and down the drain, which reduces the numbers of viruses on the hands to a safer level. In outbreak situations where the pathogen is often unknown, it is essential that thorough hand washing is undertaken by ALL staff and attendees as follows:

##### **Hands should be washed in this way:**

- Using warm water and soap, rub hands together vigorously for 40–60 seconds, ensuring that all surfaces are washed thoroughly including the wrists and around the nails.
- Rinse well under running water to remove all soap residues.
- Dry thoroughly using disposable paper towels. Multi-use cloth towels and air driers are not suitable during outbreaks.

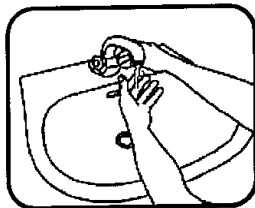
##### **Hands Should be washed**

- before entering a food preparation area
- after any break
- after eating or smoking
- after going to the toilet
- after using a handkerchief or tissue
- after touching hair, scalp, nose or mouth
- after handling any raw food
- anytime hands are visibly soiled
- before putting on disposable gloves Centre Director / Centre Coordinator / Camp Manager •  
after removing disposable gloves
- after any cleaning tasks, and especially after cleaning toilets and bathroom areas
- after emptying garbage containers
- after handling any potentially soiled bed linen or clothes
- after cleaning up of any vomit or diarrhoeal accidents
- after handling any used dishes and cutlery
- after touching animals, or coming into contact with animal equipment or environment.
- If food handling staff choose to wear disposable gloves, ensure they understand that these are single use only and need to be changed between every task and disposed of safely.
- Ensure that the need for careful hand washing during outbreaks is communicated to all staff (including food handlers, cleaners, casual staff, teachers, trainers, carers and assistants) and all students and other visitors. They should all understand that thorough hand washing during outbreaks is the most effective way to reduce the risk of infecting themselves and passing the infection on to others, both at work and at home.

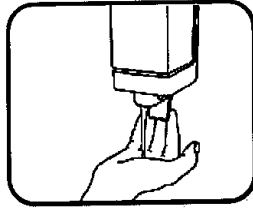
# How to wash and dry hands with liquid soap and water



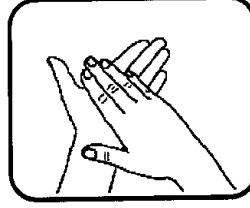
Duration of the entire procedure: **40-60 secs.**



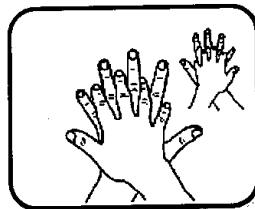
Wet hands with water



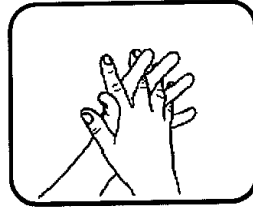
apply enough soap to all hand surfaces



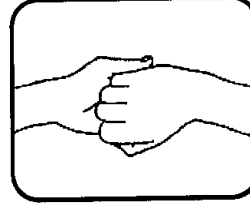
rub hands palm to palm



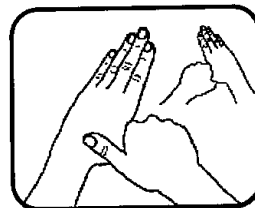
right palm over left dorsum with interlaced fingers and vice versa



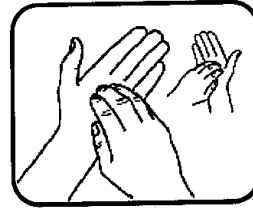
palm to palm with fingers interlaced



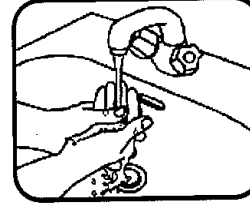
backs of fingers to opposing palms with fingers interlocked



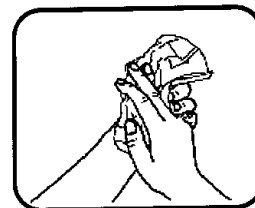
rotational rubbing of left thumb clasped in right palm and vice versa



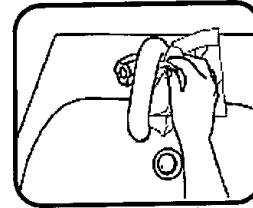
rotational rubbing, backwards and forwards with clasped fingers of right hand in palm and vice versa



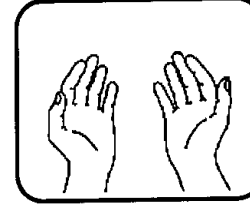
rinse hands with water



dry thoroughly with single use towel



use towel to turn off faucet



...and your hands are safe.

The Young Men's Christian Association of Geelong Inc.

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# YMCA GEELONG INFECTIOUS DISEASES

- Gastro outbreak suspected or identified.

## • Is a gastro outbreak occurring?

An outbreak may be defined as two or more cases of vomiting and/or diarrhoea occurring among participants/students/staff within 48 hours of each other. If this occurs and the symptoms cannot be explained by medication or other medical conditions, you may have an outbreak.

- Notify the outbreak to Department of Health.

• If you suspect you have a gastro outbreak, the first step is to notify the Department of Health on 1300 651 160 within 24 hours.

- Inform and update ALL staff of the outbreak. This includes Kitchen, Program, Cleaning and Admin Staff. Casual and Full-time.

### Duty Manager

Record keeping and reporting

- Start a case list as a record of those who are ill - forward updated list to DH at least twice per week. Inform of outbreak.

Refer Appendix 1

- Provide DH and/or Council with additional information as requested. Update management on current situation.

### General Staff

Cleaning and Management

- Conduct outbreak cleaning, using the Infectious Outbreak Control Kit (IOCK) located in the cleaners closet. Quarantine kitchen to kitchen staff only.

Refer Appendix 2

- Implement outbreak infection control procedures - Isolate patients from remainder of group. Display signs throughout site warning of the outbreak. Have patient collected by parent. Recommend teachers notify bus company.

Refer Appendix 3

- Implement hand washing procedures immediately. Kitchen staff to use only the kitchen tap while others use the Staff bathroom.

Refer Appendix 4

- Continue until outbreak is over (48 hours after symptoms stop in last case)