



PURPOSE

Montessori Stepping Stones (MSS) understands it has a duty of care to ensure that all persons are provided with a healthy and safe environment in which to work, learn and develop, to be active in. To this end all educators and staff will be fully informed about their responsibilities to implement and adhere to our health policies and procedures.

All children have the right to develop to their full potential in an environment which provides for their health, safety and wellbeing. Effective hygiene strategies and practices assist us to protect all persons from, and minimise the potential risk of communicable diseases. Experiences that promote basic hygiene awareness assist children to become competent and independent, and develop valuable life skills.

The Education and Care Services National Law Act 2010 requires that approved provider/nominated supervisors/coordinators take reasonable care to protect children from foreseeable risk of harm, injury and infection.

SCOPE

Any person present at MSS including children, employees (including volunteers), parents, families, visitors and contractors.

CHILDREN'S NEEDS

Healthy, clean, hygienic environment in which to play and learn. Protection from infection, instruction about personal hygiene.

FAMILIES' NEEDS

Reassurance that health and safety standards are maintained at the service and their children are safe. To feel confident that their child's health, wellbeing and development is assured.

EDUCATOR/EMPLOYEE NEEDS

Protection from infection, clean hygienic environment, appropriate equipment to ensure high level of hygiene, clear guidelines in relation to their duty of care.

MANAGEMENT NEEDS

Staff to maintain appropriate levels of hygiene and cleanliness to meet required standards; families to cooperate in keeping sick and infectious children away from the service.

DESCRIPTION/GENERAL

MSS aims to promote a healthy and safe environment in which children will develop and learn about the world around them. We are committed to protecting our stakeholders through the implementation and monitoring of hygiene and infection control strategies. All of the strategies and procedures detailed in this policy reflect those that are detailed in the National Health and Medical Research Council publication, "Staying Healthy – 5th edition".

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MONTESSORI STEPPING STONES & WAABINY OSHC HEALTH, HYGEINE AND INFECTION CONTROL POLICY



The application of preventative measures through an infection control program aims to prevent the spread of infections and will be followed by all MSS employees, at all times. The centre has documented approach to provision of a healthy environment, as well as to educator/employee professionalism and responsible conduct.

MSS staff will follow recommended minimum periods of exclusion (as detailed in NHMRC – Staying Healthy 5th Edition) for children and employees where required, and also inform parents of exclusion and non-exclusion periods for infectious diseases. We will minimise the spread of potential infectious diseases between anyone present at the service by excluding anyone who may have an infectious disease, or is too ill to attend the service. This practice aids in facilitating the prevention and effective management of acute illness in children and employees at the service.

Notification of the child’s parents or nominated contacts will occur immediately.

All appropriate notifications to the local Public Health Unit (Metropolitan Communicable Disease Control) are available in the Government of Western Australia Department of Health publication “Communicable Disease Guidelines”, and must occur within 24 hours. The Nominated Supervisor is responsible for notifying the local Public Health Unit.

Children might be brought to care with symptoms or signs of illness or while in care suddenly develop an illness that has not been diagnosed by a doctor, and that might be potentially infectious or potentially life-threatening for the child. Symptoms may not clearly fit those listed in exclusion diseases making it difficult for the service to decide whether to accept or exclude the child from the service. Many illnesses, while not fitting exclusion criteria, can transmit disease to other children in care, and many non-exclusion diseases can make a child too ill to participate in normal care activities.

LEGISLATION AND GOVERNMENT REQUIREMENTS

Western Australia OCCUPATIONAL SAFETY AND HEALTH ACT 1984

Western Australia OCCUPATIONAL SAFETY AND HEALTH REGULATIONS 1996

Education and Care Services National Law (WA) Act 2012, (Education and Care Services National Regulations 2012)

PRINCIPLES AND STRATEGIES

If an infectious disease arises at the service we will respond to any symptoms in the following manner -

- Isolate the child from other children.
- Ensure the child is comfortable and appropriately supervised by educators.
- Contact the child’s parents or nominated emergency contact. If the child’s parents are unavailable we will contact the next nominated individual. We will inform the contact of the child’s condition and ask for a parent or other authorised individual to pick the child up as quickly as possible. Any individual picking the child up from the service must be approved by the child’s parents and be able to show identification.

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- Ensure all bedding, towels and clothing which has been used by the child is disinfected. These items will be washed separately and if possible air dried in the sun.
- Ensure all toys used by the child are disinfected.
- Ensure all eating utensils used by the child are separated and sterilised.
- Provide information in the child’s home languages to the best of our ability.
- Inform all service families and employees of the presence of an infectious disease.
- Ensure confidentiality of any personal health related information obtained by the service and educators in relation to any child or their family.

If a child or employee has been unable to attend the service because of an infectious illness, the individual must provide a doctors certificate which specifically states the child/employee is ok to return to the service.

Infectious Diseases requiring Notification to the local Public Health Unit :

The full list of infectious diseases that require notification to the Public Health Unit (Metropolitan Communicable Disease Control) is listed in the Government of Western Australia Department of Health publication “Communicable Disease Guidelines”, which is available on the Department of Health website, on the MSS server, and as well as on the “Parent & Family Resources” page of our website.

HYGIENE

All employees are required to observe and maintain high standards of hygiene at MSS.

- Employees will be provided with training on infection control.
- Educator's role model personal hygiene and discuss hygiene practices with children.
- Hand hygiene considered to be the most effective way of controlling infection in the service. Educators and children should wash their hands:
 - **when** arriving at the service to reduce the introduction of germs.
 - **before** all clean tasks e.g. handling and preparing food and eating.
 - **after** all dirty tasks e.g. nappy changing, toileting, cleaning up urine, faeces, vomit or blood, wiping a nose, playing outside, handling animals after removing gloves.
 - **before** going home to prevent taking germs home.
- MSS has an adequate number and placement of hand washing basins and is committed to maintaining these in a hygienic and serviceable condition.
- Notices which clearly explain effective hand washing procedures will be displayed next to hand washing basins.

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- MSS laundry facilities that are adequate and appropriate for the needs of our services, and are located and maintained in a way that prevents unsupervised access by children.
- Soiled laundry will be hygienically stored in a sealed container in an area inaccessible to children, until such a time as it is laundered or removed from the premises. Items returned to a child's home for laundering will have soiling removed and will be placed in a leak proof container and not placed in the child's bag in contact with personal items. It is not recommended that educators/employees rinse soiled clothes due to risk of contaminating their clothing which can then be a source for transporting germs.
- Employees will wear gloves when handling soiled linen and will follow recommended procedures for washing soiled linen.
- Employees will use separate cloths or tissues to wipe different children's faces and noses. Tissues will be disposed of immediately after wiping a child's nose. Hand hygiene will be performed between each child after wiping noses and disposing of tissues.
- Employees will use colour coded sponges for cleaning different areas (i.e. blue for classroom, yellow for art areas), and will wear rubber gloves when cleaning and hang them outside to dry when finished, including rubber gloves.
- The service will use detergent and warm water to clean except where the public health authority recommends a particular disinfectant for an outbreak of an infectious disease.
- Each child will have their own bedding which will be washed at least once a week or after soiling. Educators will follow recommended procedures for dealing with a child's soiled bedding.

TOILETING AND NAPPY CHANGING

Nappy changing will be done only in the nappy change area which will be properly stocked with gloves, paper towels, towelettes, plastic bags, fresh nappies, clean clothes & rubbish bin with sealed lid lined with plastic. After each nappy change the child's and educator's hands will be washed and the change table or mat cleaned with heavy duty disinfectant, as per MSS.OP11 Nappy Changing.

- Parents and families to supply disposable nappies/pull-ups;
- and specialized creams for allergens or skin irritations of their children.
- Educators will discuss signs of toileting readiness with parents and families and work with them to develop a consistent approach to toilet training.
- Educators will not begin toilet learning of a child until there are definite indications that the child is developmentally and emotionally ready.
- Educators will ask families whose children are toilet learning to supply several changes of clothing. Educators will follow recommended procedures for assisting children during toilet learning and dealing with children's soiled clothes, as per MSS.OP08 Soiled Clothes Change & Storage.
- Educators will always encourage children's efforts to develop independence.

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- Nappy changing and toileting is flexible and responsive to children's individual needs.
- Nappy changing and toileting procedures are displayed in the nappy change and toileting areas (MSS.OP10, MSS.OP11).
- Educators may recommend a variety of learning methods to parents and families who have requested assistance in toileting.
- Educators will interact with children in a relaxed and positive way during nappy changing and toileting as this is an excellent time to continue verbal interactions with children especially as it is a one to one time.
- We will ensure that developmentally and age appropriate toilets, hand washing facilities and products are easily accessible to children. Children will be supervised and encouraged to flush toilets and wash and dry their hands after use.
- Incontinent children will never be embarrassed by educators in regard to toileting habits. Educators will discourage any negatives from families within a child's hearing.

BEDDING

- Each child will have their own bedding which will be supplied by the family.

CLEANLINESS OF TOYS AND EQUIPMENT

- Toys, equipment and dress up clothes will be washed regularly (i.e. daily, after being mouthed by a child and after being handled by a child who is sick) in disinfectant solution, and one criteria for selecting new toys will be their ease to clean. Toys in the babies' room will not be shared in order to protect babies against the spread of infection. The sharing of toys will be limited when children are not toilet trained, and/or are mouthing, to reduce the spread of infection.
- Surfaces will be cleaned with disinfectant after each activity and all surfaces cleaned thoroughly daily. Floors in the babies and toddlers rooms will be washed each day. Areas contaminated with blood and body fluids will be cleaned as per "Staying Healthy – 5th edition", depending on the size and type of spill.
- Bottles, dummies and teats will be cleaned with disinfectant solution, and rinsed after each use. Dummies will be stored out of reach of children, in individual plastic containers with the child's name clearly displayed.
- Each child will be provided with their own drinking and eating utensils at each mealtime. These utensils will be washed in detergent and warm water after each use. Educators will encourage children not to use drinking or eating utensils which have been used by another child or dropped on the floor.
- Educators will ensure that children do not eat food that:
 - has been dropped on the floor or;
 - has been handled by another child, except where that child has followed hygiene procedures and been involved in the preparation of the food (mainly in school age services).

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- The rules of hygiene will be included in the child's program and staff will initiate discussion about these subjects with groups and individual children at appropriate times.
- Information on hygiene principles and practices will be displayed around the service, and drawn to the attention of all parents and families on a regular basis.
- Any animal or bird kept at Montessori Stepping Stones will be kept in an area that is separate and apart from any area used by children and it and its environment and be maintained in a clean and healthy condition. Any animals will be provided with appropriate veterinary care (e.g. worming, care of sick animals).
- Children will be supervised by an adult during contact with animals and discouraged from putting their faces close to animals. Children will wash and dry their hands after touching animals.
- Children are not to eat and drink while interacting with animals.

IMMUNISATION AGAINST INFECTIOUS DISEASE

- Parents, Families and Guardians chose to immunise their child against all diseases appropriate to the child's age. A record of the child's current immunisation status will be kept at the service.
- Children who are not immunised, do not have a complete immunisation record, are immunosuppressed or are who are receiving medical treatment causing immunosuppression such as chemotherapy will be excluded from care during outbreaks of some infectious diseases in accordance with the National Health & Medical Research Council exclusion guidelines, even if their child is well.
- The service will keep a stock of up to date information regarding immunisation, for parents, families and employees on the "Parent & Family Resources" website page.

EXCLUSION DUE TO INFECTIOUS DISEASE

- Information about the service's exclusion policy is in accordance with the National Health and Medical Research Council's exclusion periods and is available to parents, families and employees on the "Parent & Family Resources" website page.
- Children and staff with infectious diseases will be excluded from the service in accordance with the National Health and Medical Research Council guidelines. A medical certificate is required after contracting an infectious disease, which must state that the child/employee is well enough to return and does not pose a health risk to other attendees before the adult or child can be re-admitted to the service.
- MSS will display a notice at the entrance, and notify parents & families via Xplor and email of exclusion due to infectious disease.
- If a child is unwell at home parents/guardians are asked **not** to bring the child to the service.
- If an educator/employee is unwell they should **not** report to work. Employees should contact the service management/nominated supervisor at the earliest possible time to advise of their inability to report to work.

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- If a child becomes unwell whilst at the centre, the MSS.P21 Medication and Medical Conditions and MSS.P23 Illness policy will be followed.
- In the case of serious ill health or hospitalisation, the child or employee will require a medical certificate verifying that their recovery is sufficient to enable their return to the service, from their medical practitioner or specialist.

BLOOD-BORNE VIRUSES

- It is unlawful to discriminate against anyone infected with blood-borne viruses including HIV, hepatitis B and hepatitis C. As blood borne virus are not transmitted through casual contact, a child with a blood borne illness or any other blood borne impairment shall be treated and comforted as any other child, i.e. by cuddling, giving hugs, holding hands etc.
- If an educator/employee member is notified that a child or the child's parent/guardian or any other educator/employee member is infected with a blood borne virus the information will remain confidential. Only with the consent of the person with the virus, or the parent/guardian, can this information be shared with other educators/employees. Deliberate breaches of confidentiality will be a disciplinary offence preceding normal consultative action.

HEAD LICE

- Educators will examine the heads of children who scratch their heads a lot to look for eggs (nits) or lice near the scalp.
- Educators will ensure that a child suspected of being infested does not have close contact with other children for the rest of the day and contact the family to pick up their child from the centre.
- When families come to collect their child they will be asked to commence treatment and keep the child away from the service until the day after appropriate treatment has been started, and the lice are removed. If they begin treatment prior to the next day exclusion is not necessary.
- The child may return to the service the day after treatment has commenced and all live head lice have been removed. A few remaining eggs are not a reason for continued exclusion. However, the family must continue treatment until all eggs and hatchlings have been removed, usually over the following ten days.
- When an incident of head lice occurs at the service, and parents/guardians will be notified via Xplor and email to check their children.
- All educators will be given information and training on detecting head lice.
- Educators with long hair will be required to wear their hair tied up whilst they are at the service. This will help to prevent them from becoming infected in the event of an outbreak.
- Where an educator becomes infected with eggs or lice they will be required to commence treatment on their hair that evening.
- If the child's family supplies a hair brush or comb for their child to use at the service, this must be kept in the child's bag to prevent use by other children.

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CLEANING UP SPILLS OF BLOOD AND OTHER BODY FLUIDS

- It is considered that the best way to prevent infection is to follow standard precautions at all times. Standard precautions support the assumption that all blood and body fluids are potentially infectious, therefore hygiene practices that promote infection control are adopted for all contact with blood and body fluids.
- Educators/employees will follow recommended guidelines (as per “Staying Healthy – 5th edition) for dealing with spills of blood, faeces, vomit, urine, nasal discharge and other body fluids. Disposable gloves will be readily available for use in dealing with spills and hands will be washed after removal of gloves.

HEALTHY ENVIRONMENT

- All staff at MSS will ensure that every effort is made to maintain a high standard of hygiene in the provision education and care, including supporting MSS in the maintenance of all equipment and furnishings in a thoroughly safe, clean and hygienic condition and in good repair. In this regard staff will report any equipment and/or area that is not clean or in a safe condition or any evidence of vermin to the Health and Safety representative.
- The service is a non-smoking environment. Passive smoking harms the lungs of young children and may trigger an asthma attack.
- To ensure all children and educators attending the service are protected from skin damage caused by harmful ultra violet rays of the sun, educators will consistently follow MSS.P25 Sun Protection policy.
- The Sun Protection policy is available to parents, families and employees on the “Parent & Family Resources” page of our website as well as being available to employees on the MSS server.
- All rooms used at MSS will be well ventilated to prevent: reduced concentration span; lack of energy, tiredness and lethargy; increased risk of infection and possible asthma attacks.
- All windows and doors are fly-screened, and buildings will be protected against flying insects through quarterly pest control treatments.
- The educator will ensure that lighting, heating and noise levels are comfortable and take into account specific activities (e.g. sleep time) and individual needs.

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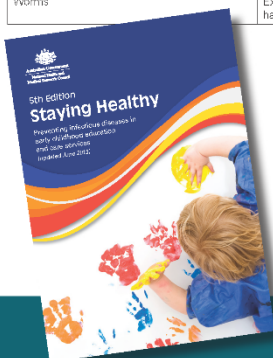
ANNEX – RECOMMENDED MINIMUM PERIODS OF EXCLUSION

The recommended minimum periods of exclusion are described in the NHMRC publication “Staying Healthy – 5th edition”, and this is available on the MSS server as well as the “Parent & Family Resources” website page.

**Recommended minimum
exclusion periods**

ADAPTED FROM STAYING HEALTHY | 5TH EDITION | 2013

Condition	Exclusion of case	Exclusion of contacts ^a
Campylobacter infection	Exclude until there has not been a loose bowel motion for 24 hours*	Not excluded
Candidiasis (thrush)	Not excluded	Not excluded
Cytomegalovirus (CMV) infection	Not excluded	Not excluded
Conjunctivitis	Exclude until discharge from the eyes has stopped, unless a doctor has diagnosed non-infectious conjunctivitis	Not excluded
Cryptosporidium	Exclude until there has not been a loose bowel motion for 24 hours*	Not excluded
Diarrhoea (No organism identified)	Exclude until there has not been a loose bowel motion for 24 hours*	Not excluded
Fungal infections of the skin or nails (e.g. ringworm, tinea)	Exclude until the day after starting appropriate antifungal treatment	Not excluded
Giardiasis	Exclude until there has not been a loose bowel motion for 24 hours*	Not excluded
Glandular fever (mononucleosis, Epstein Barr virus [EBV] infection)	Not excluded	Not excluded
Hand, foot and mouth disease	Exclude until all blisters have dried	Not excluded
Haemophilus influenzae type b (Hib)	Exclude until the person has received appropriate antibiotic treatment for at least 4 days	Not excluded. Contact a public health unit for specialist advice
Head lice (pediculosis)	Not excluded if effective treatment begins before the next day at the education and care service. The child does not need to be sent home immediately if head lice are detected	Not excluded
Hepatitis A	Exclude until a medical certificate of recovery is received and until at least 7 days after the onset of jaundice	Not excluded. Contact a public health unit for specialist advice about vaccinating or treating children in the same room or group
Hepatitis B	Not excluded	Not excluded
Hepatitis C	Not excluded	Not excluded
Herpes simplex (cold sores, fever blisters)	Not excluded if the person can maintain hygiene practices to minimise the risk of transmission. If the person cannot comply with these practices (e.g. because they are too young), they should be excluded until the sores are dry. Sores should be covered with a dressing, where possible	Not excluded
Human immunodeficiency virus (HIV)	Not excluded. If the person is severely immune compromised, they will be vulnerable to other people's illnesses	Not excluded
Human parvovirus B19 (fifth disease, erythema infectiosum, slapped cheek syndrome)	Not excluded	Not excluded
Hydatid disease	Not excluded	Not excluded
Impetigo	Exclude until appropriate antibiotic treatment has started. Any sores on exposed skin should be covered with a watertight dressing	Not excluded
Influenza and influenza-like illnesses	Exclude until person is well	Not excluded
Listeriosis	Not excluded	Not excluded
Measles	Exclude for 4 days after the onset of the rash	Immunised and immune contacts are not excluded For non-immunised contacts, contact a public health unit for specialist advice All immunocompromised children should be excluded until 14 days after the appearance of the rash in the last case
Meningitis (viral)	Exclude until person is well	Not excluded
Meningococcal infection	Exclude until appropriate antibiotic treatment has been completed	Not excluded. Contact a public health unit for specialist advice about antibiotics and/or vaccination for people who were in the same room as the case
Molluscum contagiosum	Not excluded	Not excluded
Mumps	Exclude for 9 days or until swelling goes down (whichever is sooner)	Not excluded
Norovirus	Exclude until there has not been a loose bowel motion or vomiting for 48 hours	Not excluded
Pertussis (whooping cough)	Exclude until 5 days after starting appropriate antibiotic treatment, or for 21 days from the onset of coughing	Contact a public health unit for specialist advice about excluding non-vaccinated and incompletely vaccinated contacts, or antibiotics
Pneumococcal disease	Exclude until person is well	Not excluded
Roseola	Not excluded	Not excluded
Ross River virus	Not excluded	Not excluded
Rotavirus infection	Exclude until there has not been a loose bowel motion or vomiting for 24 hours*	Not excluded
Rubella (German measles)	Exclude until fully recovered or for at least 4 days after the onset of the rash	Not excluded
Salmonellosis	Exclude until there has not been a loose bowel motion for 24 hours*	Not excluded
Scabies	Exclude until the day after starting appropriate treatment	Not excluded
Shigellosis	Exclude until there has not been a loose bowel motion for 24 hours*	Not excluded
Streptococcal sore throat (including scarlet fever)	Exclude until the person has received antibiotic treatment for at least 24 hours and feels well	Not excluded
Toxoplasmosis	Not excluded	Not excluded
Tuberculosis (TB)	Exclude until medical certificate is produced from the appropriate health authority	Not excluded. Contact a public health unit for specialist advice about screening, antibiotics or specialist TB clinics
Varicella (chickenpox)	Exclude until all blisters have dried—this is usually at least 5 days after the rash first appeared in non-immunised children, and less in immunised children	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise, not excluded
Viral gastroenteritis (viral diarrhoea)	Exclude until there has not been a loose bowel motion for 24 hours*	Not excluded
Worms	Exclude if loose bowel motions are occurring. Exclusion is not necessary if treatment has occurred	Not excluded



^a The definition of 'contacts' will vary according to the disease—refer to the specific fact sheet for more information.
^b If the cause is unknown, possible exclusion for 48 hours until cause is identified. However, educators and other staff who have a food handling role should always be excluded until there has not been a loose bowel motion for 48 hours.
 Adapted from SA Health Communicable Disease Control Branch: <http://www.dh.sa.gov.au/pubs/branches/branches-communicable.htm>. Note that exclusion advice is consistent with Series of National Guidelines (SoNGs) where available.

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