Accident, Illness & Infectious Diseases Policy

1. INTRODUCTION

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

2. POLICY

The aim of this policy is;

- To ensure all camp leaders and parents/guardians are aware of the importance of disease prevention.
- To ensure all parents/guardians and camp leaders are aware of their rights and responsibilities if they choose not to have their child immunised.
- To ensure camp leaders are aware of their responsibilities when an outbreak occurs.
- Manage any accident, injury and illness in a timely, effective and confidential manner
- Minimise any worsening of an accident, injury and illness through effective management & intervention.
- Ensure all LIFE SKILLS & ADVENTURES reporting requirements are met
- Ensure all legislative reporting requirements are met
- LIFE SKILLS & ADVENTURES 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
- LIFE SKILLS & ADVENTURES staff will assess situation and take necessary steps to remove any danger, stabilise immediate environment, assist any individuals who require immediate attention
- If required, call 000 and ask for relevant emergency service – ambulance, police, fire
- LIFE SKILLS & ADVENTURES staff who hold a current 1st aid certificate will administer 1st aid where required
- Where required, LIFE SKILLS & ADVENTURES staff will contact a nominated person to assist a patient home
- LIFE SKILLS & ADVENTURES Staff will keep patient comfortable until nominated person arrives
- Wherever possible transport of patients by LIFE SKILLS & ADVENTURES staff in private
- An accident, injury and illness form will be completed immediately after and ensure relevant authorities are appropriately notified
- If the child is taken to the hospital or requires medical attention the director will be notified
- All LIFE SKILLS & ADVENTURES locations will maintain an appropriately stocked first aid kit in a secure location accessible to staff but not to children
- All media requests must be referred to the Director(s) - no LIFE SKILLS & ADVENTURES staff member will comment to the media.
- A courtesy phone call will be made by a LIFE SKILLS & ADVENTURES Staff member after any significant accident,injury and illness to enquire about recovery

Additional actions if casualty is a child;
The child will be supervised at all times by a LIFE SKILLS & ADVENTURES staff member, whilst they remain in the care of LIFE SKILLS & ADVENTURES.
Parent/ guardian of child will be contacted as soon as possible; if not contactable, emergency contact persons will be notified.
An ambulance may be called if injury/illness is deemed serious.

Additional actions if casualty is a staff member;
Injury must be reported to LIFE SKILLS & ADVENTURES insurance within 48 hours of the incident, as per procedures for accident, injury and illness reporting.

IMMUNISATIONS
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 isknown 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.

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 handrub. 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 LIFE SKILLS & ADVENTURES Camp Programs for Infectious Diseases Cases and Contacts

The following table indicates the minimum period of exclusion from camp programs for infectious disease cases and contacts as prescribed under Regulation 85 of the Public Health and Wellbeing Regulations 2009 – Schedule 7. In this Schedule 'medical certificate' meansa certificate of a registered medical practitioner.

Conditions	Exclusion of cases	Exclusion of contacts
Amoebiasis (*Entamoeba histolytica*)	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 Virus	Any child or adult with compromised respiratory conditions.
Conjunctivitis	virus (self exclusion)- Seek medical treatment . Excluded from service /program if patron/staff member has symptions for corona virus until medically cleared to return. https://www.health.gov.au/health-topics/novel-coronavirus-2019-ncov#what-is-coronavirus-covid19 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 Director
Haemophilus influenzae 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

Conditions	Exclusion of cases	Exclusion of contacts
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 Director
Leprosy	Exclude until approval to return has been given by the Director	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.
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

Conditions	Exclusion of cases	Exclusion of contacts
Severe Acute Respiratory Syndrome (SARS)	Exclude until medical certificate of recovery is produced	Not excluded unless considered necessary by the Director
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 dirctor	Not excluded unless considered necessary by the Director
Verotoxin producing *Escherichia coli* (VTEC)	Exclude if required by the Director and only for the period specified by the Director	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).

Exclusion guidelines for food handlers and camp program 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 camp facilities.

Gastrointestinal illness/pathogen	Exclusion period advised
Cholera, Shigella, STEC/VTEC	Until 2 successive negative faecal specimens are taken 24 hours apart,and not less than 48 hours after taking antimicrobials. Food handlers and camp program workers need to be counseled on personal hygiene before returning to work.
Thyphoid and Paratyphoid	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 *Campylobacter, Salmonella, Staphylococcus, Clostridium, Helicobacter, Vibrio, Listeria, Entamoeba). Giardia* or *Cryptosporidium.*	Until diarrhea has ceased. Food Food handlers and camp program workers to be counseled on personal hygiene before returningto 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.

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.

PROCEDURES FOR REPORTING:

Notify Company Director/ Health and Safety Officer of an 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 LIFE SKILLS & ADVENTURES Camps, the company director must be notified by phone & then Camp Leader must complete a "Serious Incident Notification" this must be lodged within 24 hoursof 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 Infectous 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

- 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 LIFE SKILLS & ADVENTURES staff person
- Under no circumstances should contact or comment be made to the media by LIFE SKILLS & ADVENTURES staff or volunteers. Any media enquiries must be referred to the Company Directors
- Any incident or accident that results in death or serious injury, including to a person other than anemployee, 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 Company Director	Remains in the camp with a copy given to Company Director
Treat form with confidentiality	Treat form with confidentiality
Details entered into extranet online reporting (as directed by Director)	Details entered into extranet online reporting (as directed by Director)
Hard copy forms brought by Director to Operations Meetings	Copy brought by Director to Operations Meeting
All forms retained on file at Camp and LIFE SKILLS & ADVENTURES and archived according to LIFE SKILLS & ADVENTURES procedures	All forms retained on file at Camp and LIFE SKILLS & ADVENTURES and archived according to LIFE SKILLS & ADVENTURES procedures

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 LIFE SKILLS & ADVENTURES staff must state the following; "**There has been an incident involving [** *Name of person*] **all matters areunder 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 LIFE SKILLS & ADVENTURES staff.**
- In the event of a minor injury or illness where parents need to be notified to collect the child LIFE SKILLS & ADVENTURES staff may provide details of the condition of the child.
- At any LIFE SKILLS & ADVENTURES Camp, the Director must be notified 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 must be informed immediately.
- If injury, incident or illness involves a staff person, a photocopy of report form must be placed in their personnel file
- If a staff person is injured a report must be made within 48 hours to the LIFE SKILLS & ADVENTURES's insurance company. This ensures a claim number is created for the incident and ensures the casualty and LIFE SKILLS & ADVENTURES are covered should a worker's compensation claim arise from the accident.
- All Workcover forms should be forwarded to the Director.
- All workers compensation claims that proceed must be forwarded to the Director 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.

3. DEFINITIONS

4. SCOPE

The scope of this policy applies to all LIFE SKILLS & ADVENTURES operations.

5. ROLES AND RESPONSIBILITIES

Department/Area	Role/Responsibility
Operations Staff	All Educators/Cares/Camp Leaders are responsible for the daily implementation of the policy when directly supervising children.
Directors	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. 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. Approve the Policy Provide official sign off on the Policy

6. 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 the company Director.

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 engagement of all key stakeholders will ensure the policy is reviewed in accordance with LIFE SKILLS & ADVENTURES Policy Framework and National Quality Framework.

7.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

Appendix 1. 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.

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.

Appendix 2: 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.

• **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.

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.

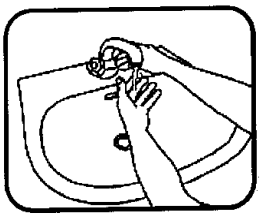
Hands Should be washed

- 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

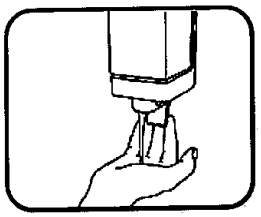
- after removing disposable gloves
- after any cleaning tasks, and especially after cleaning toilets and bathroom areas
- after emptying garbage containers
- after handling any potentially soiled bed linen or clothes
- after cleaning up of any vomit or diarrheal accidents
- after handling any used dishes 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

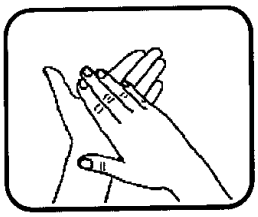
Duration of the entire procedure: **40–60 secs.**



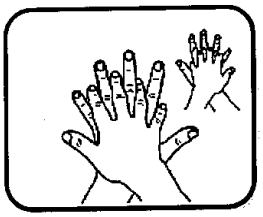
Wet hands with water



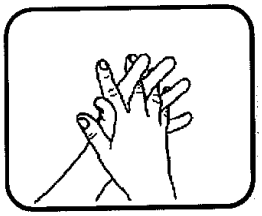
apply enough soap to all hand surfaces



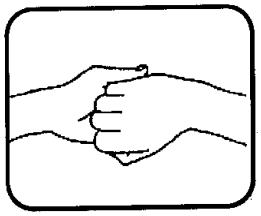
rub hands palm to palm



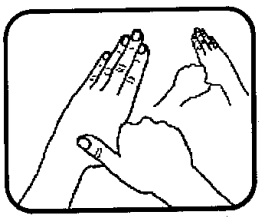
right palm over left dorsum with interlaced fingers and vice versa



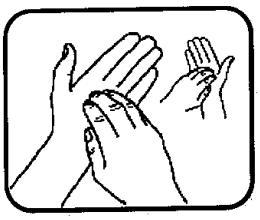
palm to palm with fingers interlaced



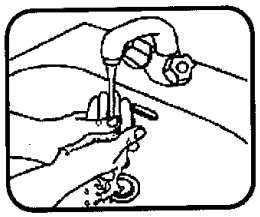
backs of fingers to opposing palms with fingers interlocked



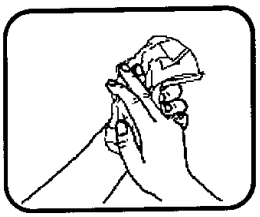
rotational rubbing of left thumb clasped in right palm and vice versa



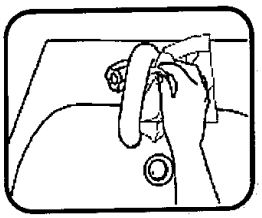
rotational rubbing, backwards and forwards with clasped fingers of right hand in palm and vice versa



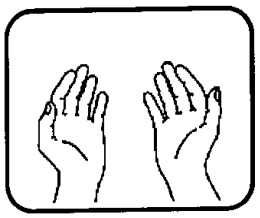
rinse hands with water



dry thoroughly with single use towel



use towel to turn off faucet



...and your hands are safe.

State Government Victoria Department of Health

Adapted from World Health Organisation

LIFE SKILLS & ADVENTURES
INFECTIOUS DISEASES
APPENDIX ONE

Site: .....

	Birth Date			Sex		Symptons Started					Symptoms					Symptoms Ended					Further Treatment/Comments
Name	Day	Month	Year	Male	Female	Day	Month	Year	Hour	Minute	Vomiting	Diarrhoea	Fever	Nausea	Abdominal Pain	Day	Month	Year	Hour	Minute	
(example) James Brown	22	01	1933	(M)	F	22	01	2009	20	15	(V)	(D)	(F)	N	A	23	01	2009	20	15	.....
1	.....	.....	.....	M	F	.....	.....	.....	.....	.....	V	D	F	N	A	.....	.....	.....	.....	.....	.....
2	.....	.....	.....	M	F	.....	.....	.....	.....	.....	V	D	F	N	A	.....	.....	.....	.....	.....	.....
3	.....	.....	.....	M	F	.....	.....	.....	.....	.....	V	D	F	N	A	.....	.....	.....	.....	.....	.....
4	.....	.....	.....	M	F	.....	.....	.....	.....	.....	V	D	F	N	A	.....	.....	.....	.....	.....	.....
5	.....	.....	.....	M	F	.....	.....	.....	.....	.....	V	D	F	N	A	.....	.....	.....	.....	.....	.....
6	.....	.....	.....	M	F	.....	.....	.....	.....	.....	V	D	F	N	A	.....	.....	.....	.....	.....	.....
7	.....	.....	.....	M	F	.....	.....	.....	.....	.....	V	D	F	N	A	.....	.....	.....	.....	.....	.....
8	.....	.....	.....	M	F	.....	.....	.....	.....	.....	V	D	F	N	A	.....	.....	.....	.....	.....	.....
9	.....	.....	.....	M	F	.....	.....	.....	.....	.....	V	D	F	N	A	.....	.....	.....	.....	.....	.....
10.....	.....	.....	.....	M	F	.....	.....	.....	.....	.....	V	D	F	N	A	.....	.....	.....	.....	.....	.....