



INFECTIOUS DISEASE POLICY

Rationale:

To help prevent and control the transmission of infectious diseases in schools, and to promote health within the school community

Aims:

Primary responsibility for prevention and control of infectious diseases lies with the individuals, families and public health authorities.

However Mortlake College supports the prevention and control of transmission of infectious diseases by:

- Supporting immunisation programs and recording the immunisation status of each student.
- Providing prompt and consistent response to detected or suspected cases of disease. However, the school is not expected to give expert advice or treat students, which is the role of the medical practitioners and health authorities as appropriate.

NOTE: Head lice and scabies are infestations not infections. For further information on head lice, see (<http://www.education.vic.gov.au/school/principals/health/Pages/headlice.aspx>)

Implementation:

- In the event of an infectious disease outbreak the school will:
 - Take specific precautions to prevent and control the transmission of infectious diseases.
 - Ensure unwell child do not attend school as per national guidelines
 - Isolate a child who has become unwell during the day from other children and send the unwell child home as soon as possible.
- The First Aid Coordinators will ensure a first aid kit is appropriately stocked and contains advice on handling spills of body fluids and substances
- Specific precautions to assist with infection prevention control must be followed by all people in the school at all times including.
 - General precautions that can help in the infection prevention control
 - Good hygiene practices, particularly washing and drying hands before and after meals, after using the bathroom, after nose blowing, and after contact with contaminated objects.
 - The use of protective barriers which can include gloves and masks
 - Safe handling of 'sharps'
 - Use of a-non –touch technique, as appropriate
 - Interaction between people at school should minimise contact with body fluids and substances including:
 - Blood, whether wet or dry
 - Secretions
 - Excretions other than sweat
 - Other body substances

- Minimise contact with body fluids and substances and have procedures that
 - Protect staff and students to deal with inappropriate student behaviour that could result in exposure to body fluids.
 - Include educating the student about why the behaviour is inappropriate and the potential consequences.
 - Covering the mouth & nose when coughing or sneezing
 - Using tissues & disposing of them appropriately
 - Attending to hand hygiene immediately after coughing, sneezing or blowing nose.
- Staff members and students should:
 - Cover broken skin on their hands or lower arms with waterproof occlusive dressings at all times
 - Treat blood and other bodily fluids and substances as being potentially infectious
 - Avoid direct contact with blood and other fluids and substances, where possible
 - Be familiar with recommended hygiene and standard precautions
 - Deal with spills:
 - Using single use gloves or
 - Until it is possible to get someone wearing gloves to take over, then thoroughly wash their hands and any body parts that were in contact with the spill using warm water and liquid soap.
 - Use a resuscitation mask available, if mouth-to-mouth resuscitation is required

Mortlake College is aware of, and abides by, exclusion requirements during an outbreak of an infectious disease. For detailed information on exclusion, see the Department of Health's website (<http://ideas.health.vic.gov.au/>)

Certain excludable infectious diseases require immediate notification to the Department of Health: See: Notifying infectious diseases and blood lead (<http://ideas.health.vic.gov.au/notifying.asp>)

Reference:

- This policy has been developed in conjunction with the DEECD's School Policy and Reference guide <http://www.education.vic.gov.au/school/principals/spag/Pages/spag.aspx>

Evaluation:

This policy will be reviewed as part of the school's three-year review cycle or earlier if required.

This policy was last ratified by School Council in....	September 2018
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APPENDIX A

health

Excluding children to manage infectious diseases

A guide for primary schools and children's services

In Victoria, children's services centres, such as child care centres and kindergartens, and primary schools have a responsibility under the *Public Health and Wellbeing Regulations (2009)* to help manage the following infectious diseases:

Excludable infectious diseases
• Whooping Cough (also known as Pertussis)
• Polio
• Measles
• Mumps
• Rubella (also known as 'German measles')
• Meningococcal illness

Your school/service's role is to:

- ensure unwell children do not attend your school/service, as per national guidelines¹
- isolate children who become unwell during the day from other children and send the unwell child home as soon as possible
exclude the unwell child
notify the Department of Health **immediately** on 1300 651 160 if a child is suspected of having one of the six infectious diseases listed above. Please call the department even if you believe a doctor has already done so.
- defer** any action, such as alerting parents, excluding unwell children or displaying signage, **until directed** to do so by the department.

You can further assist the department to manage the spread of infection by:

- asking for consent from parents/guardians to be contacted by the department to investigate the suspected disease

- asking parents/guardians for the contact details of the doctor or health professional believed to have diagnosed the disease and passing these details to the department
- ensuring **all** staff are fully immunised and know their immunisation status.

The Department of Health will:

- investigate, for example, through laboratory testing, to confirm it is one of the six diseases listed above
- contact the doctor believed to have diagnosed the disease
- notify your school/service as to what action, if any, is required for a confirmed disease. Possible actions your school/service may be directed to take include:
 - communicating to staff or parents/guardians, for example through letters, signage, emails or phone calls
 - excluding, for a specified period, children considered by the department as being at risk of infection, for example, unimmunised children or children whose immunisation status is unknown.

More information and resources

Order free copies of *Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts* online: ideas.health.vic.gov.au/resources

Telephone Communicable Disease Prevention and Control on 1300 651 160.

Authorised by the Victorian Government, Melbourne, December 2013. To receive this publication in an accessible form at phone Communicable Disease Prevention and Control on 1300 651 160.

¹ *Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th Edition)*
<http://www.nhmrc.gov.au/guidelines/publications/eh55>

Minimum period of exclusion from primary schools and children's services centres for infectious diseases cases and contacts

health

Public Health and Wellbeing Regulations 2009

APPENDIX B

Schedule 7

Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts (*Public Health and Wellbeing Regulations 2009*).

In this Schedule, medical certificate means a certificate from a registered medical practitioner.

[1] Conditions	[2] Exclusion of cases	[3] 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
Chickenpox	Exclude until all blisters have dried. This is usually at least 5 days after the rash appears in unimmunised children, but may be less in previously immunised children	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded
Conjunctivitis	Exclude until discharge from eyes has ceased	Not excluded
Diarrhoea	Exclude until there has not been a loose bowel motion for 24 hours	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
Hand, Foot and Mouth disease	Exclude until all blisters have dried	Not excluded
Haemophilus influenzae type b (Hib)	Exclude until at least 4 days of appropriate antibiotic treatment has been completed	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
Hepatitis B	Exclusion is not necessary	Not excluded
Hepatitis C	Exclusion is not necessary	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 virus infection (HIV/AIDS virus)	Exclusion is not necessary	Not excluded
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 NHIG within 144 hours of exposure, they may return to the facility
Meningitis (bacteria – other than meningococcal meningitis)	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
Pertussis* (Whooping cough)	Exclude the child for 21 days after the onset of cough or until they have completed 5 days of a course of antibiotic treatment	Contacts aged less than 7 years in the same room as the case who have not received three effective doses of pertussis vaccine should be excluded for 14 days after the last exposure to the infectious case, or until they have taken 5 days of a course of effective antibiotic treatment
Polio myelitis*	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
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 Escherichia coli (VTEC)	Exclude if required by the Secretary and only for the period specified by the Secretary	Not excluded
Worms (intestinal)	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded

Statutory rule

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

- (a) specified in column 2 of the table in Schedule 7 if the person in charge has been informed that the child is infected with an infectious disease listed in column 1 of the table in Schedule 7; or
- (b) specified in column 3 of the table in Schedule 7 if the person in charge has been informed that the child has been in contact with a person who is infected with an infectious disease listed in column 1 of the table in Schedule 7.

The person in charge of a primary school or children's services centre, when directed to do so by the Secretary, must ensure that a child enrolled at the primary school or children's services centre who is not immunised against a vaccine preventable disease (VPD) specified by the Secretary in that direction, does not attend the school or centre until the Secretary directs that such attendance can be resumed. (Note—VPDs marked in **bold** with an asterisk (*) require the department to be informed immediately. Contact the department on 1300 651 160 for further advice about exclusion and these diseases.)

Further information

For further information about exclusions mentioned in this document, please contact the Department of Health's Communicable Disease Prevention and Control Section on 1300 651 160 or visit deas.health.vic.gov.au



To receive this document in an accessible format email: infectious.diseases@health.vic.gov.au
Authorised and published by the Victorian Government, 50 Lonsdale St, Melbourne.
© Department of Health, October 2013 (1310023)
Print managed by Flinsbury Green.

Department of Health