

DEALING WITH INFECTIOUS DISEASES POLICY

PURPOSE

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

- a student attending Melbourne Montessori School shows symptoms of an infectious disease
- a student at Melbourne Montessori School has been diagnosed with an infectious disease
- managing and minimising the spread of infectious diseases, illnesses and infestations (including head lice)
- managing and minimising infections relating to blood-borne viruses.

Note: This policy includes information on child immunisation.

POLICY STATEMENT

Melbourne Montessori School is committed to:

- providing a safe and healthy environment for all students, staff and any other persons attending the School
- responding to the needs of the student or adult who presents with symptoms of an infectious disease or infestation while attending the School
- complying with current exclusion schedules and guidelines set by the Department of Health
- providing up-to-date information and resources for families and staff regarding protection of all students from infectious diseases and blood-borne viruses, management of infestations and immunisation programs.

Melbourne Montessori School supports the Immunise Australia Program and National Immunisation Program (NIP), which is currently recommended by the National Health and Medical Research Council (NHMRC) and supported by the Commonwealth Government. All educators/staff at Melbourne Montessori School are committed to preventing the spread of vaccine-preventable diseases through simple hygiene practices such as hand washing, effective cleaning procedures and assessing acceptable immunisation documentation and complying with recommended exclusion guidelines and timeframes for children and educators/staff, as per the current government requirements of vaccinations.

SCOPE

1. The Principal and Business Manager
2. Nominated Supervisors
3. Teachers and assistants
4. Parents and Guardians

BACKGROUND AND LEGISLATION

Infectious diseases are common in children. Children are at a greater risk of exposure to infections in a children's school than at home due to the amount of time spent with a large number of other children. Infectious diseases are divided into four categories (A, B, C, D) on the basis of the method of notification and the information required. The Department of Health has developed a document, *Minimum Period of Exclusion from Primary Schools and Children's Service Centres for Infectious Diseases Cases and Contacts*, to assist in protecting the public by preventing, or containing, outbreaks of infectious conditions common in schools and other children's schools and is regulated by the *Public Health and Wellbeing Regulations 2009*.

An approved school must take reasonable steps to prevent the spread of infectious diseases at the school, and ensure that the parent/guardian, authorised nominee or emergency contact of each student enrolled at the School is notified of the occurrence of an infectious disease as soon as possible. The School must have policies and procedures in place for dealing with infectious diseases

(Regulation 88). The School has a duty of care to ensure that everyone attending the School is provided with a high level of protection during all hours that the School is in operation. Protection can include:

- Notifying students, families and educators/staff when an excludable illness/disease is detected at the School,
- complying with relevant Health Department exclusion guidelines,
- increasing educator/staff awareness of cross-infection through physical contact with others.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011: Regulation 88*
- *Family Assistance Legislation Amendment (Child Care Rebate) Act 2011*
- *Health Records Act 2001*
- *Information Privacy Act 2000 (Vic)*
- *National Quality Standard, Quality Area 2: Children's Health and Safety*
- *National Quality Standard, Quality Area 6: Collaborative Partnerships with Families and Communities*
- *Occupational Health and Safety Act 2004*
- *Privacy Act 1988 (Cth)*
- *Public Health and Wellbeing Act 2008*
- *Public Health and Wellbeing Amendment (No Jab, No Play) Regulations 2015 (Vic)*
- *Public Health and Wellbeing Regulations 2009*

DEFINITIONS

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

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

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

Immunisation status: The extent to which a student has been immunised in relation to the recommended immunisation schedule.

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

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

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

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

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

Recommended minimum exclusion period: The period recommended by the Department of Health for excluding any person from attending a children's School to prevent the spread of infectious diseases through interpersonal contact. The exclusion period table, published by the Department of Health, can be accessed at <http://docs.health.vic.gov.au/docs/doc/Minimum-Period-of-Exclusion-from-Primary-Schools-and-Childrens-Schools-Centres-for-Infectious-Diseases-Cases-and-Contacts>

Serious incident: An incident resulting in the death of a student, or an injury, trauma or illness for which the attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a student appears to be missing, cannot be accounted for, is removed from the School in contravention of the regulations or is mistakenly locked in/out of the School premises (Regulation 12). A serious incident should be documented in an *Incident, Injury, Trauma and Illness Record* as soon as possible and within 24 hours of the incident. The Regulatory Authority (DEECD) must be notified within 24 hours of a serious incident occurring at the School (Regulation 176(2)(a)). Records are required to be retained for the periods specified in Regulation 183.

SOURCES

- Communicable Diseases Section, Public Health Group, Victorian Department of Human Services (2005) *The Blue Book: Guidelines for the control of infectious diseases*. Available at: <https://www2.health.vic.gov.au>
- Communicable Disease Prevention and Control Unit, Victorian Department of Health (2010) *A guide for the management and control of gastroenteritis outbreaks in children's centres*. Victorian Government, Melbourne: <https://www2.health.vic.gov.au>
- Immunise Australia Program, Department of Health: www.immunise.health.gov.au
- Department of Health, Victoria (2012) *Head lice management guidelines*: <https://www2.health.vic.gov.au>
- *Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011*, ACECQA
- *Guide to the National Quality Standard*, ACECQA
- National Health and Medical Research Council (2013) *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th edition): <https://www.nhmrc.gov.au>
- Information about immunisations, including immunisation schedule, Victorian Department of Health: www.health.vic.gov.au/immunisation
- WorkSafe Victoria (2008) *First aid in the workplace compliance code*: <https://www.worksafe.vic.gov.au/>

PROCEDURES

1. THE PRINCIPAL AND BUSINESS MANAGER are responsible for:

- 1.1 ensuring that where there is an occurrence of an infectious disease at the School, reasonable steps are taken to prevent the spread of that infectious disease (Regulation 88(1));
- 1.2 ensuring that where there is an occurrence of an infectious disease at the school, a parent/guardian or authorised emergency contact of **each student at the school** is notified of the occurrence as soon as is practicable (Regulation 88(2));
- 1.3 ensuring that information from the Department of Health about the recommended minimum exclusion periods (refer to *Definitions*) is **displayed at the school**, is available to all stakeholders and is adhered to in the event of an outbreak of an infectious disease (as designated by the Department of Health – refer to *Definitions*);
- 1.4 ensuring that the parent/guardian and Department of Health's Communicable Disease Prevention and Control Unit are informed within 24 hours of developing the belief, on reasonable grounds, that an enrolled student is suffering from:
 - Pertussis, or
 - Poliomyelitis, or
 - Measles, or
 - Mumps, or
 - Rubella, or
 - Meningococcal C,as required under Regulation 84(2) of the *Public Health and Wellbeing Regulations 2009*.

(Note: The Department of Health also recommends that Schools inform the Communicable Disease Prevention and Control Unit if there is an outbreak of **three or more cases of respiratory or gastrointestinal illness** at the School within a 72 hour period.)

- 1.5 ensuring that a student who is **not immunised against a vaccine-preventable** disease does not attend the school when an infectious disease is diagnosed, and does not return until there are no more occurrences of that disease at the School and the recommended minimum exclusion period (refer to *Definitions*) has ceased (Regulation 85(1)) of the *Public Health and Wellbeing Regulations 2009*);
- 1.6 notifying DEECD **within 24 hours of a serious incident** (refer to *Definitions*), including when a student becomes ill at the School or medical attention is sought while the student is attending the school;
- 1.7 supporting the Nominated Supervisor and the educators/staff at the School to implement the requirements of the recommended minimum exclusion periods;
- 1.8 ensuring information about the National Immunisation Program (NIP) Schedule is displayed and is available to all stakeholders (refer to www.health.vic.gov.au/immunisation/factsheets/schedule-victoria.htm);
- 1.9 conducting a thorough inspection of the School on a regular basis, and consulting with educators/staff to assess any risks by identifying the hazards and potential sources of infection;
- 1.10 ensuring that the Nominated Supervisor, staff and everyone at the School adheres to the *Hygiene Policy* and the procedures for infection control relating to blood-borne viruses (*Attachment 3*);
- 1.11 ensuring that appropriate and current information and resources are provided to educators/staff and parents/guardians regarding the identification and management of infectious diseases, blood-borne viruses and infestations;
- 1.12 keeping informed about current legislation, information, research and best practice
- 1.13 ensuring that any changes to the exclusion table or immunisation schedule are communicated to educators/staff and parents/guardians in a timely manner;
- 1.14 requesting that parents/guardians notify the School if their child has, or is suspected of having, an infectious disease or infestation;
- 1.15 providing information and resources to parents/guardians to assist in the identification and management of infectious diseases and infestations.

2 THE NOMINATED SUPERVISORS are responsible for:

- 2.1 notifying the Principal or Business Manager immediately on developing a reasonable belief that an enrolled student is suffering from:
 - Pertussis, or
 - Poliomyelitis, or
 - Measles, or
 - Mumps, or
 - Rubella, or
 - Meningococcal C;
- 2.2 contacting the parents/guardians of a student suspected of suffering from an infectious or vaccine-preventable disease, or of a student not immunised against a vaccine-preventable disease that has been detected at the school, and requesting the student be collected as soon as possible;
- 2.3 notifying a parent/guardian or authorised emergency contact person when a symptom of an excludable infectious illness or disease has been observed;
- 2.4 ensuring that a minimum of one educator with current approved first aid qualifications is in attendance and immediately available at all times the school is in operation (refer to *Administration of First Aid Policy*);
- 2.5 establishing good hygiene and infection control procedures, and ensuring that they are adhered to by everyone at the School (refer to *Hygiene Policy* and *Attachment 3 – Procedures for infection control relating to blood-borne viruses*);
- 2.6 ensuring the exclusion requirements for infectious diseases are adhered to as per the recommended minimum exclusion periods (refer to *Definitions*), notifying the Principal or Business Manager and parents/guardians of any outbreak of infectious disease at the School, and displaying this information in a prominent position;

- 2.7 conducting head lice inspections whenever an infestation is suspected, which involves visually checking student's hair and notifying the Principal or Business Manager and parents/guardians of the student if an infestation of head lice is suspected;
- 2.8 providing a *Head lice action form (Attachment 1)* to the parents/guardians of a student suspected of having head lice;
- 2.9 providing a head lice notification letter (*Attachment 2*) to all parents/guardians when an infestation of head lice has been detected at the School;
- 2.10 maintaining confidentiality at all times (refer to *Privacy and Confidentiality Policy*).

3. ALL TEACHERS AND ASSISTANTS are responsible for:

- 3.1 encouraging parents/guardians to notify the School if their child has an infectious disease or infestation;
- 3.2 observing signs and symptoms of students who may appear unwell, and informing the Nominated Supervisor;
- 3.3 monitoring any symptoms in students that may indicate the presence of an infectious disease and taking appropriate measures to minimise cross-infection;
- 3.4 complying with the *Hygiene Policy* of the School and the procedures for infection control relating to blood-borne viruses (*Attachment 3*);
- 3.5 maintaining confidentiality at all times (refer to *Privacy and Confidentiality Policy*).

4. PARENTS/GUARDIANS are responsible for:

- 4.1 keeping their child/ren at home if they are unwell or have an excludable infectious disease;
- 4.2 keeping their child/ren at home when an infectious disease has been diagnosed at the School and their child is not fully immunised against that infectious disease, until there are no more occurrences of that disease and the exclusion period has ceased;
- 4.3 informing the School if their child has an infectious disease or has been in contact with a person who has an infectious disease;
- 4.4 providing accurate and current information regarding the immunisation status of their child/ren when they enrol, and informing the School of any subsequent changes to this while they are enrolled at the School;
- 4.5 complying with the recommended minimum exclusion periods;
- 4.6 regularly checking their child's hair for head lice or lice eggs, regularly inspecting all household members, and treating any infestations as necessary;
- 4.7 notifying the School if head lice or lice eggs have been found in their child's hair and when treatment was commenced;
- 4.8 complying with the *Hygiene Policy* and the procedures for infection control relating to blood-borne viruses (refer to Attachment 3) when in attendance at the School.

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

ATTACHMENTS

Attachment 1: Head lice action form

Attachment 2: Head lice notification letter

Attachment 3: Procedures for infection control relating to blood-borne viruses

REVIEWED: 2017

LINKED WITH

Administration of First Aid Policy

Administration of Medication Policy

Health and Wellbeing Policy

Hygiene Policy

Occupational Health and Safety Policy

Privacy and Confidentiality Policy

Supervision of Children Policy

ATTACHMENT 1
Head lice action form

[Place on service letterhead]

Dear parents/guardians,

We have detected head lice or lice eggs on your child and it is very important for you to treat your child as soon as possible, using safe treatment practices. Please read the attached pamphlet *Treating and controlling head lice* from the Department of Human Schools. This contains guidelines regarding detecting and treating head lice and lice eggs.

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

Please keep your child at home until appropriate treatment has commenced and use the form provided below to notify Melbourne Montessori School, when your child returns to the School, of the action taken by you to treat the head lice/eggs.

Head lice treatment – action taken

Parent/guardian response form

To Melbourne Montessori School

CONFIDENTIAL

Student’s name: _____ Group: _____

I understand that my child must not attend the School with untreated head lice or lice eggs.

I have used the following recommended treatment for head lice or lice eggs for my child:

_____ [write name of treatment used].

Treatment commenced on: _____
[write date treatment was first used].

Signature of parent/guardian: _____ Date: _____

ATTACHMENT 2

[Place on service letterhead]

Head lice notification letter

Dear parents/guardians,

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

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

What can you do?

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

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

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

How do I treat my child for head lice?

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

Who do I contact if my child has head lice?

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

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

When can my child return to the School?

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

Melbourne Montessori School is aware that head lice can be a sensitive issue and is committed to maintaining your confidentiality.

Kind regards,

[Signature of Nominated Supervisor]

[Name of Nominated Supervisor]

ATTACHMENT 3**Procedures for infection control relating to blood-borne viruses**

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

Important note on blood spills

A person responding to an incident involving blood at the service must first cover any cuts, sores or abrasions on their own hands and arms with waterproof dressings.

Equipment and procedures for responding to incidents that present blood-borne virus hazards.**CLEANING AND REMOVAL OF BLOOD SPILLS****Equipment (label clearly and keep in an easily accessible location)**

- Disposable gloves
- Disposable plastic bags/zip lock bags/bio hazard container (if available)
- Detergent/bleach
- Disposable towels
- Access to warm water

Procedure

1. Put on disposable gloves.
2. Cover the spill with paper towels.
3. Carefully remove the paper towel and contents.
4. Place the paper towels in an appropriate disposable plastic bag/zip lock bag/bio hazard container.
5. Clean the area with warm water and detergent/bleach, then rinse and dry.
6. Remove and place gloves in an appropriate disposable plastic bag/zip lock bag/bio hazard container, seal and place it in a rubbish bin inaccessible to children.
7. Wash hands in warm, soapy water and dry (follow the *Handwashing guidelines* in the *Hygiene Policy*).

PROVIDING FIRST AID FOR CHILDREN WHO ARE BLEEDING**Equipment (label clearly and keep in an easily accessible location)**

- Disposable plastic bags/zip lock bags/bio hazard container (if available)
- Disposable gloves
- Waterproof dressings
- Disposable towels
- Detergent
- Access to warm water

Procedure

1. Before treating the student, you must cover any cuts, sores or abrasions on your hands and arms with waterproof dressings.
2. Put on disposable gloves.
3. When cleaning or treating a child's face that has blood on it, ensure you are not at eye level with the student as blood can enter your eyes/mouth if the student cries or coughs. If a student's blood enters your eyes, rinse them while open, gently but thoroughly for at least 30 seconds. If a student's blood enters your mouth, spit it out and then rinse the mouth several times with water.
4. Raise the injured part of the student's body above the level of the heart (if this is possible) unless you suspect a broken bone.
5. Clean the affected area and cover the wound with waterproof dressing.

6. Remove and place gloves in an appropriate disposable plastic bag/zip lock bag/bio hazard container, seal and place it in a rubbish bin inaccessible to children.
7. Wash hands in warm, soapy water and dry (follow the *Hand washing guidelines* in the *Hygiene Policy*).
8. Remove contaminated clothing and store in leak-proof disposable plastic bags. Give these bags to the parent/guardian for washing when the student is collected from the School.

SAFE DISPOSAL OF DISCARDED NEEDLES AND SYRINGES**Equipment (label clearly and keep in an easily accessible location)**

- Disposable gloves
- Long-handled tongs
- Disposable plastic bags
- 'Sharps' syringe disposal container, or rigid-walled, screw-top, puncture-resistant container available for free from local council, who may also provide free training to staff on the collection of sharps
- Detergent/bleach

Procedure

1. Put on disposable gloves.
2. Do **not** try to re-cap the needle or to break the needle from the syringe.
3. Place the 'sharps' syringe disposal container on the ground next to the needle/syringe and open the lid.
4. Using tongs, pick the syringe up from the middle, keeping the sharp end away from you at all times.
5. Place the syringe, needle point down, in the 'sharps' syringe disposal container and close the lid securely on the container.
6. Repeat steps 3 to 5 to pick up all syringes and/or unattached needles.
7. Remove and place gloves in a disposable plastic bag, seal and place it in a rubbish bin inaccessible to children.
8. Clean the area with warm water and detergent/bleach, then rinse and dry.
9. Wash hands in warm, soapy water and dry (follow the *Handwashing guidelines* in the *Hygiene Policy*).

Under no circumstances should work-experience students or students be asked or encouraged to pick up needles/syringes.

If the needle/syringe is not accessible and cannot be collected, mark and supervise the area so that others are not at risk, and contact the Syringe Disposal Helpline on 1800 552 355.

Advice on the handling and disposal of needles/syringes can be accessed from:

- the Syringe Disposal Helpline on 1800 552 355 (24 hours a day, 7 days a week) for the location of the nearest needle exchange outlet or public disposal bin
- the environmental officer (health surveyor) at your local municipal/council offices
- local general practitioners
- local hospitals.

Note: 'Sharps' syringe disposal containers and/or needles/syringes must not be put in normal waste disposal bins.

NEEDLE STICK INJURIES

The risk of transmission of a blood-borne virus from a needle stick injury is low and should not cause alarm. The following procedure should be observed in the case of a needle stick injury.

1. Flush the injured area with flowing water.
2. Wash the affected area with warm soapy water and then pat dry.
3. Cover the wound with a waterproof dressing.
4. Report the injury to the Approved Provider or Nominated Supervisor as soon as possible.
5. Document needle stick injuries involving a staff member or student in the incident report book maintained at the School under OHS laws, and report to WorkSafe Victoria.
6. For incidents involving a student, contact the parents/guardians as soon as is practicable and provide a report to DEECD within 24 hours (refer to 'serious incident' in the *Definitions* section of this policy).
7. See a doctor as soon as possible and discuss the circumstances of the injury.