



Infectious Diseases and Immunisation Policy (including exclusion procedures)

Overview

This policy is concerned with a whole school approach to the health and safety of all students attending Tarremah Steiner School and any affiliated programs or services.

Rationale

To minimise the risk to any student attending Tarremah Steiner School and any affiliated programs or services in regard to infectious diseases and to ensure effective hygienic and exclusion practices are implemented.

Policy

Tarremah's policy on vaccination is that we respect parents' right to exercise their discretion in consultation with their health professionals.

Like all schools, Tarremah collects vaccination documentation when children enrol following current requirements of the Tasmanian *Public Health Act 1997*.

Implementing appropriate hygiene practices may break the cycle of infection and infectious disease. Early exclusion of children and staff may reduce the spread of the infection and infectious disease. Parents and staff will be encouraged to watch for early signs and symptoms and implement appropriate exclusion periods.

Tarremah Steiner School and any affiliated programs or services will maintain relevant records in regard to cases of infectious disease, which require either exclusion and/or notification to relevant health authorities.

Tarremah Steiner School and any affiliated programs or services will ensure that staff and families are promptly informed about the occurrence of infectious diseases, in a manner that respects the rights of individual students or staff.

Staff, students and families are required to adhere to relevant policies and procedures to minimise the spread of infectious diseases.

Procedure

It is generally accepted that a clean and hygienic environment is desirable for the general health of students, staff and others.

Children are influenced by the behaviour of others around them. When staff role model positive health and hygiene practices, students are more likely to adopt appropriate health and hygiene practices. This

may include discussions regarding not sharing drinking containers and eating utensils, in order to minimise the risk of infection such as meningococcal septicaemia.

A number of infectious diseases may be potentially transmitted through body contact (e.g. body fluids, mucous membranes) and the spread of infectious diseases may be minimised by breaking the cycle of infection. The most effective steps in breaking the chain of infection and minimising the spread of disease includes:

- Effective hand hygiene;
- Exclusion of ill students, teachers and other persons; and
- Immunisation.

Other strategies to prevent spread of infectious diseases include:

- Cough and sneeze etiquette;
- Appropriate use of gloves; and
- Effective environmental cleaning.

Where dealing with an infection control incident, Tarremah Steiner School staff will:

- Only treat students (and associated areas or items such as clothing) when wearing disposable gloves.
Note: wearing gloves does not replace the need to effectively wash hands, before and after using gloves.
- When cleaning the infected area:
 - Warm water and detergent will be used (follow manufacturer's instructions).
 - Rinse the surface with clean water.
 - Dry the surface.
 - Then use either disinfectant (for spot blood spills and other body substances) or bleach (for small and large blood spills). Where a disinfectant or bleach is used, allow sufficient time for the area or equipment to dry, at least 10 minutes.
- Infected items (e.g. clothing, disposable gloves) will be placed in a plastic bag and sealed for disposal.

The aim of environmental cleaning is to minimise the number of germs that survive on surfaces.

Where a student becomes unwell while attending Tarremah Steiner School or any affiliated program or service, the student's condition must be monitored, the student may be removed from the group (without negatively excluding them i.e. in a quiet area that can be easily supervised) and arrangements must be made for the collection of the student by a parent or other person authorised to do as soon as possible.

Where practicable, staff may record the time they attempt to call the student's parent and/or emergency contacts. Any changes to the student's condition may also be recorded.

Parents are required to advise Tarremah Steiner School and any affiliated programs or services if their child is unwell or has been diagnosed with a notifiable disease (see table attached). Where a parent advises that their child has been diagnosed with a notifiable disease, the school must immediately notify Tasmanian Public Health Service, Department of Health and Human Services (1800 671 738). An

authorised officer will advise the service of any necessary further action. Current exclusion periods may be verified via Staying Healthy or the Department of Health and Human Services website.

Where a record is kept in regard to a child attending the Tarremah Steiner School Early Childhood Centre, the record must include:

- The name and age of child;
- The symptoms, and the date and time symptoms were noticed;
- The room/area of school, or whether the school was notified by the parent; and
- Any action taken.

The record must be kept up to date, in a safe and secure place, in a confidential manner and retained for at least six years.

Where a record is kept in regard to a child attending the Tarremah Steiner School ECC, the record must be made in line with the relevant Incident, Injury, Trauma and Illness Policy.

- 1) Sick children are the parents' responsibility. A parent will be called if a child develops a fever or is too unwell to participate in class.
- 2) Parents are to advise the office or child's teacher of any contagious or transmittable illnesses.

Exclusion

On enrolment, parents must provide current proof of each student's vaccination records. A copy of these records and/or information in regard to each student's immunisation status will be stored confidentially with the student's enrolment record.

Where a student has not been vaccinated or only naturopathically or homeopathically vaccinated, and there is an outbreak of a known infectious disease, the student (or other relevant person) will be excluded in line with the exclusion periods contained within the NHMRC Staying Healthy – Preventing infectious diseases in early childhood education and care services (2012).

The aim of exclusion is to reduce the spread of infectious disease. The less contact there is between people who have an infectious disease and people who are at risk of catching the disease, the less chance the disease has of spreading. The need for exclusion and the length of time a person is excluded depend on:

- How easily the infection can spread;
- How long the person is likely to be infectious;
- How severe the disease can be;
- The individual person's immunisation status.

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 ^b	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 ^b	Not excluded
Diarrhoea (No organism identified)	Exclude until there has not been a loose bowel motion for 24 hours ^b	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 ^b	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 ^b	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 ^b	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 ^b	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 ^b	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/pelhs/branches/branch-communicable.htm>. Note that exclusion advice is consistent with Series of National Guidelines (SANGs) where available.

Staying Healthy. Preventing infectious diseases in early childhood education and care services | 5th Edition | Printed June 2013 | NHMRC Ref. CH55e



Additional School Responsibilities

- It is the school's responsibility to ensure that the premise, including toilets and change rooms are maintained in a clean and hygienic manner. Particular attention will be paid to hand-basins, toilets and showers. Adequate soap, paper hand towels, brooms, refuse disposal bins and disinfectants will be available at all times.
- The school will enforce a no spitting rule.
- All clothing, equipment and surfaces contaminated by blood must be treated as potentially infectious and treated accordingly.
- Sharing of towels, face washers, toothbrushes and drink containers, musical instruments played by mouth, umpires' whistles and the like, should not occur.
- Any open cuts and abrasions must be reported and treated immediately.
- Parents must be notified of any infectious disease at Tarremah Steiner School and any affiliated programs or services.

Policy Title	Infectious Diseases and Immunisation Policy (including exclusion procedures)
Policies to be read in accordance with the above Policy	Incident, Injury, Trauma and Illness Policy Medical Conditions Policy
Reference/Legislation	Tasmanian Public Health Act 1997 Table 1 – Guidelines for Notification of Notifiable Diseases, Human Pathogenic Organisms and Contaminants
Approval Authority	School Executive – August 16 2017
Council meeting reference	14 November 2017
Review Status	2 years
Information & Contact	School Chair or Business Manager

Immunisation Entry Requirements for School and Child Care - A Guide for Parents & Guardians

The Tasmanian *Public Health Act 1997* includes provisions designed to help prevent children from catching and spreading a number of childhood vaccine preventable diseases. The *Act* states that a person in charge of a school or child care facility must require a parent or guardian to provide information about a child's immunisations when the child is about to attend that school or facility for the first time.

The diseases covered by these provisions are: **Chicken Pox, Diptheria, haemophilus influenzae type b (Hib) infection, hepatitis B, Influenza, measles, meningococcal infection, mumps, pertussis (whooping cough), Pneumococcal infection, polio, rubella (german measles), tetanus**

These infections cause potentially life threatening diseases that children who are not immunised are prone to catch and some are spread readily. Immunisation is the only effective defence, and it is necessary to have as many children vaccinated as possible.

What information do you need to provide about your child's immunisation?

If your child is starting school or child care, you must present information in writing stating whether or not your child has been immunised against each of the diseases above.

Also, even if this is not your child's first year at school or commencing child care, it is likely you will be asked for this information.

Does this mean my child must be vaccinated?

No. If your child can't be vaccinated because of medical or other reasons, the information you provide in writing should say so.

However, if your child is not vaccinated, he or she may be excluded from school if there is an outbreak of a vaccine preventable disease at the school or in child care.

What do I need to do?

To get your child's immunisation history, you can:

use your child's Personal Health Record as proof of immunisation, if for each vaccine administered, the doctor or council staff member has clearly signed and printed their name;

ask your doctor or local council for signed information on a letterhead saying exactly which diseases your child has been immunised against and when this happened;

use the Australian Childhood Immunisation Register (ACIR) statement provided to you when your child turns 5 years of age; or

contact the ACIR on freecall 1800 653 809, they may have information if your child was immunised after February 1996.

Should your child receive any additional vaccinations after starting school or child care, it is important to make sure that school and child care records are updated. Otherwise your child may be unnecessarily excluded from school or child care in the future.

What if I am sure my child is fully vaccinated, but I can't remember the details or I can't get the required information?

If you believe your child has been immunised against certain diseases but you can't get written proof, you can fill in and sign a Statutory Declaration explaining this. A sample Statutory Declaration form is available on this website, or at your child's school or child care facility. Apart from a JP, the Statutory Declaration can be witnessed by professionals such as Medical Practitioners, pharmacists or teachers employed on a full time basis at a school. In such instances these professionals act as ex officio Commissioners for Declarations.

What if I object to the vaccination of my child?

If you object to having your child immunised you must sign a Statutory Declaration stating this fact.

Is homeopathic "immunisation" recognised?

No. Homeopathic "immunisation" has not been shown to work as an alternative to conventional immunisation in preventing serious illness. Only conventional immunisation has been proven to provide enough protection against these diseases.

Will my child have to stay home if there is a disease outbreak at school or in child care?

If an outbreak of a vaccine preventable disease is declared in your community and your child is not fully immunised, they may have to stay home. When the outbreak is declared to be over they may return to school or child care. This will prevent the disease spreading to other children. Of course, if your child has one of the childhood diseases then they will have to stay home until better.

Where do I go for more information?

For further information about immunisation requirements, speak to staff at :- Your Child's school or child care facility, Your local Council

Your Doctor, Family, Child and Youth Health nurse in your local Community.

You may also contact the Department of Health and Human Services' Immunisation Hotline on freecall. 1800 671 738. Child Care Connections advises the information provided in this document has been extracted directly from the Web Page of the Department of Health and Human Services Tasmania (www.dhhs.tas.gov.au/healthyliving/factsheet). Sourced November 2007

TASMANIA STATUTORY DECLARATION

I, *(insert name)*

of *(insert address)*

..... in Tasmania,

do solemnly and sincerely declare that:

1. I am the parent/guardian of *(insert name of child)*

2. Although I am unable to produce any immunisation certificate or other proof of immunisation, I believe

that my said child is fully immunised for their age against the following diseases as specified below: 18 months		YES	NO
2,4,6 months & 4 years	chicken pox	YES	NO
2,4,6,12 months	diphtheria	YES	NO
12 years on girls only	haemophilus influenzae type b (hib) infection	YES	NO
Birth,2,4,6 months	human papilloma virus	YES	NO
Optional	hepatitis B	YES	NO
12 months & 4 years	influenza	YES	NO
12 months	measles	YES	NO
12 months & 4 years	meningococcal infection	YES	NO
2,4,6 months & 4 years	mumps	YES	NO
2,4,6 months	pertussis (whooping cough)	YES	NO
2,4,6 months & 4 years	pneumococcal infection	YES	NO
2,4,6 months	polio	YES	NO
12 months & 4 years	rotavirus	YES	NO
2,4,6 months	rubella (german measles)	YES	NO
2,4,6 months & 4 years	tetanus	YES	NO