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1. Rationale

The purpose of the infection control guideline is to assist departmental schools, TAFE institutes and other departmental workplaces develop practices that prevent or minimise the spread of infection, illness and disease to staff, students and others (such as contractors, student teachers and volunteers).

The following points are particularly pertinent:

- (a) Schools, TAFE institutes and other workplaces are common sites for transmission of infectious diseases.
- (b) Some infectious diseases have few or no outward signs of illness, so a person may not know that they are infected.
- (c) Some childhood infectious diseases that generally cause a mild illness in children (such as chickenpox) can cause a more serious illness in adults.
- (d) There are also diseases relevant to pregnancy which may pose additional risks to pregnant women and the unborn child e.g. varicella (chicken pox), rubella, cytomegalovirus and parvovirus.
- (e) Staff and students are not required to inform their school/TAFE institute/workplace if they have an infectious disease, however they should be encouraged to advise the school/TAFE institute/workplace if they have an infectious disease that requires exclusion. (Note the [Public Health Act 2005](#) and Public Health [Regulation 2005](#) only provides specific notification requirements for students with a defined contagious condition).

In order to prevent transmission of infectious diseases, this Infection Control Guideline is based on the adoption of **standard precautions** which is **the assumption that all blood and body fluids are potentially infectious and could transmit disease**.

Effective Infection Control depends on the principal's/director's/manager's ability to:

- Develop and implement local infection control practices;
- Promote infection control practices within the workplace;
- Allocate funds to implement infection control practices; and
- Work with their local Queensland Health Population Health Unit to manage and contain an outbreak of a contagious condition at their workplace e.g. measles, and prevent it from entering the broader community.

2. Funding for Infection Control

Principals/Directors/managers should note the following points that apply to the funding required for infection control:

- (a) Funding for facilities, materials and equipment to implement infection control practices are sourced from local funds. In addition, schools may contact their facilities account manager who may assist determine funding that is available for such things as structural facilities).
- (b) Under current certified Enterprise Bargaining Agreement's School Cleaners and Schools Officers are eligible for vaccination for hepatitis A and B. The costs associated with vaccination are funded by the school. For TAFE Institutes, the current certified Enterprise Bargaining Agreement for Non-Educational Employees requires that any employee whose work involves possible contact with blood and other bodily fluids will also receive vaccination for hepatitis A and B.
- (c) Other departmental staff may be eligible for employer funded vaccinations for hepatitis A and hepatitis B. Eligible staff are those considered "at risk" based on a risk assessment. Details of "at risk" staff are provided in section 6 of this guideline - *Immunisation*. This will assist the risk assessment process.
- (d) Under individual circumstances involving rare or unexpected occupational exposure to an infectious disease, Queensland Health may recommend vaccination. In such circumstances e.g. meningococcal or hepatitis, the costs of vaccination are funded by the workplace. Refer to your local Queensland Health Population Health Unit for specific advice about individual cases.
- (d) Schools and TAFE institutes are **not** responsible for the funding of student vaccination.

3. General Infection Control Information

Understanding the way different infectious diseases are spread allows the correct preventative measures to be applied. Spread of illness and disease requires a source of infection, a route of transmission and a host-person capable of acquiring the illness or disease. Most infectious diseases are spread by a single, well-defined route.

Routes of transmission include:

(a) Droplet - When infected people sneeze, cough or talk, germs can spread by way of droplets. Hands and other surfaces soiled with nasal and throat discharges are often responsible for the spread of disease. Examples of infectious diseases spread by *droplet transmission* include: common cold, influenza, parvovirus B19, measles, mumps, rubella and pertussis (whooping cough).

(b) Airborne – Some diseases are transferred via “airborne transmission”. These diseases remain in the air, are carried on air currents for some time after contamination e.g. via sneezing. Examples of infectious diseases spread by airborne transmission include measles, chickenpox and Q fever.

(b) Faecal-oral – Some viruses, bacteria and parasites utilise the faecal/oral method of transmission. In these cases they are present in the faeces of infected people and may be passed directly from soiled hands to others either directly to the mouth or indirectly via objects, surfaces or food. The sites most commonly contaminated with faeces are hands, floors, tap handles, toilet areas (e.g. flush handles/buttons) handrails, door handles and tabletops. Examples of infectious diseases transmitted via the faecal-oral route are bacterial and viral gastroenteritis, giardia, hepatitis A, salmonella, shigella and a variety of intestinal viruses including the virus that causes hand, foot and mouth disease.

(c) Contact - Some conditions can be spread directly via skin-to-skin contact, or indirectly by contact with contaminated objects or surfaces. Such spread can occur with impetigo (school sores), ring worm, scabies and head lice*. *note that whilst head lice is not defined as a “disease”, it can be a common condition in schools

(d) Urine – Urine can carry infectious diseases. Hands, objects or surfaces that have been soiled by urine from an infected person can enable the spread of infection, such as cytomegalovirus (CMV).

(e) Vector - Some viruses are spread by blood-to-blood contact through mosquito bites such as Dengue, Japanese encephalitis and Ross River fever.

(f) Blood or blood products - Some diseases, such as AIDS, caused by the human immunodeficiency virus (HIV), hepatitis B and hepatitis C are spread through blood or blood products. Occupational transmission can occur when infected blood or blood products enters another person through broken skin, mucous membranes of the eyes, nose and mouth. It has been noted that such diseases can spread via needle-stick injuries if the needle is still infectious with a blood borne disease.

3.1 Standard Precautions

Standard precautions are work practices that assume that all blood and body fluids are potentially infectious. Standard precautions should be used as a first-line approach to preventing infection and should be adopted for contact with all blood and body fluids.

Standard precautions include:

- Good hygiene practices, including hand washing
- Use of personal protective equipment (PPE)
- Appropriate handling and disposal of sharps and other infectious waste and
- Appropriate cleaning and disinfection of contaminated items.

3.2 Good Hygiene Practices

Good hygiene practices include:

3.2a: Hand washing

- Hand washing is one of *the most important measures* in preventing transmission of infection.
- Mild liquid soap should be available at hand basins. Germicidal soaps are not necessary and may irritate some skin types. Liquid soap dispensers should be fitted in preference to cakes of soap. (problems associated with spills from liquid soap dispensers may be minimised by having them fitted over the basin).
- Paper towels or air dryers should be available at hand basins for drying hands and in other relevant areas for general drying and cleaning. Clean fabric cloths, towels or rags may be used in place of paper towels for *single-use* drying or cleaning. Individual cloth towels may be provided for students in some settings, such as prep/childcare, provided these are laundered regularly and not shared between students. Communal cloth towels should not be used.
- A copy of the picture [Hand Washing Technique](#) should be laminated or placed in a plastic sleeve and placed on the wall adjacent to washing facilities.
- Hands should be washed using soap, water and then dried:
 - before handling, preparing or eating food
 - before and after assisting students with eating/meals

- before and after assisting students with toileting
 - before and after providing first aid or medication
 - before and after contact with an ill or injured person
 - after contact with blood or body fluids
 - after removal of protective gloves
 - after using the toilet; and
 - after contact with animals.
- Alcohol based hand rubs can be used routinely however the safety issues, including flammability, skin reaction and student access to the product (i.e. ingestion) must be considered. Further, hands must be clean (free of debris) if it is to be effective for infection control. Schools, TAFE Institutes and other departmental workplaces may also use alcohol based hand rubs in emergency or field situations (such as excursions, camps or off-campus activities) where hand washing facilities are limited or not available.

3.2b Footwear

- Staff, students and others must wear footwear that is appropriate for the activity they are undertaking.

3.2c Wounds

- Keep wounds covered (e.g. with a water-resistant dressing).

3.3. Personal Protective Equipment (PPE), Facilities and Materials

The use of personal protective equipment (PPE), facilities and materials is required to prevent or minimise the spread of infection, illness and disease.

The following PPE, facilities and materials should be readily available in the workplace, particularly in food preparation, first aid, and special and physical education areas:

- Hand-basins in or near toilet facilities, first aid and food preparation areas.
- Disposable gloves and plastic aprons for all situations involving contact with blood and body fluids (Gloves should be powder-free latex or vinyl). Food handling type gloves do not provide adequate protection. Disposable gloves are for single-use only and are not to be re-used.
- Sturdy tongs for handling potentially infectious waste.
- Leak-proof sealable plastic bags for disposing of potentially infectious waste.
- Rigid-walled, puncture-resistant container such as a sharps container for disposing of “sharps” e.g. used needles or syringes (Sharps disposal kits containing a small sharps container, disposable gloves and band-aids, plastic disposable tweezers, and an antiseptic cleaning tissue, may be purchased. Note that plastic tweezers are not recommended for handling used needles and syringes as these can cause the sharp to flick and cause injury).
- Refuse disposal bins containing a sealable plastic lining.
- If there is a risk of discarded needles and syringes; at-risk staff such as TAFE and school cleaners, and Schools Officers (Facilities and Grounds) should be identified and provided with leather or puncture-resistant gloves.

Relevant PPE, facilities and materials should be used during the following:

- Handling or preparing food (to avoid latex contamination of food, do not use latex gloves for food handling and preparation).
- Administering or assisting with first aid or medication (First aid staff, facilities and equipment should be provided in accordance with the relevant departmental procedure for first aid.)
- Assisting a student to change clothing soiled with blood or body fluids (including excreta such as urine and faeces), use the toilet or change sanitary pads.
- Assisting a student in feeding involving potential contact with saliva.
- Administering a routine or emergency specialised health requirement such as gastrostomy tube feeding or rectal valium.
- Handling or disposing of potentially infectious waste such as when cleaning and disinfecting blood or body fluid spills.
- Emptying or disposing of containers of potentially infectious waste such as rubbish or soiled dressings.
- On playground duty, bus duty or similar work activity, it is recommended that staff carry a pair of disposable gloves in case they need to attend to an ill or injured student.
- If general waste (e.g. rubbish in the school/TAFE grounds) is to be picked up it is recommended that gloves and sturdy tongs (e.g. rubbish grabbers) be used to protect against injury from concealed sharps and to prevent direct contact with soiled items such as used tissues.
- If a school chooses to have “Emu Parades” it is recommended that an assessment of the possible dangers and associated risks be considered. Appropriate supervision as well as

PPE is required due to the risk of students finding and or handling discarded syringes, broken glass and other sharps.

4. General Cleaning and Disinfection

'Cleaning' is the removal of soil (which may include blood, bodily fluids or excreta) and the reduction of the number of germs from a surface. 'Disinfection' is the inactivation of bacteria, viruses and fungi and can be achieved by heat or chemical means. Cleaning prior to disinfection is critical for effective disinfection, and so all items should be thoroughly cleaned with warm water and detergent prior to disinfection, if disinfection is required.

The following cleaning and disinfection materials and equipment should be readily available in the workplace, particularly in food preparation, first aid, special and physical education areas:

- Sweeping equipment.
- Detergent for general cleaning.
- Alcohol wipes (isopropanol) for disinfection of smooth surfaces (including first aid training mannequins).
- Household bleach (5% sodium hypochlorite) in a 1:50 dilution for general disinfection.

Household bleach is generally only needed for managing gastroenteritis outbreaks (vomit and diarrhoea spills) and for some blood spills i.e. it is recommended that bleach be used to clean blood spills on "hard to clean" surfaces e.g. between tiles or where there will be bare skin contact.

4.1 Cleaning of Special Education Facilities

Cleaning of special education facilities including special schools, special education programs (SEP) and special education developmental units (SEDU), may require more cleaning time and resources than other schools/workplaces, as indicated by the following:

- Products issued to cleaners for cleaning of special education facilities are similar to general hospital products. The Asset Maintenance Unit within the Facilities Services Branch arranges for the supply of these cleaning products.
- Environments similar to special educational facilities may require more thorough and frequent cleaning of risk areas.
- The cleaning time allocated for special schools has been investigated and most locations have been allocated additional time, permitting principals to manage a variety of cleaning requirements in their schools. Some identified SEUs and SEDUs also have an additional allocation of cleaning time.
- All enquiries regarding cleaning time allocation should be referred to the Manager, Asset Maintenance Unit - http://www.ged.qld.gov.au/facilities/asset_maintenance.html

5. Handling and Disposing of Infectious Waste

Appropriate handling and disposal of potentially infectious waste is very important in preventing or minimising the spread of infection, illness and disease. For detailed information on handling and disposal of used needles and syringes, refer to the fact sheet on [Safe Handling and Disposal of Needles and Syringes](#). For disposal of nappies, incontinence pads and sanitary disposal units, refer to the [Asset Maintenance Unit](#) within Facilities Support Services (*This document is available to Education Queensland Schools and Departmental locations via the intranet*) or relevant policies developed by TAFE institutes. When cleaning and disposing of potentially infectious waste such as blood or body fluids, or items containing these products, such as bloodstained items or soiled clothing, the following steps should be taken:

- Wear disposable powder-free latex or vinyl gloves, and a plastic apron if necessary.
- For blood and body fluid spills, absorb the bulk of the spill with disposable materials such as paper towels. Special care should be taken if waste contains sharp material such as broken glass. Sharp material should be picked up with sturdy tongs, and wrapped securely in several layers of newspaper or put into a puncture-resistant rigid-walled container such as a sharps container.
- Clean the spill with warm water and detergent.
- After cleaning, disinfect the area with a freshly prepared solution of 1:50 diluted 5% household bleach and leave to dry. For small spills (e.g. spots of blood) an alcohol wipe may be sufficient.
- Clean cleaning equipment such as mops and buckets with warm water and detergent and store dry.
- Remove and dispose of gloves and other waste such as paper towels into a sealable plastic bag. Refer to the pictorial [Removal of Gloves Technique](#). Dispose of the sealed plastic bag

in general waste. Wash hands thoroughly with soap, water and dry with paper towels. Refer to the pictorial [Hand Washing Technique](#).

- If the spill is on carpet, clean with a neutral detergent and arrange for the carpet to be cleaned with an industrial cleaner as soon as possible.
- Granular formulations that produce high available chlorine concentrations can be used to contain the spill and prevent airborne contaminants. School Cleaning Advisers or TAFE cleaning supervisors may assist in recommending products that are available from chemical suppliers.
- If staff or students inadvertently find potentially infectious waste items, such as used needles and syringes in school/TAFE grounds, they should immediately advise relevant staff. Where possible, a responsible person should remain with the item while another retrieves appropriate handling and disposal equipment. No attempt should be made to recap, break or bend the needle as this is a common cause of injury. The department has developed a fact sheet relating to appropriate handling and disposal of used syringes [Safe Handling and Disposal of Needles and Syringes](#).
- If a needle-stick or other injury involving exposure to blood or body fluids occurs during handling and disposal of potentially infectious waste, the person should be medically assessed as soon as possible.

6. Immunisation

- The following advice has been provided by Workplace Health and Safety Queensland and Queensland Health with reference to vaccine preventable diseases in the school/workplace environment.
- Immunisation is the most cost effective and efficient means available for maintenance of public health with safe and effective vaccines available for a number of serious diseases.
- It is recommended that “at-risk” staff, students and others be immunised according to the National Health and Medical Research Council’s (NHMRC) Recommended Immunisation Schedules.

Relevant links include:

National Health and Medical Research Council’s (NHMRC) Recommended Immunisation Schedules: <http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/nips>

Workplace Health and Safety Queensland:

<http://www.deir.qld.gov.au/workplace/documents/showDoc.jsp?WHS%20Fast%20Facts/healthcommunity%20-%20teacher>

The Australian Immunisation Handbook 9th Edition 2009:

<http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook-home>

For people working with children (including children in childcare, pre-school, primary and secondary school settings) this includes, but is not limited to:

Occupation	Recommended Immunisation
<ul style="list-style-type: none"> • Childcare and preschool staff (including childcare teachers and students) • Corrections staff working where infants/children who cohabit with mothers • School teachers (including student teachers) • Outside school hours carers • Child counselling services workers • Youth services workers 	Pertussis (Whooping Cough) Measles Mumps Rubella (MMR) Varicella (Chicken pox) if not immune
<ul style="list-style-type: none"> • Childcare and preschool staff 	All of the above vaccinations, including Hepatitis A.

Source: *The Australian Immunisation Handbook 9th Edition 2009.*

There are no specific recommended vaccinations for TAFE Teachers, unless their work includes one or more of the occupations in the above table.

More information:

6.1 [Pertussis \(Whooping Cough\)](#)

Whooping cough (Pertussis) is a highly contagious respiratory infection. It can be a very serious illness in non-immunised infants and young children, but even in older children and adults it can cause unpleasant and prolonged illness. It is spread to others by coughing or sneezing, or by direct contact with secretions of the mouth or nose. It is recommended that all adults working with children be vaccinated with the adult pertussis booster vaccine, even if they have previously had the childhood pertussis vaccination as this wanes over time. Adults often present with a persistent cough without the associated “whoop” sound associated with the condition in children.

6.2 [Measles](#) / [Mumps](#) / [Rubella \(MMR\)](#)

Measles, Mumps and Rubella are diseases that are transmitted by respiratory droplets and can cause serious illness in adults. Rubella acquired during pregnancy can cause serious damage to an unborn baby and mumps infection in men can, in rare cases, cause infertility. At-risk staff include:

- Non-immune adults.
- All adults born during or since 1966 who have only received one dose of MMR vaccine. Adults in this age group should have evidence of having received two doses of measles-containing vaccine to be considered immune. If not, they should receive a booster dose of MMR vaccine.

6.3 [Chickenpox \(Varicella\)](#)

Chickenpox is transmitted by airborne transmission and by contact with the fluid present in the rash. Chickenpox can cause a very serious illness in adults and can occasionally cause serious damage to an unborn baby if acquired during pregnancy. At-risk staff include: all non-immune school staff. Chickenpox vaccination for adults is given as a course of two injections at least one to two months apart. Approximately 5-10% of adults have not had chickenpox and are not immune.

6.4 [Hepatitis A Vaccination](#)

Hepatitis A is transmitted by contact with infected human faeces. Hepatitis A often causes no signs of illness in young children but can cause a serious illness with prolonged convalescence in adults. At-risk staff and tasks include:

- Work in rural and remote Indigenous communities.
- Child care and pre-school personnel.
- Those with contact with students with intellectual and physical disabilities where assisted toileting is required.
- Any occupations or environments involving contact with human faeces.

Hepatitis A vaccination is given as a course of two injections; one injection provides protection for one year and a second dose given 6-12 months after the first dose provides long-lasting immunity. It takes between 2-4 weeks to gain immunity following vaccination. Cleaners, Schools Officers and other “at risk” staff are entitled to hepatitis A vaccination. Contact your local workplace health and safety officer for further information. School based workplace health and safety officers may also contact their [Regional Senior Health and Safety Consultant](#).

Other Occupational Vaccinations

6.5 [Hepatitis B Vaccination](#)

Hepatitis B can be transmitted by contact with blood (e.g. needle stick injuries) and also some bodily fluids such as saliva. Some people who are infected with hepatitis B do not experience serious illness, approximately 50% of adults with hepatitis B will experience symptomatic acute hepatitis. Unfortunately, 5-10% of infected people are unable to clear the virus following infection and become ‘chronic carriers’, with an increased lifetime risk of liver damage and liver cancer. At-risk staff and tasks include:

- Contact with students with disabilities which may present a risk of contact with blood.
- Staff involved with contact sports.
- Health care workers, e.g. school nurses, nursing teachers and students
- Regular contact with, and disposal of, items such as used needles and syringes e.g. cleaning and grounds maintenance
- Any other occupations or environments involving risk of contact with blood or body fluids.

Hepatitis B vaccination is usually given as a course of three injections over a period of six months. Over 90% of adults will respond to the vaccination and develop protective antibodies.

Staff at 'significant occupational risk' should undergo a blood test 4-8 weeks following completion of the primary course of vaccination. This blood test is to ensure that they have developed protective levels of antibody. People who can not develop effective immunity through the immunisation process should be instructed to seek medical advice to determine other options to increase seroconversion and also to assess the need for Hepatitis B Immunoglobulin (HBIG) within 72 hours of a blood or body fluid exposure.

Cleaners, Schools Officers and other "at risk" staff are entitled to hepatitis B vaccination. Contact your local workplace health and safety officer for further information. School based workplace health and safety officers may also contact their [Regional Senior Health and Safety Consultant](#) (**note:** A combined hepatitis A/hepatitis B vaccine can be administered to staff who are at-risk of acquiring both diseases).

6.6 [Influenza](#)

Influenza (the 'flu') is an illness caused by the influenza virus. The virus is passed from person to person via droplets in a sneeze or cough. In environments where people work closely, the virus can be transmitted very quickly. Normal healthy adults will usually recover fairly quickly, provided they rest at home in bed throughout the illness. However, influenza can lead to pneumonia, which requires a prolonged period of recovery, and often hospitalisation.

Frequent hand washing with soap and water or an alcohol based hand gel, especially after contact with respiratory droplets (e.g. blowing nose) is an important part of reducing spread of influenza. This is particularly important prior to touching your eyes, nose and mouth. Respiratory hygiene and appropriate cough etiquette is also important.

Additional strategies to protect you from both seasonal and other strains of flu include:

- stay home when you are sick
- when coughing or sneezing, cover your mouth and nose with disposable tissues which should be disposed of immediately
- don't share items such as cigarettes, glasses or cups, lipstick, toys or anything which could be contaminated with respiratory secretions
- maintain at least one metre distance from people who have flu-like symptoms such as coughing or sneezing
- consult your doctor if you have a cough and fever. Follow their instructions, including taking medicine as prescribed.
- if attending a medical practice or hospital Emergency Department, telephone beforehand so that they can arrange for you to be seen away from other people.

The National Health and Medical Research council (NHMRC) recommend that influenza vaccinations be given during February to May for best preparation before winter. The department runs an influenza vaccination program each year via a preferred supplier however individual worksites may also arrange to utilise local vaccination providers.

It is the decision of the principal, director or officer in charge to approve and fund influenza vaccination for their staff. It should be noted that there is evidence to support reduced sick leave following influenza immunisation of workers. The National Health and Medical Research Council's Immunisation Handbook (9th edition) recommends annual influenza vaccination for any person ≥ 6 months of age who wish to reduce the likelihood of becoming ill with influenza. People at higher risk of complications should they contract influenza include: All individuals ≥ 65 years of age, Aboriginal and Torres Strait Islander people ≥ 15 years of age, Individuals ≥ 6 months of age with conditions predisposing to severe influenza, Pregnant women (note: for pregnant women, influenza vaccination should be given to those planning a pregnancy, and to pregnant women who will be in the second or third trimester during the influenza season).

6.7 [Japanese Encephalitis \(JE\) Vaccination](#)

JE is transmitted by mosquitoes and is present in the outer islands of the Torres Strait. It can cause a very serious illness. At-risk staff include:

- Staff who will be living or working on the outer islands of the Torres Strait for a cumulative total of 30 days or more during the wet season (December to May).

JE vaccination consists of a course of 3 doses of vaccine over a month. It takes a period of time to develop immunity following vaccination and the risk to staff must be managed by other ways during this period. The interim control measures implemented for staff will be dependent on a risk assessment, medical advice and how the disease is transmitted.

6.8 Q fever Vaccination

Q fever is a zoonotic (animal-acquired) infection which is present in a variety of domestic and wild animals, particularly cattle, sheep, goats and kangaroos. It is transmitted by airborne transmission of contaminated dust and aerosols. It often presents as a flu-like illness, but can sometimes cause chronic infection with complications such as a chronic fatigue syndrome. For this reason cautions should be taken by staff when considering school activities that involve contact with animals such as petting zoos, farmyard visits or viewing animal births. Queensland Health advise that staff and students are considered “at risk” and should consider Q fever vaccination if they:

- Frequently (once or more a week) have close contact with live or deceased cattle, sheep, goats, llamas, alpacas, kangaroos or camels; and/or
- Are responsible for cleaning the living quarters/sheds, feeding troughs and research rooms of such animals; and/or
- Are required to visit abattoirs/meat processing plants, tanning and hide processing plants, feedlots, grazing properties, dairy properties, shearing stations, auction rings, where live or deceased cattle, sheep goats, llamas, alpacas, camels or wild game are present.

The vaccination program consists of a pre-vaccination blood and skin screening test to detect existing immunity, followed by a single dose of Q fever vaccine if non-immune. Information relevant to the education environment is available on the [Q fever Fact Sheet](#). For more information on *Infection Control Guidelines for Animal Contact* refer to the Queensland Health Document: http://www.health.qld.gov.au/ph/documents/cdb/zoo_guidelines.pdf.

6.9 Immunisation Programs

Each workplace should implement a staff immunisation program. An immunisation program should include the following elements:

6.9 a Staff and student immunisation record that is kept up to date.

6.9 b Promotion of immunisation for non-immune and at-risk staff.

6.9 c Provide information to staff about relevant vaccine-preventable diseases. This includes induction information for all new employees as well as ongoing training for existing employees and students. Information pertaining to diseases relevant to pregnancy should be provided within this training.

6.10 Vaccine Refusal

Where workers refuse vaccination or are unable to be vaccinated for medical reasons or do not respond to vaccination the employer should undertake a risk assessment to determine the most appropriate way to protect these workers against infection. The risk assessment should give consideration to the way in which the particular infectious disease is spread.

Appropriate ways to protect non-immune workers might include a combination of preventative measures, outbreak management measures and post-exposure protocols.

Staff and students who refuse or cannot divulge their vaccination status should be considered as non-immune.

Preventative measures

To prevent exposure employers should:

- implement work restrictions for example restrict a worker who has no immunity from performing at risk activities, working in at risk environments or having contact with persons or animals infected with a vaccine preventable disease.
- implement safe work practices and provide additional training
- provide personal protective equipment (PPE).

Outbreak management

In the event of an outbreak of a vaccine preventable disease at a workplace, it may be necessary to restrict attendance a non-immune worker or student or implement work restrictions to protect the worker and prevent further spread of disease. Advice should be sought from an appropriate source such as Queensland Health (Local Population Health Unit).

Post-exposure protocols

A doctor may provide chemoprophylaxis (a medication to prevent or reduce the severity of a disease) to persons without immunity following exposure to some vaccine-preventable diseases for example hepatitis A and hepatitis B.

Employers should:

- identify whether this type of treatment is available for vaccine preventable diseases that are a risk at the workplace
- develop procedures, including prompt medical referral, to be followed in the event of an exposure.

It is important to document how the risk of acquiring vaccine-preventable diseases will be managed for individual workers who refuse vaccination, for whom vaccination is medically contra-indicated or who fail to respond to vaccination.

(e) Students may be at risk of acquiring a vaccine-preventable disease when performing school activities (e.g. Q fever from attending a school-based agricultural program) or participating in industry or vocational placement (e.g. chickenpox from attending a childcare centre as part of a school-based traineeship or TAFE course). A risk assessment should be conducted and where a risk exists the parents/legal guardians should be informed of the risk and informed of control options such as vaccination. Schools and TAFE institutes are not required to reimburse costs of student vaccination. Student immunisation records should be kept and maintained as indicated by a risk assessment.

(f) Schools/TAFE institutes/workplaces may wish to extend their immunisation program to volunteers.

(g) Relevant staff should liaise with principals, directors or managers with regard to the local arrangements for vaccination programs and reimbursement of costs.

(h) All female staff, particularly those who are considering pregnancy should be encouraged to discuss their work requirements and their immunisation status with their doctor. Ideally, all vaccinations recommended for the work environment should be complete prior to pregnancy.

(i) It is recommended that pregnant women, women contemplating pregnancy, women who are breast-feeding and individuals with illnesses, allergies or who are taking medication should discuss their situation with their doctor prior to vaccination.

7. Managing Illness and Disease

The following general principles apply to managing illness and disease:

(a) Staff and students are not required to inform their workplace if they are unwell or to disclose details of their illness or disease. (Note that the *Public Health Act and Regulation 2005* only provides specific notification requirements for students with a defined contagious condition).

(b) In compliance with the *Anti-discrimination Act 1991*, if staff or students disclose details of their illness or disease, the workplace must keep the disclosure confidential unless maintaining confidentiality places the health and safety of others at risk. Workplaces should consult relevant personnel in their regional office, TAFE institute and/or local [Population Health Unit](#) for advice about when it may be appropriate to maintain confidentiality, and when it may be reasonable and necessary to do otherwise in order to protect the health and safety of others.

(c) Staff have specific obligations as well as a general 'duty of care' to act in a responsible manner towards themselves and others, and particularly those for whom they are responsible, in preventing transmission of illness and disease. Staff should stay at home if they are unwell and advise their workplace if they are absent due to their illness or disease.

(d) Students should act in a responsible manner towards themselves and others in preventing transmission of illness and disease. Parents/Caregivers should keep unwell students at home.

(e) Staff and students who have a contagious infectious disease should not attend school/work during the period when they can transmit the disease to others. Schools must follow the National Health and Medical Research Council's (NHMRC) ['Recommended minimum periods of exclusion from school, preschool and childcare centres for cases of and contact with infectious diseases'](#).

(f) NHMRC recommended exclusion periods are based on the time that a person with a specific disease or condition might be infectious to others. Excluding a contagious person provides a strategy to prevent the introduction or re-introduction of infection into a school/workplace.

(g) Staff and students who need not be excluded, according to the NHMRC recommended exclusion periods, may still need to remain absent because they feel unwell.

(h) It is recommended that unwell staff and students remain absent and that medical advice be followed regarding time periods for doing so.

- (i) For details about restricting a student with a blood transmissible disease from playing body contact sport, refer to part 16.
- (j) In the event of an outbreak of infectious disease at a school, TAFE institute or other departmental workplace, apply their workplaces Critical Incident Management Plan if appropriate.
- (k) For further information about the cause, symptoms, prevention and treatment of specific infectious diseases, contact your local [Population Health Unit](#).

7.1 Contagious Conditions and the Public Health Act 2005

The departmental procedure: HLS-PR-004: Infection Control and Management of Prescribed Contagious Conditions outlines the responsibilities for the management of infection control in accordance with the Workplace Health and Safety Act 1995; and - Contagious Conditions in accordance with the requirements of the *Public Health Act 2005*. Penalties under the *Public Health Act 2005* exist for failure to act in certain circumstances and failure to heed a lawful direction. If a suspected outbreak of a contagious condition, prescribed under the *Public Health Regulation 2005* takes place within a school, it is vital that steps are taken to protect the health of the school community in a timely manner.

The Public Health Act was enacted in late 2005 with the objective “to protect and promote the health of the Queensland public”. Specifically, Chapter 5 “Child Health” contains provisions that apply to contagious conditions in schools, preschools and child care services. The contagious conditions prescribed under the Public Health Regulation 2005 are those conditions that are potentially serious illnesses that can cause outbreaks and usually require follow up by Queensland Health.

Contagious Conditions (as prescribed by the Public Health Regulation) are:

- [Chickenpox \(Varicella\)](#)
- [Diphtheria](#)
- [Enterovirus 71](#)
- [Gastroenteritis](#)
- [German measles \(Rubella\)](#)
- [Haemophilus influenzae type b \(Hib\) disease](#)
- [Hepatitis A](#)
- [Measles](#)
- [Meningococcal disease](#)
- [Poliomyelitis](#)
- [Typhoid and paratyphoid](#)
- [Tuberculosis](#)
- [Whooping Cough \(Pertussis\)](#)

Legislative responsibilities are detailed in the procedure HLS-PR-004: Infection Control and Management of Prescribed Contagious Conditions e.g. parents obligations, teachers’ obligations, legislative powers of principals and legislative powers of Queensland Health Officers.

7.2 Infection Control and Pregnancy

Female staff and students are not required to inform their workplace if they are pregnant. Therefore systems must always be in place to minimise the risk to infectious disease transmission. Information about diseases relevant to pregnancy should be provided to all staff, via induction and ongoing training/information sessions. Those contemplating pregnancy or who are pregnant within the school or TAFE environment should ensure that their treating medical practitioner is aware of their work environment and activities that they undertake on a day to day basis to seek advice on diseases relevant to their pregnancy, their immunity status for these diseases as well as standard precautions for infection control.

Standard precautions should be implemented in all workplaces. Note: Staff who may have a pregnant contact (e.g. wife/partner) should take note of diseases relevant to pregnancy and observe standard precautions and good hygiene practices to control any spread of infectious disease.

Depending upon medical advice, pregnant staff or those contemplating pregnancy may need to be relocated to a suitable environment within or external to the workplace, and/or assigned alternative duties. Medical advice should be sought to determine the duration of relocation and/or alternative duties if so required. Contact relevant personnel in your school, education regional office or TAFE institute for assistance if relocation is required. The following information is provided as a guide, however it is strongly recommended that medical advice is sought with regard to diseases relevant to pregnancy in the work environment.

Diseases Relevant to Pregnancy

7.2a [Chickenpox \(Varicella\)](#)

Chickenpox (Varicella) can, on rare occasions, cause very serious damage to an unborn baby if acquired during pregnancy. Also, maternal chickenpox infection around the time of childbirth can cause a serious chickenpox infection in the newborn.

Most adults have immunity to chickenpox from previous infection but 5-10% of adults have never had chickenpox. If a person is unsure about whether she has previously had chickenpox, she can request a blood test from her medical practitioner to determine immunity.

Non-immune staff should be immunised against chickenpox. It is recommended that pregnant staff or students or those contemplating pregnancy seek medical advice about their individual risk of exposure to infectious diseases during pregnancy.

7.2b [Cytomegalovirus \(CMV\)](#)

Cytomegalovirus (CMV) can have serious implications for the health of the unborn child, especially if a mother becomes infected for the first time while pregnant. For specific information about the cause, symptoms, prevention and treatment of CMV, refer to the hyperlink within the title.

CMV is transmitted by contact with urine and saliva. It often presents as a 'silent' disease with no signs of illness. Staff who have contact with urine and saliva such as pre-school personnel and teachers of students with special needs may be at increased risk.

To date, there is no vaccine for CMV. Regular hand washing and minimising contact with urine and saliva (e.g. by wearing disposable gloves) are the most important ways to prevent infection.

Blood tests can indicate whether an individual has previously been infected with CMV. Reactivation of previous infection and re-infection can occur during pregnancy; however the risk to the unborn baby is usually lower.

7.2.c [Parvovirus B19](#)

Parvovirus B19 (also known as slapped cheek syndrome, fifth disease and erythema infectiosum) is a common illness of primary school-aged children which is transmitted by contact with respiratory secretions. It is recommended that those who are pregnant or contemplating pregnancy determine their immunity to Parvovirus. This can occur via a simple blood test. For those who are not immune, infection during pregnancy has been associated with an increased risk of miscarriage and stillbirth.

A person is most infectious before the onset of symptoms (i.e. rash). Infected persons are therefore unlikely to transmit the disease once the rash develops and therefore do not usually require exclusion.

As Parvovirus is not vaccine-preventable, standard precautions must be in place for the prevention of infection. Standard precautions include regular hand washing and avoiding contact with respiratory secretions. If there is an outbreak of Parvovirus B19 at a school, pregnant staff should be requested to seek medical advice about whether they should have contact with children during the outbreak based on their immunity status...

7.2d [Rubella \(German Measles\)](#)

Rubella (German measles) is transmitted by respiratory secretions and can produce serious birth defects in children born to women infected during pregnancy. For specific information about the cause, symptoms, prevention and treatment of rubella, refer to the hyperlink within the title. The following points apply to rubella:

Non-immune female staff and students of child-bearing age are at significant risk of infection with rubella.

Female staff and students of child-bearing age should be advised and encouraged to be vaccinated against rubella. Persons born during or since 1966 may have received only one dose of the measles-mumps-rubella (MMR) vaccine and require a second dose of vaccine as it wanes over time.

8. Training in Cardio-pulmonary Resuscitation (CPR)

Cardio-pulmonary resuscitation (CPR) equipment should be used and cleaned according to the following process:

- In mouth-to-mouth resuscitation training, mannequins with disposable masks or plastic faces must be used to prevent or minimize the spread of infection. There must be a disposable mask or plastic face for each trainee.
- If a participant has a lesion on or in their mouth (e.g. cold sore), relevant staff must assess whether he or she participates in the training.
- At the end of class the mannequin should be thoroughly cleaned with warm water and detergent, rinsed with clean water and dried. Individual face or mouth-nose pieces should be thoroughly cleaned using warm water and detergent, rinsed in clean water, dried and then wiped over with an alcohol wipe for disinfection.
- Disposable airway tubes or lung bags should be disposed of in a sealable plastic bag after use.
- Mannequins should be inspected routinely for cracks or tears in outer surfaces, because such damage makes thorough cleaning difficult. Damaged parts should be replaced before further use.
- The mannequin's skin surface and clothing should be washed regularly and whenever soiled.

9. Food Handling

For detailed information on food handling practices contact your Local Council Environmental Health Officer or your local Population Health Unit. For information about Home Economics activities, refer to Health and Safety Policies [HLS -PR -012 Maintaining a Safe Kitchen](#) and [HLS-PR-012 Food Handling](#).

Further information is available from Queensland Health:

- [Food Safety Matters](#)
- [Food Safety for Fundraising Events](#)

10. Body Contact Sport

The following practices should be followed with regard to body contact sport:

- Players with a blood transmissible disease should seek medical advice for approval to play contact sport, prior to participation. Players should seek and follow medical advice on how to minimise the risk of transmission of their disease to others.
- It is recommended that players, coaches, trainers and supervisors involved in body contact sport consider vaccination against hepatitis B.
- Individuals with a bleeding injury should attend to it themselves as far as possible by applying pressure to the wound.
- Players, coaches, trainers and supervisors attending to bleeding players should follow the 'standard precautions' as detailed in this guideline.
- Bleeding wounds must be treated, covered and the bleeding stopped completely before the player is allowed to return to the game. First aid kits containing disposable gloves should be readily accessible during contact sports.
- Bloodstained clothing should be changed as soon as possible and washed and dried before re-use, as per the general cleaning and disinfection section of this guideline.
- Bloodstained items such as towels or sponges must not be used for other players, and should be cleaned and disinfected. Ideally, disposable materials should be used for blood and placed into sealable plastic bags for disposal.
- Blood spills should be managed according to part 11 of this guideline.
- Team areas including dressing rooms, hand basins, toilets and showers should be kept clean and dry.
- Water containers and mouth guards should be available for each individual player and not be shared, as bleeding around the mouth is common in contact sport.
- The use of communal baths and spas and other environments where water is not chlorinated or disinfected is strongly discouraged. Any person who is bleeding or has

non-intact skin should not use these facilities until the skin is healed, as waterproof dressings can be dislodged in these settings. Section 111. (1)(d) of the *Anti-discrimination Act 1991* states that 'a person may restrict participation in a competitive sporting activity to people with a specific or general impairment'. The Antidiscrimination Act defines impairment, amongst other things, as 'the presence in the body of organisms capable of causing illness or disease'. Therefore, workplaces:

- should restrict a student/staff member with a blood transmissible disease from playing body contact sport if they believe there is risk of infecting others (seek medical advice about the risk); and
- Should consult relevant personnel in their regional office, TAFE institute and/or local Population Health Unit for advice on restricting students/staff with a blood transmissible disease from playing body contact sport.

11. Exposure to Blood or Body Fluids

Exposure to blood or body fluids may be defined as direct contact with blood or other body substances through broken skin, mucous membranes (eyes, nose or mouth) or needle stick injury. Other body fluids include saliva, urine, faeces and vomit. If an individual is exposed to blood or body substances as described above, the following action should be taken:

- The individual should immediately wash the area well with soap and running water (except for the eyes, mouth and nose which should be rinsed with water or saline). Seek prompt medical advice. The medical practitioner will advise on any blood tests or other procedures that may be required, such as administration of Hepatitis B Immunoglobulin (this should be given within 72 hours of exposure if a person does not have immunity to hepatitis B).
- A Health and Safety Incident Form should be completed to document the exposure.
- Staff should seek reimbursement of medical costs by lodging an application for compensation with WorkCover Queensland.
- Staff who have had an exposure to blood or body substances can access the Employee Assistance Service.

12. Resources and Contacts

Cleaning and Disinfection Table section 12.1

[Safe Handling and Disposal of Needles and Syringes](#)

[Queensland Health Community Fact Sheets \(Infectious Diseases\)](#)

[Queensland Health Population Health Units](#)

[NHMRC Recommended Exclusion Periods](#)

[NHMRC Recommended Immunisation Schedules](#)

[Pictorial Hand Washing and Removal of Gloves Techniques](#)

Infectious Disease – Managing the School Response and the Community (Section 12.8)

12.1 Cleaning and Disinfection Table

Item	Frequency	Method
Items containing potentially infectious waste		
Utensils used for handling and disposal of potentially infectious waste.	Immediately after use.	Clean with warm water and detergent, and then disinfect with a solution of 1:50 diluted 5% household bleach or alcohol wipes if appropriate.
First aid utensils.	Immediately after use.	Clean with warm water and detergent, and then disinfect with a solution of 1:50 diluted 5% household bleach or alcohol wipes if appropriate.
Any item or area containing blood or body substances.	As soon as possible and before re-use.	Clean with warm water and detergent, and then disinfect with a solution of 1:50 diluted 5% household bleach or alcohol wipes if appropriate.
Clothes, linen and bedding		
Dramatic-play clothes.	Preferably every 2 weeks but	Warm water and detergent. Air

	at least once per term and as soon as possible if soiled.	dry.
Pillows and cushions (should be protected by waterproof pillowslips).	Establish according to use.	Warm water and detergent. Air dry.
Soiled clothing.	Immediately upon discovery of soiling.	If not disposable, place in bag, seal well and give to parents at end of day.
Mattresses and canvas stretchers.	At least once per semester.	Warm water and detergent. Air dry.
Towels and other linen*.	Establish according to use.	Warm water and detergent. Air dry.
Curriculum		
Classroom items such as manipulative equipment, puzzles and blocks.	Preferably once per term, but at least once per semester. More frequent cleaning may be required depending on likelihood of contact with blood or body substances, such as in preschools, special schools, SEPs and SEDUs.	Warm water and detergent. Plastic items may be washed in a dish washer. Air dry or use paper towels.
Mouthpieces of musical instruments. See HLS-PR-012: Music.	As soon as possible and before re-use.	Clean inside with a brush, warm water and detergent. Air dry or use paper towels. Use alcohol wipes to disinfect.
Sport and play		
Sandpits and long jump pits where potentially infectious waste may be found.	Immediately upon discovery of waste.	Where there is contamination (e.g. faecal spill) the soiled sand should be removed with a shovel; bleaching is not always necessary. For large contamination, the sand should be replaced. For maintenance, the sand pit should be raked over daily and the sand exposed to the sun. Sandpits should be covered at the end of the day to prevent contamination overnight.
Snorkels and regulators for scuba diving. See HSL-PR-012: Scuba Diving.	As soon as possible and before re-use	Warm water and detergent. Air dry or use paper towels.
Sports water bottles.	As soon as possible and before re-use.	Warm water and detergent or dish washer. Air dry.
Areas, equipment and utensils		
Plinths or change mats and tables.	Immediately after use.	Warm water and detergent. Air dry or use paper towels.
Toilets and bathrooms.	Daily.	Warm water and detergent. Air dry.
Benches, cutlery and crockery.	Immediately after use.	Warm water and detergent or dish washer for cutlery and crockery. Air dry.

* Regularly used linen such as in preschools and some special education facilities, should not be shared by students. If the family provides linen it is regarded as personal property and is not for use by others. If clothes, linen and bedding is soiled with blood or body substances, disinfect the item (e.g. soak in a nappy treatment solution) and then wash in warm water and detergent.

12.2 Safe Handling and disposal of Needles and Syringes

Where needles/syringes (sharps) are found within the workplace premises, it is important that they are disposed of promptly and safely to ensure staff, students and others are not inadvertently injured. It is also important to know that unsafe disposal of needles and syringes is illegal. The Environmental Protection (Waste Management) Regulation 2000 requires that needles and syringes be disposed of in a rigid-walled, puncture-resistant, sealed container. Refer to fact sheet: [Safe Handling and Disposal of Needles and Syringes](#).

12.3 Queensland Health Community Fact Sheets (Infectious Diseases)

The community fact sheets provide information about the following aspects of the diseases listed in this section: *Cause, Symptoms, Occurrence, Natural History, Treatment and Prevention*. A complete listing of '[Queensland Health Fact Sheets](#)' are available on the Queensland Health web site. Information on other diseases such as sexually transmitted diseases and diseases that are caused by chemicals may be obtained by using Queensland Health's "[Health Topics](#)".

12.4 POPULATION HEALTH UNITS

Central Population Health Services

1. **Brisbane Northside Population Health Unit**
Telephone: +61 7 3624 1111
Facsimile: +61 7 3624 1159
Postal Address: Locked Bag 2, Stafford DC Qld 4053
Street Address: Rosemount, Bryden Street, Windsor Qld 4030
2. **Moreton Bay Population Health Unit**
Telephone: +61 7 3142 1800
Facsimile: +61 7 3142 1824
Postal Address: PO Box 1025, Redcliffe Qld 4020
Street Address: 19 Creek Street, Redcliffe Qld 4020
3. **Sunshine Coast Population Health Unit**
Telephone: +61 7 5409 6600
Facsimile: +61 7 5443 5488
Postal Address: PO Box 577, Maroochydore Qld 4558
Street Address: 150 Horton Parade, Maroochydore Qld 4558
4. **Wide Bay Population Health Unit**
 - a. **Hervey Bay office**
Telephone: +61 7 4120 6000
Facsimile: +61 7 4120 6009
Postal Address: PO Box 724, Pialba Qld 4655
Street Address: Clinics Building, Hervey Bay Hospital, Nissen Street, Hervey Bay Qld 4655
 - b. **Bundaberg office**
Telephone: +61 7 4150 2780
Facsimile: +61 7 4150 2729
Postal Address: PO Box 185, Bundaberg Qld 4670
Street Address: Bundaberg Base Hospital, Bourbong Street, Bundaberg Qld 4670
5. **Central Queensland Population Health Unit**
Telephone: +61 7 4920 6980
Facsimile: +61 7 4920 6865
Postal Address: PO Box 946, Rockhampton Qld 4700
Street Address: Community Health Centre, 82-86 Bolsover Street, Rockhampton Qld 4700
6. **Central West Population Health Unit**
Telephone: +61 7 4658 0859

Facsimile: +61 7 4658 0869
Postal Address: PO Box 297, Longreach Qld 4730
Street Address: 3 Snipe Street, Longreach Qld 4730

Tropical Population Health Services

1. Cairns
Telephone: + 61 7 4050 3600
Postal address: PO Box 1103, Cairns Qld 4870
Street address: 19 Aplin St, Cairns
2. Townsville
Telephone: + 61 7 4753 9000
Postal address: LMB 4016, Townsville Qld 4810
Street address: 242 Walker St, Townsville
3. Mackay
Telephone: + 61 7 4968 6611
Postal address: PO Box 5925, Mackay Qld 4740
Street address: Mackay Base Hospital, 475 Bridge Rd, Mackay
4. Mount Isa and Gulf
Telephone: + 61 7 4744 4846
Postal address: PO Box 27, Mount Isa Qld 4825
Street address: Cnr Doreen & Camooweal Sts, Mount Isa

Southern Population Health Services

1. Brisbane Southside
Telephone: +61 7 3000 9148
Facsimile: +61 7 3000 9121
Postal Address: Po Box 333, Archerfield Qld 4108
Street Address: Level 1, QHSS Building, 39 Kessels Road, Coopers Plains Qld 4108
2. **Darling Downs**
Telephone: +61 7 4631 9888
Facsimile: +61 7 4639 4772
Postal Address: Po Box 1775, Toowoomba Qld 4350
Street Address: 3 Bell Street, Toowoomba Qld 4350
3. **Gold Coast**
Telephone: +61 7 5509 7222
Facsimile: +61 7 5528 1681
Postal Address: Po Box 267, Southport Qld 4215
Street Address: 10 -12 Young Street, Southport Qld 4215
4. **Southport Central**
Facsimile: +61 7 5528 1681
Street Address: Scarborough Street, Southport Central Qld 4215
5. **South West**
Telephone: +61 7 4656 8100
Facsimile: +61 7 4654 2615
Street Address: 18 Wills Street, Charleville Qld 4470
6. **West Moreton**
Telephone: +61 7 3810 1500
Facsimile: +61 7 3810 1155
Postal Address: Po Box 73, Ipswich Qld 4305
Street Address: Level 4, Tower Block, Ipswich Hospital, Chelmsford Avenue, Ipswich Qld 4305

12.5 NHMRC Recommended Exclusion Periods

The National Health and Medical Research Council (NHMRC) provide 'Recommended minimum periods of exclusion from school, pre-school and child care centres for cases of and contact with infectious diseases'.

<http://www.nhmrc.gov.au/publications/fullhtml/exclusion.htm>

12.6 NHMRC Recommended Immunisation Schedules

The National Health and Medical Research Council (NHMRC) provide Recommended Immunisation Schedules.

Click on the links below to go directly to the Queensland Health Website for the NHMRC's most up to date information on immunisation.

[Immunisation Schedules](#)

[The Australian Immunisation Handbook 9th Edition 2008](#)

12.7 Pictorial Hand Washing and Removal of Gloves Techniques

[Hand Washing Technique and Removal of Gloves Technique](#)

12.8 Infectious Disease – Managing the School\TAFE Response and the Community

When presented with the information that a staff member or student has been diagnosed with a serious infectious condition such as tuberculosis, whooping cough or bacterial meningitis the principal\director will need to take action - particularly if the person was contagious whilst in the school or TAFE environment.

Step 1. Seek as much information as possible about the disease and about the circumstances of the person who has the illness i.e. how it was acquired, how long they have been infectious, were they contagious whilst at work and whether their condition has been medically diagnosed.

Step 2. Contact your local Queensland Health [Population Health Unit](#) and seek advice as to how they would suggest you manage the situation. You can ask them for any resources such as fact sheets and suggested text should communication with the school\TAFE community be advised e.g. a letter home to parents/caregivers or an announcement to students.

NOTE: If a member of staff or a student advises that they have been medically diagnosed with a contagious condition (as defined by the Public Health Act 1995) i.e.

[Chickenpox \(Varicella\)](#)

[Diphtheria](#)

[Enterovirus 71](#)

[Gastroenteritis](#)

[German measles \(Rubella\)](#)

[Haemophilus influenzae type b \(Hib\) disease](#)

[Hepatitis A](#)

[Measles](#)

[Meningococcal disease](#)

[Poliomyelitis](#)

[Typhoid and paratyphoid](#)

[Tuberculosis](#)

[Whooping Cough \(Pertussis\)](#)

it is vital that steps are taken to protect the health of the school community in a timely manner in accordance with the [Public Health Act](#) and [Regulation 2005](#).

Step 3. Principals should contact your Executive Director of Schools. Advise the EDS of the situation and any advice provided by the Public Health Doctor. Seek assistance/direction from the EDS particularly if letters need to be sent home to parents. At this stage you may also contact your Regional Health and Safety Consultant who may be able to provide support to the school. TAFE employees should notify their TAFE Director.

Step 4. If required, staff from the Office of Education Queensland or the Office of Training Queensland as appropriate may be able to assist in terms of liaison with media and other sections within the department including the media unit and the Organisational Health Unit.

Other References:

[Exclusion Table: National Health and Medical Research Council](#)

[Population Health Units](#)
[Queensland Health Fact Sheets](#)

Important phone numbers - (for your records)

Local Population Health Unit / Doctor: ☐ _____

Central Office - Organisational Health Unit: ☐ **3235 9967**

Additional Education Portfolio Contacts

Regional Executive Director: _____

Executive Directors of Schools: ☐ _____

EQ Regional Health and Safety Consultant: ☐ _____

Additional Training Portfolio Contacts

TAFE Senior Health and Safety Officer: _____