Infectious Diseases

Procedures
Infectious Diseases
Procedures for Schools

1. Scope (audience and applicability)

All Department of Education staff in early years settings (schools and senior secondary schools) are to apply these procedures to learners and students for whom they have duty of care.

Education and care services (i.e. childcare services) are required to have their own policies dealing with infectious diseases (Education and Care Services National Regulations, Regulation 168, (2) (c)).

2. Purpose

The purpose of these procedures is to assist in preventing children and young people from catching and spreading a number of childhood vaccine-preventable diseases and general infections, through provisions contained in the Public Health Act 1997.

3. Definitions

Child: Has the same meaning as student

Incubation period: The time between exposure to an infection and appearance of the first symptoms

Parent/s: Includes guardian/s or other person/s having the care or control of a child.

School/s: In this document, this term includes early years settings, schools and senior secondary schools (colleges).

Student: A learner participating in an educational program in any Tasmanian educational setting including early learning settings, Child and Family Centres, schools and senior secondary schools.

4. Procedure Details

4.1. Chicken Pox (Varicella)

Symptoms
An infection starting with a cold, headache and temperature. Small red pimples appear on the body first, then on the limbs changing to yellow blisters that then scab and drop off after about 12 days. Incubation period is from 2 to 3 weeks, commonly 13 to 17 days. Chickenpox is mostly a mild illness, but can be dangerous for non-immune pregnant women, newborn babies and people with altered immunity. It is highly contagious

Procedures for Schools
- Notify parent immediately if symptoms are suspected
- Inform parents of children in the same class/unit by usual communication methods
- If pregnant staff members are concerned, refer them to their doctor
- Students with chickenpox are excluded from school, pre-school and childcare until all blisters have dried. (Usually about 5 days.)
4.2. Conjunctivitis

**Symptoms**
Infection of the eye. The eye is red and weepy and often has a discharge. Usually forms dry, yellowish crust on eyelashes after sleep. **It is highly contagious.**

**Procedures for schools**
- Inform the parents of the child
- Any child showing signs of conjunctivitis should be isolated from the other children until the source of the irritation can be confirmed
- Inform parents of children in the same class/unit by usual communication methods
- Students need to be kept at home until the infection clears.

4.3. Diarrhoea

**Symptoms**
Frequent, loose motions often accompanied with a feeling of unwellness and vomiting. There are many causes.

**Procedures for schools**
- Arrange for the child to be sent home
- Inform parents of other children in the class/unit if a number of children are displaying the same symptoms
- Reinforce the school’s policy re hand washing procedures for all staff and students.

4.4. Diphtheria

**Symptoms**
Rare in Australia since the effective use of vaccination. A disease affecting the nose, tonsils and throat passages with symptoms of sore throat, swollen neck glands and discharge from the nose.

**Procedures for schools**
- Arrange for the child to be sent home
- Reinforce the need for the child to stay home until a medical certificate of recovery is received.

4.5. Rubella (German measles)


**Symptoms**
Symptoms when present include fever, headache, running nose, conjunctivitis, rash, swollen glands (especially at the back of the neck) and joint pain. Symptoms, particularly joint pains, are more severe in adults. **Incubation period:** 16-18 days with a range of 14-23 days. **Infectious period:** Up to seven days before, and four days after, appearance of the rash. **Rubella is a notifiable disease.**

**Procedures for schools**
- Parent/s should collect child from school and see their GP
- Inform parents of other children in the class/unit if measles is confirmed
- All staff members should be aware of their immune status and if not immune, they should be immunised
- If pregnant staff members are concerned, refer them to their doctor.
4.6. Glandular Fever

Symptoms
An infectious illness caused by a virus. Infected person may have tender swollen glands, high temperature, headache, sore throat and loss of appetite.

Procedures for schools
- The child should stay at home until they are feeling better. This is out of concern and consideration for the child – it is not an infection control issue for the school.

4.7. Haemophilus influenzae type b (Hib)

Symptoms
Hib was the most frequent life threatening infection in children before introduction of the vaccine. Hib can cause meningitis (fever, vomiting, headache, irritability and neck stiffness), pneumonia and infection of the joints. Immunisation is available and recommended in accordance with the current Immunisation Schedule.

Procedures for Schools
- The child cannot return to school or day care until they have completed a course of antibiotics and a medical certificate of recovery is received.

4.8. Hand, Foot and Mouth

Symptoms
A viral infection, mostly in young children. The child is mildly unwell with blisters in mouth and on hands and feet. Children with this illness may have a low-grade fever, sore throat, tiredness, feel off colour and not eat for a day or two. It is important for children to follow good hand washing and cleaning techniques.

Procedures for Schools
- Children with this illness should be excluded from school or childcare until the blisters have dried.
- Reinforce the school’s policy re hand washing procedures for all staff and students.

4.9. Head Lice (Pediculosis)

Symptoms
Small insects that live on the head that feed by sucking blood. Their eggs (nits) stick tightly to the hair. Head lice are a nuisance, and are sometimes a source of embarrassment, but not a condition with a significant level of health risk. The main route of transmission for head lice is head-to-head contact.

Procedures for Schools
- It is strongly recommended that schools:
  - Provide information on the prevention, control, detection and treatment of head lice to parents and staff at the beginning of the school year or as frequently as required.
• Communicate to parents their responsibilities (see below) to ensure parents understand the limits for schools to address head lice.

• Inform parents that it is their responsibility to inspect their child regularly for any presence of head lice or lice eggs. Encourage parents to notify the school if any are found on their child.

• Promote measures to aid in the prevention of head lice. Schools may:
  o Provide information to parents about the biology and control of head lice;
  o Discourage the sharing of brushes and combs,
  o Discourage the sharing of hats;
  o Encourage parents/students to keep long hair tidy (pony tail or plaits);
  o Encourage regular examination of children’s hair by family members.

• Request that that the child stays home until effective treatment has been administered. Students may return to school the next day after receiving recommended (effective) treatment (see DHHS – Bug Busters).

• School staff, or other willing adults (authorised by the Principal) may visually check students for head lice in a discreet and sensitive manner.

• Support for some families may be appropriate (i.e. Financial).

Schools must:

• Not perform any physical checks of children’s hair for head lice under any circumstances.

• Notify a parent immediately when the presence of head lice is suspected.

• Inform parents of children in the same class/unit by usual communication methods, being mindful of confidentiality.

Procedures for parents

Parents are to:

• Regularly inspect their child’s head to detect the presence of lice or lice eggs.

• On the discovery of lice or lice eggs, parents must as soon as practicable and before returning their child to school, treat their child with the recommended treatment (see DHHS – Bug Busters).

• Notify the school if their child is affected and advise the school when treatment has begun.

4.10. Hepatitis

DHHS - Hepatitis A Virus
DHHS – Hepatitis C Virus

Symptoms

Inflammation of the liver.

Hepatitis A - is spread by food, drinks and water contaminated with infectious faecal matter.

Hepatitis B - is sexually transmitted and the virus can be present in all bodily fluids of an infectious person.

Hepatitis C - is caused by blood-to-blood contact and this occurs when infected blood enters another person’s blood system through broken skin or mucous membrane.
Immunisation - Hepatitis B vaccine is recommended. Hep B vaccination is now part of the childhood immunisation regime in all states of Australia.

Procedures for Schools
- Parents must advise the school of Hepatitis A because of its highly infectious nature.
- Parents do not have to tell anyone if their child is Hep B and C positive. *If they do choose to tell anyone at school, then the information cannot be passed on unless they have given written permission.*
- Hepatitis A virus is excreted in the faeces for up to 2 weeks before the onset of illness and for at least 1 week afterwards. The child will be infectious for a week after the onset of jaundice (yellowing of the skin and whites of the eyes) and must be kept at home for at least this period
- Students see their doctor for specific treatment and advice.

4.11. HIV/AIDS

**DHHS - HIV**

Symptoms
AIDS is a condition in which the immune system, the body’s natural defence against disease is attacked. HIV is the name of the virus that can cause AIDS. There is no evidence that HIV/AIDS is spread from child to child in schools through normal social contact.

Procedures for Schools
- Inform parent of a student with HIV/AIDS if s/he is at risk of infection from an outbreak of infectious disease/s at the school
- Maintain confidentiality.

4.12. Influenza

**DHHS - Influenza**

Symptoms
Can be a serious viral infection starting with a temperature, dry cough and tiredness. Other symptoms include headache, muscle aches and pains, weakness, sore throat and running nose. A very effective vaccine is available.

Influenza is often confused with the common cold but is far worse than a cold or sinus and bronchitis infections.

Most people recover from influenza within 2 to 7 days but while they are sick, they are usually very unwell. The incubation period for influenza is 1 to 3 days.

*If you do get sick – do not share it!*
- When you cough or sneeze, cover your mouth with your elbow (rather than your hand).
- Stay home from work and school.
- Stay at least a metre away from other people, especially if you are coughing.

Procedures for Schools
- Send child home as soon as possible
• Encourage parents to keep child home until s/he has recovered
• Offer staff the opportunity to access the DoE’s flu vaccination program.

4.13. Measles

**Symptoms**
An acute viral infection. Most people are quite ill, with fever, tiredness, coughing, runny nose, inflamed eyes and a dislike of light. A blotchy rash appears between the 3rd and 7th day and spreads over the whole body. Blood test/swabs are the most accurate way to diagnose measles.

**Procedures for Schools**
- All children with a fever and a rash should see a doctor
- Advise parents that before taking a child to a doctor they must ring and inform the health staff that they are bringing a child with suspected measles, as measles can spread very easily to others in a doctor’s waiting room
- Encourage the parents to ask the doctor for a blood/swab tests to confirm/exclude measles.
- **Inform the local public health authority immediately.** *(One case of measles is considered an outbreak.)* Phone Number: 1800 671 738
- Inform parents of children in the same class/unit by usual communication methods
- Alert staff as some may need to seek medical advice if they are pregnant, considering starting a family, unimmunised or have a medical condition which compromises their immune system (such as cancers, HIV/AIDS, some medication).

4.14. Meningitis

**Symptoms**
Inflammation of the lining of the brain due to bacterial or viral infections. The child is unwell with headache, fever and neck stiffness. Can be life-threatening, but one type (HIB) can be prevented through immunisation.

New guidelines exist for vaccination regarding meningococcal disease.

**Procedures for Schools**
- Reinforce the school’s policy re hand washing procedures for all staff and students.

4.15. Molluscum Contagiosum

Common skin infection caused by a viral infection.

**Symptoms**
The virus causes a rash of pearly, skin-coloured lumps. Usually lumps are small, with a white centre and an indented surface. Lumps are most commonly found under the arms, on the back of knees, on the tops of thighs and inside elbows however, lumps may appear anywhere on the body. The virus spreads through skin-to-skin contact. It is contagious as long as the lumps are present. The incubation period is usually 2-7 weeks.

**Procedures for Schools**
- The disease is not serious and poses no long term effects and as such exclusion of an infected person is not necessary.
• Avoid direct contact with the lumps and appropriate risk management and education should be provided for those who may come into contact with the infected person.
• Although it is not necessary to cover the lumps, if they are on the body it is recommended that an infected person wears long sleeves and pants.
• Reinforce the school’s policy regarding hand washing procedures for all staff, students and others who may come into contact with the infected person.
• Inform parents of children in the same class/unit by usual communication methods.

4.16. Mumps

**Symptoms**
A viral infection causing a general unwell feeling. The glands between the ears and jawbone become swollen and sore. It may affect one or both sides. Mumps is a notifiable disease. Immunisation is available and recommended in accordance with the current Immunisation Schedule.

**Procedures for Schools**
- An infected person should be excluded from school for nine days after the onset of symptoms or until swelling goes down (whichever is sooner)
- Inform parents of children in the same class/unit by usual communication methods
- Reinforce the school’s policy re hand washing procedures for all staff and students and appropriate disposal of used tissues.

4.17. Poliomyelitis (Polio)

**Symptoms**
A viral infection, which is now rare as the result of immunisation. Polio may cause mild symptoms or very severe illness. It is a gastrointestinal virus that causes fever, vomiting and muscle stiffness, and can affect the nerves and cause permanent crippling. Immunisation is available and recommended in accordance with the current Immunisation Schedule.

**Procedures for Schools**
- Inform parents of children in the same class/unit by usual communication methods
- The child will need to stay at home until a medical certificate of recovery is received.

4.18. Ringworm

**Symptoms**
A ring shaped very itchy fungal skin infection. It is contagious.

**Procedures for Schools**
- Student should stay home until after the appropriate treatment has been administered.

4.19. Scabies

**Symptoms**
A very itchy, red skin infection caused by an itch mite. The itching is often more intense when very warm in bed. Itching may continue for several days. This does not mean that treatment has been ineffective.

**Procedures for Schools**
- Child is to be sent home and may return to school after treatment
- Reinforce the school’s policy re hand washing procedures for all staff and students.
4.20. School Sores (Impetigo)

**Symptoms**
A very contagious skin infection. Starts as a red patch and develops into crusty yellow sores.

**Procedures for Schools**
- The child should stay at home until s/he has received antibiotic treatment for at least 24 hours
- Any sores on exposed skin should be covered with a waterproof dressing if the parent/s cannot collect the child immediately
- Reinforce the school’s policy re hand washing procedures for all staff and students.

4.21. Slapped Cheek Syndrome (Fifth Disease / Parvovirus)

**Symptoms**
A mild, viral disease mainly occurring in late winter and early spring. Symptoms are fever, red cheeks and an itchy, lace like rash occurring on the body and limbs. The infected child often has a runny nose and sore throat. Virus is passed through contact with respiratory droplets from the nose and throat of an infected individual.

**Note:**
Excluding persons with parvovirus B19 from work, childcare centres, schools, or other settings is not likely to prevent the spread of parvovirus B19, since ill persons are contagious before they develop the rash.

**Procedures for Schools**
- Advise the parent the child should stay at home until they are feeling well
- Advise pregnant women to contact their doctor
- Reinforce the school’s policy re hand washing procedures for all staff and students and correct disposal of used tissues
- EFA’s (cleaners) to clean thoroughly any surfaces potentially contaminated by respiratory secretions.

4.22. Tetanus

**Symptoms**
Tetanus is caused by bacteria that can contaminate punctured wounds, cuts or burns. The disease attacks the nervous system, causing muscular spasms first felt in the neck and jaw muscles. Immunisation is available and recommended in accordance with the current Immunisation Schedule.

**Procedures for Schools**
- There are no advised procedures for schools to follow.

4.22 Whooping Cough (Pertussis)

**Symptoms**
A respiratory infection, which can be very serious in infants. The cough usually persists for weeks. It is prevented through immunisation with 'triple antigen'. Immunisation is available and recommended in accordance with the current Immunisation Schedule. Management of contacts will be advised by the Public Health Unit or GP of case.

**Procedures for Schools**
- Parents should be informed immediately if the child is displaying symptoms at school
• Parents should consult their doctor or clinic immediately and, if there has been a diagnosis of pertussis but it is not being treated, the child should be kept home for 21 days or until they have taken 5 days of an appropriate antibiotic
• Request that the parent inform you immediately if whooping cough is confirmed by the doctor
• Inform parents/guardians of children in the same class/unit by usual communication methods (for suspected whooping cough schools may wish to use this pro-forma letter - link).
• Children who have not been vaccinated can be requested to stay away from school for the full incubation period of 21 days (or 5 days if they are taking a course of preventative antibiotics).

5. Roles and Responsibilities
Meaning of "must", "is to" and "may"

(a) the word "must" is to be construed as being mandatory; and
(b) the words "is to" and "are to" are to be construed as being directory; and
(c) the word "may" is to be construed as being discretionary or enabling, as the context requires.

<table>
<thead>
<tr>
<th>The Secretary is to:</th>
<th>• Ensure the relevant Acts and Regulations are adhered to</th>
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<tr>
<td>The Deputy Secretaries (Early Years and Schools and Further Education and Training) are to:</td>
<td>• Ensure these procedures are adhered to across all educational settings</td>
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<tr>
<td>Learning Services Directors, School Improvement Leaders and Student Support Leaders are to:</td>
<td>• Ensure all school and college principals are familiar with these procedures</td>
</tr>
</tbody>
</table>
| School and College Principals and Managers of early learning settings are to: | • Adhere to these procedures
• Ensure that parents are aware of their responsibilities as described in these procedures |
| Teachers are to: | • Adhere to these procedures |
| Parents are responsible for: | • Adhering to these procedures
• Complying with requests as contained in these procedures
• If required, at the request of the school staff, removing the student from the school in the event of a health issue. |

6. Associated Documents and Materials

• Immunisation Fact Sheet (Doc ID: TASED-4-1727)
• DHHS Infectious diseases
• DHHS Hand Hygiene
• Learner Health Care and Safety Policy (Doc ID: TASED-4-2986)
• Molluscum Contagiosum Fact Sheet (Doc ID: TASED-4-3946)
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<tr>
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<th>Liz Banks</th>
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<tr>
<td>Position of authorising person:</td>
<td>Deputy Secretary Early Years and Schools</td>
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<tr>
<td>Date authorised:</td>
<td>December 2012</td>
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<td>Policy and Planning</td>
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<td>December 2012</td>
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<tr>
<td>Date of next review:</td>
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Please refer to the online copy of this document (TASED-4-3005), located on the Tasmanian Department of Education’s website to ensure this version is the most recent (Version 2.1). Last updated 12 March 2019.