Infectious Diseases Policy

OVERVIEW:
This policy will assist the staff, parents and associated members of Treetops Montessori School to identify infectious and communicable diseases within the School community.

By adhering to the measures outlined below, the School will be able to reduce the transmission of such diseases amongst its students, staff and parents.

Background
Preventing and controlling the transmission of infectious micro-organisms (e.g. viruses, bacteria) is a fundamental concern for Treetops Montessori School. While it is difficult to prevent the transmission of some micro-organisms (e.g. airborne respiratory viruses), it is possible to significantly reduce the transmission of many infectious micro-organisms by immunisation against these micro-organisms or by reducing the exposure of susceptible contacts to these micro-organisms by:

- Excluding the infectious person or susceptible contact.
- Disinfecting skin or environmental surfaces that may have been contaminated by these micro-organisms.
**PRINCIPLES:**

**Immunisation**
Immunisation is a lifesaving health program. Each year it prevents hundreds of illnesses and deaths from diphtheria, tetanus, pertussis (whooping cough), poliomyelitis, Hemophilus Influenzae Type B Disease, Hepatitis B, Measles, Mumps, Rubella, Varicella (Chickenpox), Meningococcal C Disease, Influenza and Pneumococcal Disease.

Treetops Montessori School supports the full immunisation of its students (appropriate to their age and health status) and encourages its parents to have their children immunised. On enrolment at Treetops Montessori School a record of each child’s immunisation history should be included with enrolment documents.

Treetops Montessori School recognises that some parents do not wish their children to be immunised. If a student has not been immunised the parent should provide an explanation that:
- The child cannot be immunised; or
- The parent(s) has a personal, philosophical, religious or medical belief that immunisation should not occur.

The enrolment form must indicate that the student has not been immunised. Administration will keep a record of all cases of non-immunisation to enable isolation of non-immunised students in the event of an outbreak of infection. Should an outbreak of a vaccine preventable communicable disease occur, the child will be excluded from school. The child will be permitted to return to school at the discretion of the Principal.

**Exclusion**
Preventing contact between a sick child or staff member with susceptible people (other children or staff) can prevent transmission of many infectious diseases. This is usually achieved by excluding the infectious person and/or the susceptible children from school until the person is no longer infectious, or the School is considered free from infection (see guidelines for exclusion times). A sick child or staff member should always be excluded.

**PROCEDURES:**

**Infection Control Measures**

1. **Disinfection**
   - Disinfection of the skin (through hand washing) or surfaces that may be contaminated by infectious micro-organisms is an effective method of preventing the transmission of infectious diseases.
   - Hand washing should be encouraged using soap and water, immediately after going to the toilet, and before eating and preparing food. **This is the single most important method of disease control.**
   - Proper hand washing:
     1. Use soap and running water
     2. Wet hands and lather with soap
     3. Rub hands vigorously for at least 15 seconds as you wash them
     4. Pay attention to the backs of hands, wrists, between fingers and under fingernails
     5. Rinse well under running water
6. Dry hands with a disposable paper towel or clean cloth towel
2. Managing Contamination with Blood or Body Substances

- Prevent contact with potentially contaminated body substances, including blood, saliva, mucous, phlegm, faeces and urine.
- Use disposable tissues in the classroom. Do not use cloth handkerchiefs.
- If blood or body fluids contaminate:
  1. The skin: wash well with soap and water
  2. The eyes: rinse the area gently but thoroughly with water with eyes open
  3. The mouth: spit it out and rinse the mouth with water several times
- To disinfect surfaces contaminated with blood or body fluids:
  1. Wear gloves. Use eye protection, mask and apron if there is a risk of splashing
  2. Remove as much of the spill as possible with a paper towel
  3. Clean the area with warm water and detergent, using a disposable cleaning cloth or sponge
  4. Disinfect the area by wiping over with household bleach
  5. Remove and dispose of gloves, paper towel, cleaning cloth in a sealed plastic bag.
  6. Wash hands thoroughly

3. Eating and Drinking Utensils

- Children should be discouraged from sharing utensils
- Utensils should be washed and dried after use, using clean cloths

4. Covering mouth when coughing or sneezing

5. Disposing of tissues in a bin, preferably an enclosed bin

6. Parent Information

- Parents should be reminded about their responsibility in supporting the Treetops Montessori School’s efforts to reduce incidences of infection by keeping sick children away from school.
- Parents should be informed when there is confirmation of an infectious disease occurring within the School. On direction from the Principal, teachers will notify parents via their noticeboards of the infection and remind parents of the website address on which specific information may be found. ([www.health.wa.gov.au](http://www.health.wa.gov.au))

Managing Communicable Diseases

A communicable disease may be suspected when one or more of the following symptoms are present:

- Headache
- Cough
- Skin rash or eruptions
- Vomiting
- Diarrhoea
- Watery, inflamed eyes and nose
- Elevated temperature/fever >37.5 degrees Celsius
- Sore throat
- Purulent nasal discharge

A child with these symptoms should be kept at home. In the event that parents overlook these symptoms, a teacher may exclude the child from contact with other children. The child should be isolated from other children. The child should be made comfortable and kept under close observation. The parent or carer should be notified as soon as possible and the child should be taken home.
Exclusion Guidelines
Staff may request that a child or staff member does not attend school if the child or staff member is suffering from a medical condition that is infectious, contagious or otherwise harmful to the health of persons at the School. (Health Act 1911)

Recommended minimum periods of exclusion from school for contacts of and cases with infectious diseases:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Exclusion</th>
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<tbody>
<tr>
<td>Chicken pox</td>
<td>Exclude until all vesicles have crusted.</td>
</tr>
<tr>
<td>Conjunctivitis</td>
<td>Exclude until discharge from eyes has ceased.</td>
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<tr>
<td>Diarrhoea</td>
<td>Exclude until diarrhoea has ceased for 24 hours</td>
</tr>
<tr>
<td>Hand, Foot and Mouth Disease</td>
<td>Exclude until all vesicles have crusted/dried</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>Exclude until 14 days after onset of illness or 7 days after jaundice appears.</td>
</tr>
<tr>
<td>Cold sores (Herpes Simplex)</td>
<td>Young children unable to comply with good oral hygiene practices should be excluded if lesions are uncovered and weeping.</td>
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<tr>
<td>Impetigo (School Sores)</td>
<td>Exclude until after antibiotic treatment has commenced. Lesions on exposed skin surfaces should be covered with a waterproof dressing.</td>
</tr>
<tr>
<td>Measles</td>
<td>Exclude for 4 days after the onset of rash.</td>
</tr>
<tr>
<td>Meningococcal Infection</td>
<td>Exclude until after antibiotic treatment has been completed.</td>
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<tr>
<td>Molluscum contagiosum</td>
<td>Do not exclude.</td>
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<tr>
<td>Mumps</td>
<td>Exclude for 9 days after onset of symptoms.</td>
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<tr>
<td>Parvovirus (B19 erythema infectiousm, fifth disease)</td>
<td>Exclusion not necessary.</td>
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<tr>
<td>Ringworm, scabies, pediculosis (lice), Trachoma</td>
<td>Exclude until person has received treatment for 24 hours.</td>
</tr>
<tr>
<td>Rubella (German Measles)</td>
<td>Exclude for 4 days after onset of rash.</td>
</tr>
<tr>
<td>Streptococcal infection (including Scarlet Fever and Tonsillitis)</td>
<td>Exclude until person has received antibiotic for 24 hours.</td>
</tr>
<tr>
<td>Whooping Cough</td>
<td>Exclude until 5 days after appropriate antibiotics treatment or for 21 days from coughing.</td>
</tr>
<tr>
<td>Worms (intestinal)</td>
<td>Exclude until diarrhoea has ceased.</td>
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</tbody>
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Information from ‘Communicable Disease Guidelines’, Department of Health WA, 2007

For more specific information regarding infectious and communicable diseases, refer to the above WA Health Department Publication, at www.public.health.wa.gov.au.

Copies of the above Exclusion Guidelines will be displayed on school notice boards outside each classroom.

Returning to School
For every child that has had time away from school due to illness, parents are required to supply a letter stating the child’s condition, exclusion period, treatment undertaken and readiness to return to school. The Principal or class teacher may request that a child have a medical examination by a medical practitioner to determine readiness to recommence school.
SPECIFIC COMMUNICABLE DISEASES:

Meningococcal Disease, Measles and Hepatitis A
Cases of suspected Meningococcal Disease, Measles or Hepatitis A among students or staff must immediately be reported to the North Metropolitan Population Health Unit on (08) 9380 7745 or (08) 9380 7746. No further action or communication with staff or parents is to be taken without consultation and advice from the Population Health Unit staff.

Swine Flu
Up to date information regarding management of suspected cases of swine flu needs to be sought from www.public.health.wa.gov.au

Conjunctivitis
Conjunctivitis manifests with sore, itchy eyes and discharge. Children are infectious whilst the discharge is present and must be excluded from school until discharge has ceased. Children may require antibiotic treatment if the cause is bacterial.

Impetigo (School Sores)
Impetigo is a common skin infection, causing scabs and itchy pustules. Transmission is via direct contact with lesions and children are infectious as long as there is a discharge from untreated lesions. Children must be excluded for 24 hours following commencement of antibiotic treatment. Lesions on exposed skin surfaces must be covered with a waterproof dressing.

Seasonal Influenza
Staff and children should be encouraged to take the usual precautions as documented above, particularly hand washing regularly with soap and water. Staff and children should be encouraged to have an annual flu vaccination.

RELATED AND SOURCE DOCUMENTS: