



INFECTIOUS DISEASES POLICY

Rationale Infectious Diseases are a threat to the health and welfare of the community if they are not treated with caution and respect. Parents and staff are therefore required to make known any condition that is potentially harmful to others.

Aim To provide channels of reporting diseases and conditions to the school community that are potentially life threatening or may cause harm to others.

Implementation This policy covers all known infectious diseases including very serious and life threatening infectious diseases such as HIV/AIDS and Hepatitis B and is in accord with the "Policy on AIDS" declared by the Lutheran Church of Australia.

Parents applying to enrol their child at St Mark's are required to disclose any infectious disease known to be carried by or have been suffered by the student and declare any medically required treatments.

Parents who have children enrolled in the school and who contract an infectious disease, are required to inform the school through the Principal so that appropriate action can be taken to address the needs of the student and ensure the safety and welfare of all other members of the school community.

Should the medical condition of any student suffering from an infectious disease change in any way, the parents are required to notify the school and provide current medical reports.

Information concerning the infectious disease suffered by any student or staff member will be treated as confidential subject to the parent(s)/guardian or staff member allowing the communication of the information in writing to the Principal in order to ensure a safe working environment as required by law.

Any school staff member receiving such information will be obliged to maintain strict confidentiality.

A parent(s) of a student having a life threatening infectious disease such as HIV/AIDS or Hepatitis B, will be expected to cooperate with the school in planning and providing suitable support services for the student.

The continuing enrolment of a student having a life threatening infectious disease such as HIV/AIDS or Hepatitis B, will be conditional on:

- The parents informing the school of any deterioration in the condition of the student.

- The nature of the deterioration as this relates to the health and safety of the other members of the school community.

It will remain the prime responsibility of the parents whose child is enrolled in the school and who suffers from a life threatening infectious disease, to educate and require the child to behave and respond in the school context in such a way that the risk of infecting others is prevented.

Apart from observing the proper preventative measures for students/staff known to have an infectious disease, the students/staff having the infectious disease will be treated in the same manner as all other members in the school community.

Staff applying for a position at the school or those already on the staff of the school including volunteer staff who have or acquire a life threatening infectious disease, will be required to inform the Principal of the situation as soon as the condition is known. All such staff will be received and regarded in the normal manner provided they can demonstrate, initially and ongoing, that their medical condition presents no risks to the members of the school and that they are capable of satisfactorily performing normal duties.

In implementing this policy, the school authorities will:

- Develop guidelines for supervising and implementing procedures where a member of the school community has been identified as a person with an infectious disease.
- Identify and implement conditions of hygiene and general health and safety control measures which minimise risks associated with infectious diseases.
- Develop and provide educational programs on infectious diseases as appropriate for all members of the school community.
- Develop and disseminate a list of infectious diseases that may preclude a student from temporarily accessing school.

Review

This policy will be reviewed at least every 3 years.

INFECTIOUS DISEASES

<u>Condition</u>	<u>Cases</u>	<u>Contacts</u>
Chicken Pox	Exclude until fully recovered or at least 5 days after the eruption first appears. Note: some remaining scabs are not an indication for continued exclusion	Any child with an immune deficiency (eg Leukaemia or receiving chemotherapy) should be excluded for their own protection. Otherwise not excluded.
Conjunctivitis (Acute infectious)	Exclude until discharge from eyes has ceased.	Not excluded.
Diarrhoea (Rotavirus, Shigella, Giardia, Salmonella, Campylobacter, Viral Gastro)	Exclude until there has been no diarrhoea or vomiting for 24 hours.	Not excluded.
Diphtheria	Exclude until medical certificate of recovery following at least 2 negative throat swabs, the first not less than 24 hrs after cessation of antibiotic treatment and the other 48 hrs later.	Exclude family/household contacts until cleared to return by an appropriate health authority.
Glandular fever	Exclusion is not necessary.	Not excluded.
Hand Foot and Mouth	Exclude until all blisters are dry	Not excluded.
Hepatitis A	Exclude until receipt of a medical certificate of recovery but not before 7 days after the onset of jaundice.	Not excluded.
Hepatitis B	Exclusion is not necessary.	Not excluded.
Hepatitis C	Exclusion is not necessary.	Not excluded.
Human Immunodeficiency Virus Infection (HIV)	Exclusion is not necessary unless the person has secondary infection requiring exclusion in its own right.	Not excluded.
Impetigo (school sores)	Exclude until appropriate treatment has commenced and sores on exposed surfaces are covered with a dressing.	Not excluded.
Leprosy	Exclude until approval to return has been given by an appropriate health authority.	Not excluded.
Measles	Excluded for at least 4 days from the appearance of rash.	Immunised contacts not excluded. Non-immunised contacts should be excluded until 14 days after the first day of appearance of rash in the last case. If non-immunised contacts are vaccinated within 72 hours of their first contact with the index case, they may return to school.

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Condition	Cases	Contacts
Meningitis (Bacterial)	Exclude until well.	Not excluded.
Meningococcal infection	Exclude until well.	Not excluded.
Mumps	Exclude for at least 9 days after onset of symptoms.	Not excluded.
Poliomyelitis	Exclude for at least 14 days from onset. Re-admit on a medical certificate of recovery.	Not excluded.
Ringworm, Scabies, Pediculosis (Lice), Trachoma	Exclude until the day after treatment has commenced.	Not excluded.
Rubella (German Measles)	Exclude until fully recovered or for at least 4 days after the onset of rash.	Not excluded. NOTE: Female staff of childbearing age should ensure that their immune status against rubella is adequate.
Slapped Face (Fifth disease, erythema infectiosum, parvovirus)	Exclusion is NOT necessary	Not excluded but people who are anaemic, immunocompromised or pregnant should be informed of possible risk of getting infection.
Streptococcal infection (including Scarlet Fever)	Exclude until the person has received antibiotic treatment for at least 24 hrs and the person feels well.	Not excluded.
Tuberculosis	Exclude until production of medical certificate from appropriate health authority.	Not excluded.
Typhoid and Paratyphoid fever	Exclude until production of a medical certificate of recovery.	Not excluded.
Warts (common, flat and plantar)	Exclusion is NOT necessary.	Not excluded.
Whooping Cough (pertussis)	Exclude for 5 days after starting antibiotic treatment.	Exclude un-immunised household contacts aged less than 7 years for 14 days after the first exposure to infection or until they have received 5 days of a 14 day course of antibiotics.
Worms	Exclude if diarrhoea present.	Not excluded.