



Rockingham Montessori School Incorporated  
ABN: 68 115 270 695

**POLICY TITLE: Infectious and Communicable Diseases Policy**

**BOARD APPROVAL DATE:** May 2017

**SIGNED BY CHAIR:**

**BOARD REVIEW DATE:** May 2020

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**OVERVIEW:**

This policy will assist the staff, parents and associated members of Rockingham 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 activity for child care and school facilities. 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
- reducing the exposure of susceptible contacts to these micro-organisms by:
  - excluding the infectious person or susceptible contact, or
  - disinfecting skin or environmental surfaces that may have been contaminated by these micro-organisms.

**PRINCIPLES:**

**Immunisation**

Immunisation is a life saving 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.

Children that attend childcare or school should be fully immunised appropriate for their age and health status.

On enrolment at Rockingham Montessori School proof of immunisation status must be provided as part of the Enrolment Agreement Form.

The receiving teacher needs to be informed in all cases of non-immunisation.

### **If a child is not immunised**

Where 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.

A student who has not been immunised may be enrolled and can attend the school. The enrolment form must indicate that the student has not been immunised.

Students not immunised will be marked as a conscientious objector on the Electronic School Register.

Should an outbreak of a vaccine preventable communicable disease occur, the child should 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 (eg. a person with chickenpox) from school, or excluding the susceptible contact (eg. an immunosuppressed child who may have been exposed to chickenpox, therefore is at high risk of developing the disease) from school until the person is no longer infectious, or the School is considered free from infection (see Appendix 3 for exclusion times).

### **PROCEDURES:**

#### **Infection Control Measures**

##### **1. DISINFECTION**

- Disinfection of the skin (through handwashing) or surfaces that may be contaminated by infectious micro-organisms is an effective method of preventing the transmission of infectious diseases.
- Handwashing 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 handwashing:
  - Use soap and running water
  - Wet hands and lather with soap
  - Rub hands vigorously for at least 15 seconds as you wash them
  - Pay attention to the backs of hands, wrists, between fingers and under fingernails
  - Rinse well under running water
  - 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:
    - o the skin: wash well with soap and water
    - o the eyes: rinse the area gently but thoroughly with water with eyes open
    - o the mouth: spit it out and rinse the mouth with water several times
  - To disinfect surfaces contaminated with blood or body fluids:
    - o Wear gloves. Use eye protection, mask and apron if there is a risk of splashing
    - o Remove as much of the spill as possible with a paper towel
    - o Clean the area with warm water and detergent, using a disposable cleaning cloth or sponge
    - o Disinfect the area by wiping over with household bleach
    - o Remove and dispose of gloves, paper towel, cleaning cloth in a sealed plastic bag.
    - o 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. COVER MOUTH WHEN COUGHING OR SNEEZING
5. DISPOSE OF TISSUES IN A BIN
6. PARENT INFORMATION
  - Parents should be informed about how to support the School in promoting good health practices and reducing the transmission of infectious diseases
  - Parents should be informed when there is confirmation of an infectious disease occurring within the School. On direction from the Principal, administration will email notification of the infection and 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 close to the reception and supervised by the administration staff. The child should be made comfortable and kept under close observation. The child may be given water to drink, but medication should not be given. 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, pre-school and child care centres for contacts of and cases with infectious diseases:**

<b>Condition</b>	<b>Exclusion</b>
Chicken pox	Exclude until all vesicles have crusted.
Conjunctivitis	Exclude until discharge from eyes has ceased.
Diarrhoea	Exclude until diarrhoea has ceased for 24 hours
Hand, Foot and Mouth Disease	Exclude until all vesicles have crusted/dried.
Hepatitis A	Exclude until 14 days after onset of illness or 7 days after jaundice appears.
Cold sores (Herpes simplex)	Young children unable to comply with good oral hygiene practices should be excluded if lesions are uncovered and weeping.
Impetigo (School sores)	Exclude until after antibiotic treatment has commenced. Lesions on exposed skin surfaces should be covered with a waterproof dressing.
Measles	Exclude for 4 days after the onset of rash.
Meningococcal infection	Exclude for until after antibiotic treatment has been completed.
Molluscum contagiosum	Do not exclude.
Mumps	Exclude for 9 days after onset of symptoms.
Parvovirus (B19 erythema infectiosum, fifth disease)	Exclusion not necessary.
Ringworm, scabies, pediculosis (lice), trachoma	Exclude until person has received treatment for 24 hours.
Rubella (german measles)	Exclude for 4 days after onset of rash.
Streptococcal infection (including scarlet fever and tonsillitis)	Exclude until person has received antibiotic for 24 hours.
Whooping cough	Exclude until 5 days after appropriate antibiotics treatment or for 21 days from coughing.
Worms (intestinal)	Exclude until diarrhoea has ceased.

*Information from 'Communicable Disease Guidelines', Department of Health WA, 2013.*

For more specific information regarding infectious and communicable diseases, refer to the above WA Health Department Publication, at [www.public.health.wa.gov.au](http://www.public.health.wa.gov.au).

Copies of the above 'Communicable Disease Exclusion Guidelines' will be displayed on the school website and a copy will be provided to each classroom.

### **Returning to School**

For every child that has had time away from school due to illness, parents are required to complete a form stating the child's condition, exclusion period, treatment undertaken and readiness to return to school (Appendix Two).

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:**

#### **Head Lice (Pediculosis)**

Identification of children with head lice is essential to prevent person-to-person spread of head lice. Any member of staff may examine the head of a child to ascertain whether head lice are present.

If a child is identified as carrying head lice, they should be treated with sensitivity. They will be given tasks which do not involve close group work, and do not necessarily need to be excluded from class for the remainder of the school day.

The School will request that a child with head lice does not attend school until the parents confirm that a recommended treatment is being undertaken and that all head lice have been removed.

The parents of all students in the class must be informed and requested to examine and treat their children if required. Parents must be informed that head lice elimination requires at least 10 days of follow-up treatment with daily removal of head lice.

#### **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 South Metropolitan Population Health Unit on 9431 0200.

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](http://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 handwashing regularly with soap and water.

Staff and children should be encouraged to have an annual flu vaccination.

### **CONTACT DETAILS FOR WESTERN AUSTRALIAN GOVERNMENT HEALTH AUTHORITY**

(08) 9388 4868

(08) 9328 0553 (after hours Infectious Diseases Emergency)

Email: [cdc@health.wa.gov.au](mailto:cdc@health.wa.gov.au)

### **APPENDICES**

1. National Immunisation Schedule
2. Notification of readiness to return to School following illness
3. Exclusion Guidelines

### **RELATED AND SOURCE DOCUMENTS:**

1. The Australian Immunisation Handbook 10<sup>th</sup> Ed. Australian Government. Dept of Health and Ageing. NHMRC. 2015.
2. Communicable Disease Guidelines, Department of Health WA. 2016.
3. Student Health Care, Department of Education and Training, Government of Western Australia, 2016.
4. RMS Enrolment Policy

## Appendix One



Australian Government  
Department of Health

# National Immunisation Program Schedule

## From November 2016

Child programs	
Age	Vaccine
<b>Birth</b>	<ul style="list-style-type: none"> <li>Hepatitis B (hepB)<sup>a</sup></li> </ul>
<b>2 months</b>	<ul style="list-style-type: none"> <li>Hepatitis B, diphtheria, tetanus, acellular pertussis (whooping cough), <i>Haemophilus influenzae</i> type b, inactivated poliomyelitis (polio) (hepB-DTPa-Hib-IPV)</li> <li>Pneumococcal conjugate (13vPCV)</li> <li>Rotavirus</li> </ul>
<b>4 months</b>	<ul style="list-style-type: none"> <li>Hepatitis B, diphtheria, tetanus, acellular pertussis (whooping cough), <i>Haemophilus influenzae</i> type b, inactivated poliomyelitis (polio) (hepB-DTPa-Hib-IPV)</li> <li>Pneumococcal conjugate (13vPCV)</li> <li>Rotavirus</li> </ul>
<b>6 months</b>	<ul style="list-style-type: none"> <li>Hepatitis B, diphtheria, tetanus, acellular pertussis (whooping cough), <i>Haemophilus influenzae</i> type b, inactivated poliomyelitis (polio) (hepB-DTPa-Hib-IPV)</li> <li>Pneumococcal conjugate (13vPCV)</li> <li>Rotavirus<sup>b</sup></li> </ul>
<b>12 months</b>	<ul style="list-style-type: none"> <li><i>Haemophilus influenzae</i> type b and meningococcal C (Hib-MenC)</li> <li>Measles, mumps and rubella (MMR)</li> </ul>
<b>18 months</b>	<ul style="list-style-type: none"> <li>Diphtheria, tetanus, pertussis (whooping cough) (DTPa)</li> <li>Measles, mumps, rubella and varicella (chickenpox) (MMRV)</li> </ul>
<b>4 years</b>	<ul style="list-style-type: none"> <li>Diphtheria, tetanus, acellular pertussis (whooping cough) and inactivated poliomyelitis (polio) (DTPa-IPV)</li> </ul>
School programs	
<b>10–15 years</b> (contact your State or Territory Health Department for details)	<ul style="list-style-type: none"> <li>Varicella (chickenpox)<sup>c</sup></li> <li>Human papillomavirus (HPV)<sup>d</sup></li> <li>Diphtheria, tetanus and acellular pertussis (whooping cough) (dTpa)</li> </ul>

Taken from the National Immunisation Program Schedule 2016.

Note: 1. Children born prior to 2000 will not have had Hepatitis B immunisation.  
2. Children born prior to 2002 will not have had Meningococcal immunisation.

**Appendix Two**

ROCKINGHAM MONTESSORI SCHOOL  
Notification of readiness to return to School following illness

Child's name:

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Child's illness:

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Recommended exclusion period (as per Health Dept guidelines):

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Actual exclusion period:

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Treatment undertaken:

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Signed by Parent/Guardian:

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ROCKINGHAM MONTESSORI SCHOOL  
Notification of readiness to return to School following illness

Child's name:

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Child's illness:

---

Recommended exclusion period (as per Health Dept guidelines):

---

Actual exclusion period:

---

Treatment undertaken:

---

Signed by Parent/Guardian:

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## Appendix Three

### Infectious and Communicable Diseases Policy

#### 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, pre-school and child care centres for contacts of and cases with infectious diseases:**

<b>Condition</b>	<b>Exclusion</b>
Chicken pox	Exclude for at least 5 days after vesicles (rash) appear and until vesicles have formed crusts.
Conjunctivitis	Exclude until discharge from eyes has ceased.
Diarrhoea	Exclude until 24 hours after diarrhoea has ceased. If ill person works or attends a child care, exclude until 48 hours after diarrhoea has ceased.
Hand, Foot and Mouth Disease	Exclude until all vesicles have crusted/dried.
Hepatitis A	Exclude for at least one week after onset of jaundice or two weeks after onset of symptoms (if not jaundiced).
Cold sores (Herpes simplex)	Not excluded if the person can maintain hygiene practices to minimise the risk of transmission. If the person cannot comply with these practices (e.g. because they are too young), they should be excluded until the sores are dry. Sores should be covered with a dressing where possible.
Impetigo (School sores)	Exclude for 24 hours after antibiotic treatment commenced. Lesions on exposed skin surfaces should be covered with a waterproof dressing. Young children unable to comply with good hygiene practices should be excluded until the sores are dry.
Measles	Exclude for 4 days after the onset of rash.
Meningococcal infection	Exclude for until after antibiotic treatment has been completed.
Molluscum contagiosum	Do not exclude.
Mumps	Exclude for 5 days after onset of symptoms. Consult with your public health unit staff.
Parvovirus (B19 erythema infectiosum, fifth disease)	Exclusion not necessary.
Ringworm, scabies, pediculosis (lice), trachoma	Exclude until person has received treatment for 24 hours.
Rubella (german measles)	Exclude for 4 days after onset of rash.
Streptococcal infection (including scarlet fever and tonsillitis)	Exclude until person has received antibiotic for 24 hours.
Whooping cough	Exclude until 5 days after an appropriate antibiotic treatment, or for 21 days from the onset of coughing.
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*Information from 'Communicable Disease Guidelines', Department of Health WA, 2016.*