Infection Control Guideline

To be read in conjunction with procedure:
Infection Control

Queensland Government

Contents

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1. Why do we need an Infection Control Guideline?

Infectious diseases can have a significant impact on workplaces through absenteeism, disruption of services and the interruption of learning in the school environment. This guideline provides information on adopting an infection control program which involves undertaking a comprehensive risk management strategy.

What are infectious diseases?

Infectious diseases are diseases you can "catch" from a person, an animal, an insect, the environment or contaminated food and water. Most infectious diseases are spread by a single, well-defined route. Understanding how they spread helps determine the best prevention methods.

Modes of transmission – the common ways diseases spread are:

- **Contact transmission** – when a person is exposed to an infectious agent from *direct* contact with infectious blood or body substances e.g. blood, urine, faeces, saliva, nasal secretions, or from *indirect* contact with contaminated items such as surfaces and equipment e.g. door handles. Infectious agents can then enter the person's body via broken skin e.g. cuts, the mucous membranes of the person's eyes, nose or mouth, by ingestion e.g. the 'faecal-oral route' or by a sharps (e.g. needle stick) injury.
- **Droplet transmission** – when infectious agents contained in large droplets e.g. splash, spray, spatter of blood or body substances are deposited on the mucous membranes of the eyes, nose, mouth etc.
- **Airborne transmission** – when infectious agents contained in aerosols and dust are inhaled.
- **Food-borne transmission** – when infectious agents are spread through consumption of contaminated food.
- **Water-borne transmission** – when infectious agents are spread through consumption or contact with contaminated water.
- **Vector-borne transmission** – when insect vectors such as mosquitos and ticks transmit infection to a person via bites e.g. Dengue Fever.

What do we have to do?

The *Work Health and Safety Act 2011* (Qld) places a duty to ensure health and safety, so far as is reasonably practicable.

- Infectious diseases are a known hazard in the workplace.
- Staff **must** be advised of infectious disease hazards, risks and how to implement controls – including recommended vaccinations for those who work with children.
- Certain infectious diseases caught by workers as a result of the workplace are required to be notified to Workplace Health and Safety Queensland.

The Work Health and Safety Regulation 2011 (Qld) requires workplaces to manage health and safety risks, including occupational infection risks. It also requires workplaces to:

- Provide adequate and accessible facilities that are in good working order, clean and safe.
- Provide first aid equipment and services.
- Provide identified personal protective equipment and instruction in its use.

The *Public Health Act 2005*, places responsibilities on the department to provide safeguards that protect and promote the health of the Queensland public, including controlling the spread of prescribed contagious conditions that may make **children** sick and then spread into the broader community. More information on the application of the *Public Health Act 2005* is provided through the procedure Management of Contagious Conditions.

2. Who funds infection control?

Funding for processes, facilities, materials and equipment to implement infection control practices are sourced locally within workplace budgets, including the costs for vaccination of staff for work related diseases. Departmental workplaces are not responsible for funding student vaccination.

3. The nature of departmental workplaces

Some factors that increase the risk of infectious disease spread in departmental workplaces include:

Work with children
Some infectious diseases may spread more readily where there is close contact between children, and between children and adults, in education services. Childhood factors such as age-related immunity and ability to follow hygiene practices, including hand hygiene and cough etiquette, may contribute to the spread of infection.

Groups of people, in close contact for extended periods on a daily basis
"Open plan" offices, staff rooms and class rooms, school assembly and other functions place departmental staff and students in close contact with others for extended periods of time. Infectious diseases may spread from person to person via one or more of the known routes of transmission.

Culture of attendance at the workplace when unwell
Staff and students often attend work/school when feeling unwell but "well enough to work". However, they may also be infectious and may pass their illness on to others.

Contact with asymptomatic carriers
Some people can be infected with an infectious disease without showing signs of illness, or may be infectious for a few days before becoming ill. Some populations, e.g. children, may experience a milder illness than adults. In these instances, an infectious person may appear well and will legitimately attend work or school without knowing that they infectious to others.

Non-vaccinated populations
While Queensland overall has a good rate of vaccination, there are some geographical areas that are lagging with respect to childhood immunisation. Adults can also acquire diseases if they were not fully vaccinated as a child (e.g. measles), were not exposed to infectious diseases during their childhood (e.g. chickenpox), or if their immunity to infectious diseases from previous infection or vaccination has waned e.g., whooping cough (pertussis).

Poor respiratory hygiene
Some infectious diseases are transmitted via droplets or aerosols which are produced when sneezing and coughing. Poor respiratory hygiene enables these diseases to spread easily.

Workplace activities and duties that increase the risk of exposure to infectious agents
The nature of departmental working and learning environments places staff and students at an increased risk of coming into contact with infectious agents due to the activities and duties. Contact with respiratory droplets may occur in the office or classroom, contact with blood and body substances may occur when rendering first aid or during other activities such as mealtime assistance and assistance with toileting, during cleaning of facilities and grounds maintenance. People can also contract infectious diseases from animals (zoonosis) that enter the workplace (e.g. petting zoos), or that may be used as part of the education curriculum (e.g. agricultural studies) or which are encountered during educational visits (e.g. farm visits).

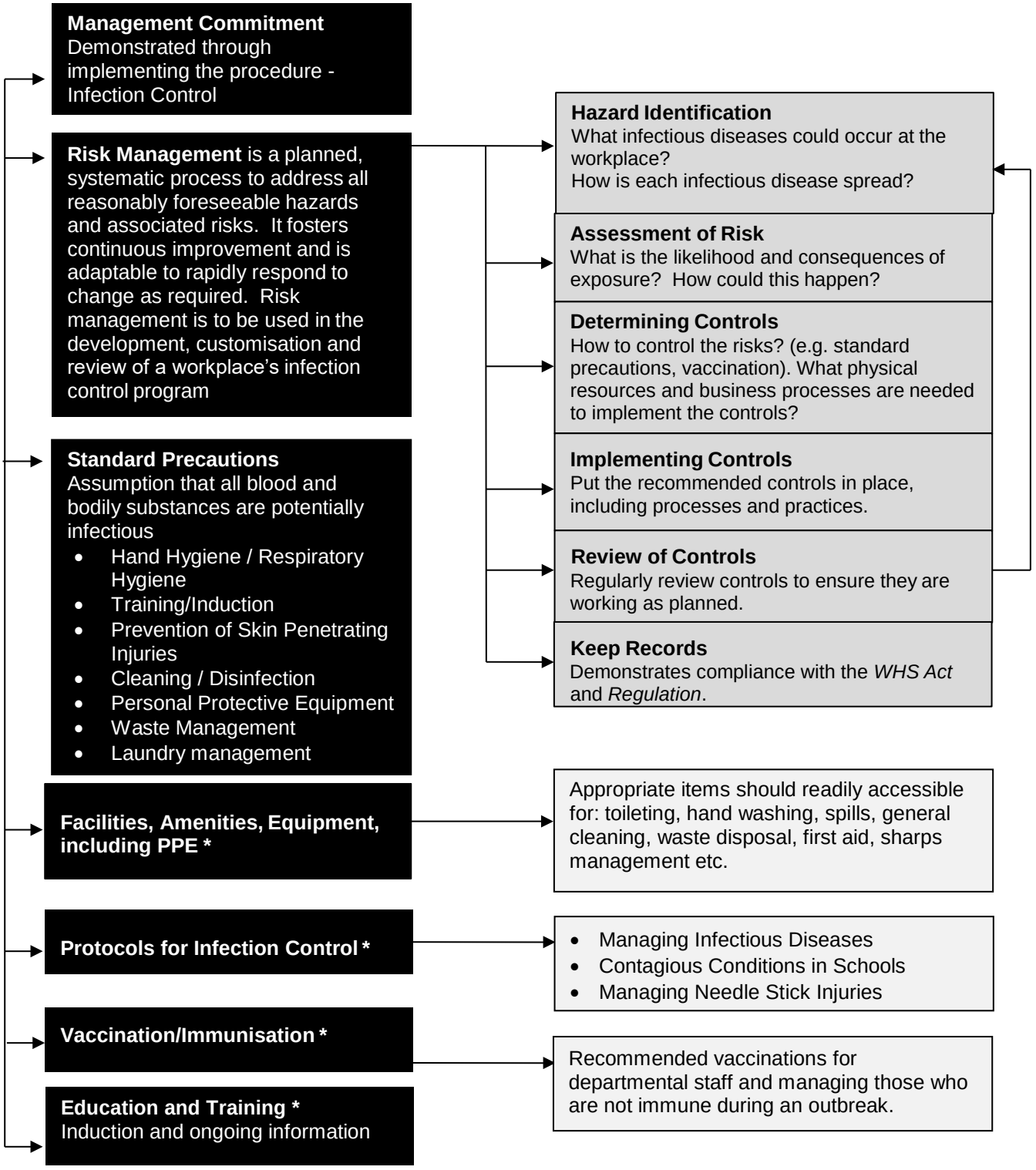
The environment and the work location
In Queensland, some communities may experience an increased prevalence of some types of infectious diseases due to factors such as geographical location or extreme weather events. For example, some locations may be more prone to mosquito-borne diseases such as Dengue. Heavy rain and flooding can cause contamination of the school grounds with infectious agents associated with sewage, rodents, animal excreta, mud and surface water.

4. Infection control program

There are many and varied infectious disease risks within our workplaces. The implementation of a comprehensive infection control program can prevent or minimise the spread of infectious disease at the workplace. It can also prevent an infectious disease from spreading to the broader community.

The procedure, Infection Control, requires departmental workplaces adopt and follow an Infection Control Program that is developed in response to the specific hazards and risks of the particular workplace.

The following is an explanation of the structure of an Infection Control Program.
*** Use the interactive hyperlinks to navigate to relevant sections.**



5. Hazard identification

To determine the hazards associated with the spread of infectious disease in the workplace, determine what infectious disease could occur and how each infectious disease is spread.

The Queensland Health, Time Out Poster provides a list of infectious conditions. This is the start of identifying the hazards related to infectious disease.

– Chickenpox (varicella) – Cold sores (herpes simplex) – Conjunctivitis – COVID-19 – Cytomegalovirus (CMV) – Diarrhoea and/or Vomiting including: ○ amoebiasis ○ campylobacter ○ cryptosporidium ○ giardia ○ rotavirus ○ salmonella ○ viral gastroenteritis – Enterovirus 71 (EV71) – Fungal infection of the skin and nails (ringworm/tinea) – Glandular Fever (mononucleosis, Epstein - Barr virus) – German measles (Rubella) – Haemophilus influenza type b (Hib) – Hand, foot and mouth disease (EV71) – Head lice – Hepatitis A – Hepatitis B and C – Hepatitis E – Human immunodeficiency virus (HIV/AIDS) – Influenza and influenza like illness – Measles – Meningitis (bacterial) – Meningitis (viral) – Meningococcal infection – Molluscum contagiosum – Mumps – Norovirus – Parvovirus B19 (fifth disease, slapped cheek syndrome erythema infectiosum) – Poliomyelitis – Q fever - (schools' factsheet) – Roseola (sixth disease) – Scabies – School sores (impetigo) – Shiga toxin-producing E. coli (STEC) – Shigellosis – Shingles (herpes zoster) – Streptococcal sore throat (including scarlet fever) – Tuberculosis (TB) – Typhoid, paratyphoid – Worms	**Exposure to identified hazards.** a) Find detailed information about these conditions by searching the Queensland Health Conditions Directory. *(search "Queensland health <insert name of condition>")* b) Refer to the Queensland Health "Time Out" Poster which contains information for schools and other workplaces on contagious conditions. *(search "Queensland health – time out poster")* c) Use information from the Queensland Heath information sheets and information from the Queensland Health – Time Out Poster. The Time Out Poster provides information on the recommended minimum medical exclusion periods and will assist prevent the spread of infection. d) Add to your hazard identification through understanding how these infectious diseases are transmitted from to others. i. Cross-infection from exposure to those with communicable diseases ii. Cross-infection from contaminated hands due to poor compliance with hand hygiene iii. Exposure to blood/body substances iv. Cross infection due to poor compliance with cleaning/sanitation

6. Assessment of Risk

Risk is the likelihood that a harmful consequence will occur when people are exposed to a hazard. A risk level is made up of two elements:

(a) the **likelihood** of an incident happening; and
(b) the **consequence** if it did happen. What are the likely consequences of exposure?

The likelihood of infectious diseases occurring in departmental workplaces such as schools is "almost certain" while the consequence may range from insignificant to critical. Factors that may influence consequence include "susceptible populations" who may be at increased risk of acquiring an infectious disease or having a more severe consequence.

Susceptible populations:

- **the very young** e.g. an infant's immune systems may not be fully developed.
- **the elderly** e.g. chronological age of 65 or older may have weaker immune systems or other conditions
- **immunocompromised** e.g. may have impaired immune system such as during chemotherapy
- **non-immunised** e.g. conscious objectors to vaccination
- **particular medical conditions** e.g. non-intact skin from dermatitis
- **pregnant women** – some infectious diseases may have an adverse outcome for the pregnancy.

Consider the workplace population in general as well as these susceptible populations when determining controls. These populations may extend beyond staff and students to family/household contacts. Effective communication to the relevant group of people about an infectious disease will enable staff (or the parents of students) to make an informed decision about attendance at the school/workplace. In some instances, e.g. outbreak of measles, Queensland Health will enact their powers and direct all non-immune staff and students to be medically excluded until it is considered safe for them to return.

Likelihood	Consequences				
	Negligible	Minor	Moderate	Major	Extreme
Rare	Low	Low	Low	Medium	High
Unlikely	Low	Medium	Medium	High	Very high
Possible	Low	Medium	High	Very high	Very high
Likely	Medium	High	Very high	Very high	Extreme
Almost certain	Medium	Very high	Very high	Extreme	Extreme

Low risk	Manage by routine procedures.
Medium risk	Manage by specific monitoring or audit procedures.
High risk Very high risk Extreme risk	This is serious and must be addressed immediately. The magnitude of the consequences of an event, should it occur, and the likelihood of that event occurring, are assessed in the context of the effectiveness of existing strategies and controls.

Infection control and pregnancy

Given the demographics of the department, information about diseases relevant to pregnancy should be provided to all staff, via induction and ongoing training/information sessions. Students should also be provided with relevant information as needed. Positive pregnancy results are not confirmed until several weeks into gestation and female staff/students are not required to inform the workplace if they are pregnant. Information can be accessed in the Education and Training section of this guideline.

Those contemplating pregnancy or who are pregnant should ensure that their doctor is aware of their work environment and day-to-day work duties. They should also seek advice on infectious diseases relevant to their pregnancy, their immune status for these diseases, vaccination recommendations, and safe work practices for infection control. Blood tests may be able to confirm immune status. Staff who may have a pregnant "contact" (e.g. wife/partner) should take note of diseases relevant to pregnancy and observe standard precautions, good hygiene practices and vaccination recommendations to control any spread of infectious disease.

If there are cases of infectious diseases at the workplace that can impact on pregnancy (e.g. chickenpox, measles, rubella and parvovirus B19), staff should be informed of the risk and advised to seek medical advice.

7. Controls – standard precautions

Standard precautions for infection control are basic work practices that assume that all blood and body substances are potential sources of infection, independent of perceived risk.

Some general examples of standard precautions include keeping wounds covered with a water proof dressing, not sharing personal items that may be contaminated with blood or body substances (e.g. water bottles, mouth guards, towels, eating utensils etc.). Other specific areas include:

Training/Induction
People are to be given information on the infectious disease hazards in their environment, the modes of transmission and appropriate control methods. This is best provided during induction and in ongoing training.

Hand Hygiene
Infectious disease can be spread via contaminated hands. Hand hygiene is one of the most important measures in preventing transmission of infection. Hands can become contaminated from touching contaminated surfaces or by being contaminated through coughing, sneezing, rubbing eyes etc. The infectious agent can then be passed on to others e.g. shaking hands and/or contaminating clean surfaces. Hand should be regularly washed with soap, running water and then dried. Detailed information is provided in section 9.2 Hand Hygiene.

Respiratory Hygiene
This is a set of routine practices to prevent potentially infectious secretions from the nose and mouth from contaminating others directly or indirectly via surfaces.

1. Cover your cough – cough into a single use tissue or into your sleeve, never into your hands. Always turn to direct your cough away from others and away from surfaces or food sources.
2. Cover your sneeze – sneeze into a single use tissue or if unavailable into your sleeve, never into your hands. Always direct your sneeze away from others and away from surfaces or food sources.
3. If you need to blow your nose it is especially important to do this into a single use tissue(s), dispose of the tissue immediately into a bin – do not re-use tissues as they are unhygienic once contaminated.
4. Always wash your hands or apply alcohol-based hand rub after you have coughed, sneezed or blown our nose - even when you have used a tissue as there will be residual contamination from the tissue on your hands.

Cleaning/Disinfection

- Cleaning is the removal of "soil" or debris and the reduction of the number of germs from a surface. Cleaning is usually sufficient for most areas and surfaces, and should be carried out using warm water and detergent, followed by rinsing and thorough drying.
- Sanitising is the reduction in the number or slowing of growth of bacteria. Sanitizers are appropriate for food contact surface sanitizing (e.g. dishes, utensils, cutting, boards, high chair trays, tables).
- Disinfection is the inactivation of bacteria, viruses and fungi and can be achieved by heat or chemical means e.g. autoclaving, boiling, bleaching. It is important to clean surfaces thoroughly prior to disinfection to remove organic matter present in blood and body substances. Disinfection following cleaning may be required for specific situations such as managing blood spills or gastrointestinal illness causing vomiting and diarrhoea.

Prevention of skin penetrating injuries – safe handling of sharps:
Staff and students should prevent skin penetrating injuries by wearing appropriate clothing, shoes and personal protective equipment (PPE) where required. As a break in the skin can allow direct contact with blood and body substances these should be protected by keeping open wounds covered e.g. with a waterproof dressing or with appropriate clothing.

Skin penetrating injuries can introduce infectious agents directly into the blood stream, e.g. tetanus and blood borne viruses such as hepatitis B, hepatitis C and HIV. It is very important that skin penetrating injuries are minimised e.g. through safe handling and disposal of sharps.

Staff are to be provided with the appropriate training in the safe handling and disposal of sharps and given direct access to necessary equipment for safe disposal e.g. staff and students should know what to do if a hypodermic needle is found and what to do if there is a needle stick injury.

Refer to the following:
9.6 Preventing needle stick injuries – (including discarding needles and syringes)
9.7 Direct Exposure to Blood or Bodily Substance e.g. What to do if a Needle Stick Injury Occurs ?

Waste management
Appropriate handling and disposal of potentially infectious waste helps to prevent the spread of infection, illness and disease.

e.g. If waste (general litter) is to be picked up, use gloves and sturdy tongs (e.g. rubbish grabbers) to protect against injury or contact with soiled items. If a school chooses to have 'emu parades'/ 'rubbish pick-up' an assessment of the possible dangers and associated risks is to be considered. Appropriate supervision as well as PPE is required due to the risk of students finding and/or handling discarded syringes, broken glass, sharps and other potentially infectious items. Other facilities may require specialist waste management e.g. first aid rooms, sharps containers, laboratories, agricultural programs etc. *More Information:* Waste and Sharps Disposal section of this document.

Laundry management
If clothing or linen is soiled with blood or body fluids, they should be removed immediately and placed in a collection bag or leak proof plastic bag. There should be minimal handling. Wash as usual in detergent for the maximum washing cycle. Communal clothes e.g. drama clothes, team sports jerseys/singlets should also be laundered in this manner. Schools may choose to send bagged items home to parents.
Refer to section 9.9.Cleaning of the Work Environment.

Personal protective equipment
(PPE) for infection control should be readily available where there is a risk of exposure to infectious diseases e.g. First Aid. Training is required to ensure PPE is used correctly. PPE should also fit correctly (e.g. "fit test" when using a respirator).

Transmission-based precautions
Transmission based precautions are additional to *standard precautions*. These are particularly important in outbreak management and for diseases that are not contained by standard precautions alone. These precautions may include:

- Medical Exclusion – medically excluding staff and students who are infectious, are immunocompromised, or are non-immune.
- Cleaning – enhanced cleaning and disinfection methods (e.g. during an outbreak of viral gastroenteritis such as norovirus).
- Additional personal protective equipment (e.g. clothing, netting) or substances (e.g. insect repellent) may be required to prevent some infectious diseases transmission e.g. vector borne diseases from mosquito bites.

8. Facilities, Amenities, Equipment, Personal Protective Equipment, and other items

Particular items are required for a successful infection control program. These will depend on the activities at your location and should readily accessible if needed (i.e. their location known to all).

- **Toilet facilities:** in good working order, well stocked with toilet paper etc., appropriate hand washing facilities, waste management, sanitary disposal, cleaning regime.
- **Hand washing facilities:** Hand basin, running water, mild liquid soap (preferred option), paper towels (preferred option) or air dryers, waste management, cleaning regime. These should be separate to drinking "troughs" or kitchen sinks.
- **Hand sanitisers** (where needed)
- **Personal protective equipment** (PPE) – disposable gloves, disposable apron, safety eyewear, appropriate masks (e.g. disposable surgical mask to contain / protect from coughs and/or disposable P2 respirator to protects against infectious particles such as those associated with Q fever).
- **First aid:** facilities, amenities, equipment, PPE and materials are to be in compliance with the procedure and guideline: First Aid which reflects the First Aid in the Workplace Code of Practice 2021.
- **Food preparation:** appropriate facilities in tuckshops, kitchens, food preparation areas that ensure compliance with Food Safety – Queensland Health.
- **General cleaning:** waste receptacles, PPE, spills kits, rubbish grabbers, cleaning products.
- **Equipment for disposal of discarded needles/syringes** – including "sharps containers" – refer to 9.6 Preventing needle stick injuries – (including discarding needles and syringes)
- **General waste disposal –** Appropriate and sufficient waste receptacles and waste disposal regime to manage the various types of waste located throughout the workplace to prevent infection hazards.
- **Disposal of sanitary products and nappy waste.** The department has a preferred supplier arrangement for the disposal of sanitary products and nappy waste.
- **Clinical waste** – Department of Environment and Heritage Protection provides information on waste management according to the *Environmental Protection (Waste Management) Regulation 2000.* In general, waste generated during emergency first aid, and school laboratories is not 'clinical waste'. However, hypodermic needles / syringes must be placed in a rigid-walled, puncture resistant container, which can then be disposed in the general waste stream if allowed by the local government. A safer practice, such as using a community disposal facility for needles and syringes, is preferable to protect the safety of waste workers.
- **Other waste –** In general, waste contaminated with blood or body substances generated in departmental workplaces (e.g. first aid) should be sealed in a plastic bag and discarded in general waste. School cleaners should be consulted in the development of local waste disposal procedures.
- **Sand pit covers/procedures –** Sand pits can be a source of infection and need to be well maintained and kept clean. Prior to use they are to be checked for foreign objects, such as glass or used syringes, which may be fully or partially covered by sand. Good drainage is essential and the sand should be raked often. When not in use, it is recommended that sand pits be securely covered to prevent contamination, particularly with animal waste.

  In the event that the sand/soft fall becomes soiled with human or animal faeces, blood, urine or other body substances:
  - remove the substance.
  - use a shovel to remove the contaminated area (this will depend on the size and nature of the contamination) and dispose in a plastic bag.

  The whole sand pit does not need to be replaced or decontaminated in these instances. It is common practice for sand pits/soft fall to be dug out and replenished with clean sand/soft fall on a regular basis.

9. Protocols for Infection Control

[Navigate this electronic document using blue hyperlinks]

The following sections provided detailed information on common infection control topics.

9.1. Individual responsibilities for infection control

Individuals have responsibilities to prevent the spread of infection diseases

a. Staying home when unwell:

- Staff and students are expected to stay away from the workplace when unwell.
- Adults who have been diagnosed with an infectious disease should follow medical advice with respect to exclusion from, and return to, the workplace. As a guide, adults should refer to the Queensland Health "TIME OUT" poster or the relevant Queensland Health fact sheet for information on the recommended minimum exclusion periods for infectious diseases.

b. Following Standard Precautions for Infection Control:

- follow good hygiene practices and standard precautions for infection control especially hand hygiene and cough and sneeze etiquette
- keep open wounds covered (including e.g. eczema) with clothing or a waterproof dressing to ensure that you do not transmit any infectious diseases to others, or contract an infectious disease through the open wound
- know your own immune status to common vaccine preventable diseases including those vaccines recommended for work with children.
    - seek advice from your doctor regarding any "boosters" or "catch-up" doses you require
    - keep your immunisation records in a place where you can access this easily e.g. to confirm that you are immune to particular diseases (especially prescribed vaccine preventable diseases e.g. measles)
- women who are pregnant or contemplating pregnancy seeking advice from their doctor regarding any necessary vaccinations as well as specific precautions relevant to their workplace and their work duties
- implement and follow the infection control program that has been developed for your workplace
- understand and adhere to the Management of Contagious Conditions procedure
- understand and adhere to the Infection Control procedure and Guideline.
- seek advice if required.

c. Confidentiality

Staff and students are not generally required to disclose details of their specific illness or disease.

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 and/or local Public 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.

d. Notification

Some infectious diseases that are acquired at work are required to be notified to Workplace Health and Safety Queensland

More information: "Time Out" Poster http://www.health.qld.gov.au/ph/documents/cdb/timeout_poster.pdf

9.2. Hand hygiene

As hands spread 80% of common infectious diseases, hand hygiene is one of the most important measures in preventing transmission of infection.

Amenities for hand hygiene in departmental workplaces:

- Hand basin, running water, mild liquid soap (preferred option) - germicidal soaps are not required and may irritate some skin types, paper towels (preferred option) for hand drying or air dryers.
- Note: Liquid soap dispensers should be fitted in preference to cakes of soap (problems associated with spills from liquid soap dispensers may be minimised by trialling different products and having them fitted over the basin).
    - Drying hands with clean paper towels is preferred to air dryers.
    - Clean fabric cloths or towels may be used in place of paper towels for a **single use** drying before laundering. **Individual** cloth towels may be provided for students in some settings, such as prep/early childhood education and care, provided the towels are laundered regularly and **not shared** between students.
    - Communal cloth towels are not to be used.
    - A copy of the poster Hand Washing Technique or similar can be laminated / placed in a plastic sleeve and hung on the wall adjacent to washing facilities.

Hand washing steps:

1. Wet hands thoroughly and then add mild liquid soap.
2. Rub soap over all areas of the hands, including between the finds, thumbs and back of hands.
3. Wash for at least 10 seconds.
4. Rinse hands well under running water
5. Dry thoroughly with paper towel (preferred option) a clean individual cloth (as described above) or air dryer.

As a guide, hands should be washed as follows:

Before	• Handling, preparing or eating food	
Before and After	• Using gloves e.g. for health support procedures or assisting with meal times • Providing first aid • Providing Medication	
After	• Contact with blood or body substances • Removal of personal protective equipment • Using the toilet • Contact with animals	• Sneezing or coughing • Touching commonly used items or surfaces • They become dirty for any other reason.

Sanitising hand wash solutions

Alcohol-based hand rubs and hand sanitisers can be used routinely, however safe use 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. Departmental workplaces may also use alcohol-based hand rubs and other sanitisers in emergency or field situations (such as excursions, camps or off-campus activities) where hand washing facilities are limited or not available.

For more information refer to: Hand Sanitisers – information for consumers.

9.3. Infectious disease in the workplace – what to do?

If a staff member, student/parent or other person at the workplace advises that they have an infectious disease the following protocol applies:

- Maintain confidentiality but inform the appropriate manager / officer at your workplace.
- Staff (and students) are to stay home when unwell.

1. Determine the **nature of the infectious disease**
   Ask for the specific name of the disease e.g. whooping cough (pertussis), measles etc.

2. **Confirm diagnosis** – medical certificate/doctor diagnosis.
   Some people may advise that they have an infectious disease however they have not been to the doctor or they are still awaiting confirmation of blood tests. Management should advise them to stay at home until well and to phone to advise of the details of the infectious disease once confirmed by a doctor.

3. If diagnosis confirmed, **seek relevant information** to manage the infectious disease e.g. access
   - Queensland Health conditions directory for the infectious disease. This will provide detailed information on the disease, transmission and control.
   - Queensland Health "Time Out" Poster. This provides information about medical exclusion from school and childcare. It is expected that staff and others should also stay away from the workplace when they are potentially contagious – using the "Time Out" Poster as a guide.

4. **If a student is infectious** with a **diagnosed** Prescribed Contagious Condition under the *Public Health Act 2005*, the procedure: Management of Contagious Conditions applies. This procedure outlines the responsibilities for the management of *contagious conditions* in accordance with the requirements of the *Public Health Act 2005 (Qld)* and the *Public Health Regulation 2005 (Qld).*

5. Schools and departmental workplaces are **not required to notify Queensland Health** if a student has a prescribed contagious condition, as this is the responsibility of their doctor.

6. In some circumstances, Queensland Health *may* contact a school to advise of a potential outbreak of a contagious condition e.g. measles.

7. If advice is required, school/workplace management may choose to contact the local Queensland Health Public Health Unit for guidance regarding the management of the infectious disease at the school, if there are staff or students who may have been at risk, if other staff and students have been developing similar symptoms.

8. Senior Health and Safety Consultants may also be able to assist with enquiries.

9. In some circumstances, e.g. when a person has been infectious while at the workplace and others may have been exposed; it is recommended that the workplace provide information to those persons as well as others such as parents or carers.
   - e.g. In a school – While maintaining confidentiality, provide information home to parents (email, newsletter, note sent home with students) indicating that a person has been unwell while at the school. Depending on the case, this may be confined to a class or a year level.
   - Provide a simple/clear explanation of actions taken and if necessary advice for parents to be alert to any developing symptoms.
   - It may be useful to attach the relevant Queensland Health conditions directory and the "Time Out" Poster.
   - Relevant staff should also be provided with the same information.

9.4. Contagious conditions and the *Public Health Act 2005* (Qld)

For detailed information refer to procedure: Management of Contagious Conditions.
The *Management of Prescribed Contagious Conditions* procedure, the *Public Health Act 2005* and *Regulation* refer to **students/children**.

About the Public Health Act

The *Public Health Act 2005* provides basic safeguards necessary to protect and promote the health of the Queensland public. Chapter 5 of the Act – *Contagious Conditions* – aims to protect children in schools and education and care services by controlling the spread of certain contagious conditions that can make children very sick.

Contagious Conditions (as prescribed by the Public Health Regulation 2018) are currently:

- Coronavirus (COVID-19)
- diphtheria
- enterovirus 71 neurological disease
- gastroenteritis illness
- haemophilus influenzae type b (invasive) disease
- hepatitis A
- human influenza with pandemic potential
- measles
- meningococcal disease (invasive)
- paratyphoid
- pertussis
- poliomyelitis infection
- rubella
- tuberculosis
- typhoid
- varicella - zoster virus infection (chickenpox)

Search for related information on the Queensland Health website: Queensland Health conditions directory.

How are children protected by this legislation?

Children who are infected with a contagious condition can infect others, therefore children who have any of these conditions need to stay away until they are well and not infectious.

Parents or carers have obligations to keep their child away from school if their child has or may have a contagious condition.

Depending on the disease, certain requirements may need to be met before a child can return. For details on these requirements refer to the Queensland Health Time Out Poster.

Authority to require a child to stay away from school or an education and care service

The person in charge (i.e. the school principal) can direct a parent or carer to keep a child away if the child has or may have a contagious condition.

The person in charge must consult with a doctor before taking this action.

- Refer to procedure: Management of Contagious Conditions.

Further information

- Factsheet: *Public Health Act 2005* – Contagious Conditions *Fact Sheet for Schools and Education and Care Services*
- Factsheet: Information for Schools, Education and Care Services and Child Care Services Contagious conditions – Public Health Act 2005, Chapter 5 Part 2.

9.5. Spills Management – Blood and Bodily Substances

Basic principles:

- Spills of blood or body substances are to be dealt with as soon as possible. Isolate or restrict access to the area if there is an unavoidable delay.
- Standard precautions apply – assume all blood and body substances are potentially infectious and cover cuts, maintain hand hygiene and use appropriate PPE.
- Cover the spill, where applicable, to prevent the generation of splashes and aerosols from the spilled substance -
    - e.g. granular formulation such as *vomit control*
    - use a scraper and pan to remove the absorbed material
- after removing the bulk of the spill, clean the area thoroughly, rinse and dry.
- clean non-disposable cleaning equipment thoroughly after use, rinse and store dry.

Small spills: e.g. spots or drops of blood and other small spills up to 10cm diameter.

- wipe the area immediately with paper towelling
- clean with warm water and detergent followed by rinsing
- dry the area (as wet areas attract contaminants)
- a sanitiser (e.g. alcohol wipe) can be used on the area after cleaning.

Large spills: e.g. greater than 10 cm diameter.

Wet area – e.g. bathroom with a floor drain -

- wash carefully into the sewerage system using copious amounts of water, taking care to avoid splashes
- clean the area with mop and bucket of warm water and detergent
- clean the bucket and mop thoroughly after use using warm soapy water and store dry.

Carpet

- contain and clean with warm water and detergent
- do not use disinfectant. Professional carpet cleaning/steam cleaning may be required.

Equipment

Equipment (mop, bucket and cleaning agents) is to be readily available in a location known to all. Prepare for a range of likely occurrences at your location considering:

- the nature of the spill (e.g. sputum, vomit, faeces, urine, blood or laboratory culture)
- the germs most likely to be involved in these different types of spills (e.g. gastrointestinal germs associated with spills of vomit and diarrhoea)
- the size of the spill
- the type of surface (e.g. carpet or impervious flooring)
- the location e.g. whether the spill occurs in a contained area such as a toilet cubicle or in a high traffic area such as a hallway or while in a public place such as on an excursion.

A portable 'spills kit' can be made up to manage likely spills for the area/activity e.g.

- a large (10 L) reusable plastic container or bucket with fitted lid, containing the following items
    - leak proof bags and containers for disposal of waste material
    - roll(s) of paper towel to contain and cover a spill
    - a designated, sturdy scraper and pan for spills (similar to a 'pooper scooper'/dust pan)
    - sachets of a granular formulation containing 10,000 ppm available chlorine or equivalent (each sachet should contain sufficient granules to cover a 10-cm diameter spill) *e.g. vomit control*
    - disposable latex, vinyl or nitrile gloves suitable for cleaning
    - eye protection (disposable or reusable)
    - a plastic apron
    - a respiratory protective device such as a disposable P2 respirator (for protection against inhalation of powder from the disinfectant granules, or aerosols, which may be generated from high-risk spills during the cleaning process).

Use of sodium hypochlorite (bleach)

It is generally unnecessary to use sodium hypochlorite for managing spills however it may be used in specific circumstances, such as managing spills of vomit and diarrhoea associated with an outbreak of viral gastroenteritis.

- Caution: Bleach (this includes all derivatives of bleach products and all brands) is **not permitted** for **everyday general cleaning purposes**.
- See Prohibited chemicals factsheet

Bleach can be **inactivated** by organic matter present in blood and body substances and so the affected area must be **cleaned thoroughly prior to disinfection**.

A sodium hypochlorite product, specified from the Standing Offer Arrangement (SOA), may be used when specifically directed by a supervisor for infection control cleaning or mould removal.

A freshly prepared solution of sodium hypochlorite is to be used. It is to be diluted in accordance with the manufacturer's recommendations. Safe Operating Procedures are to be followed for its safe handling and use.
Departmental cleaning staff can provide advice on approved sanitisers.

Disposal of contaminated items

Care should be taken with disposal of contaminated materials – place in a plastic bag, seal the bag and then dispose in the general waste.

9.6. Preventing Needle Stick Injuries – including discarding needles and syringes

Needle-stick injuries can cause anxiety because of the fear of contracting blood-borne diseases such as HIV, hepatitis B and hepatitis C as well as tetanus. The risk of acquiring a disease from a needle-stick injury in a community setting is very low, however it is important that needles/syringes are disposed of promptly and safely to ensure staff, students and others are not harmed.

The unsafe disposal of needles and syringes is illegal under the *Environmental Protection (Waste Management) Regulation 2000.* While needles and syringes can be disposed of in a rigid-walled, puncture-resistant, container, it is preferred that schools/workplaces have one that conforms to Australia Standards Specifications (AS4031 or AS/ANZ426).

- Students should never handle discarded needles/syringes (exception: self-administration of medication)
- Ensure staff and students know what to do if a syringe is found – promotion of a school-based strategy e.g. LEAVE IT WHERE IT IS / SEND SOMEONE TO TELL A STAFF MEMBER IMMEDIATELY
- Students and staff are to advise a staff member/administration immediately if they have received a needle stick injury. See 9.7 Direct Exposure to Blood and Body Substances. Students should be reassured that they will not be "in trouble", even if they were doing the "wrong thing". Staff must reinforce this stance as the most important thing is for first aid and medical attention to be sought.

Equipment: thin, disposable latex, vinyl or nitrile gloves, sharps container	
Procedure	**Precautions**
Step 1 Before staff handle sharps – move away any people (especially children) who are nearby	Ensure there is space to move and to clearly observe the sharps and your hands
Step 2 Put on disposable latex, nitrile or vinyl gloves (if available). Gloves will not prevent the wearer from being injured but will form a clean barrier between the hands and the syringe.	**Do not** attempt to recap the needle – this is how most accidental needle-stick injuries happen. The cap is usually bright orange and can be disposed of separately. **Do not** break, bend or otherwise try to render the syringe useless.
Step 3 Bring your rigid-walled, puncture-resistant, sealable, sharps container to the syringe.	**Do not** walk with the needle/syringe. Take the sharps container to the syringe.
Step 3 Place the container on the ground or flat surface beside the syringe.	**Do not** hold the sharps container or ask another person to hold it as you are disposing of the syringe.
Step 4 Pick up the syringe by the middle of the barrel. Note: Do not handle more than one item at a time. If there are multiple sharps, carefully *separate* them using a stick or implement	- The safest method of picking up a syringe is by hand. - Staff can also choose to wear thin, disposable gloves that do not hinder dexterity. - Do not use a dustpan & brush to "sweep up" the syringe as the sweeping movement can cause the syringe to flick into the air and cause further risk. Do not use tweezers/grabbers as they may also cause the needle/syringe to flick.
Step 5 Place the syringe in the container, sharp end first.	Keep the sharp end of the needle facing away from you at all times.
Step 6 Securely place the lid on the container and ensure it is sealed. Hold the container by the top when carrying.	Place the sealed container into your sharps disposal bin or contact your local council or health department regarding safe ways to dispose of your sharps container.
Step 7 Remove gloves carefully so any contaminated fluid on the glove does not come into contact with your hand. See: Removal of Gloves Technique. Wash your hands immediately using correct hand washing technique.	Other items that have come into contact with blood (i.e. gloves) should be disposed of in a plastic bag, secured and then placed into the rubbish.

9.7. Direct exposure to blood/bodily substances including - what to do if a needle stick injury occurs?

Exposure to blood or body substances

Exposure to blood or body substances 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. e.g. head clash on the sporting field, needle stick injury from discarded /contaminated needle.

It is important to identify and promote a person(s) at your workplace for staff and students to advise in the event of exposure. This may be first aid officer / school administration etc. who are to enact the following process.

The following action should be taken:

- Immediately following exposure to blood or body fluids, it is recommended that the exposed person undertakes the following steps as soon as possible:
- wash wounds and skin sites that have been in contact with blood or body fluids with soap and water
- apply a sterile dressing as necessary, and apply pressure through the dressing if bleeding is still occurring
- do not squeeze or rub the injury site
- if blood gets on the skin, irrespective of whether there are cuts or abrasions, wash well with soap and water
- irrigate mucous membranes and eyes (remove contact lenses) with water or normal saline - if eyes are contaminated, rinse while they are open, gently but thoroughly (for at least 30 seconds) with water or normal saline - if blood or body fluids get in the mouth, spit them out and then rinse the mouth with water several times
- if clothing is contaminated, remove clothing and shower if necessary.
- Seek prompt medical advice – it is important to be medically assessed as soon as possible. A doctor or hospital emergency department will assess the level of risk, and may arrange blood testing, offer counselling and provide qualified information, and administer possible hepatitis B and tetanus vaccination and/or medication.
- The Hepatitis B Immunoglobulin should be given within 72 hours of exposure if a person does not have immunity to Hepatitis B.
- If the injured person is a student, contact their parent immediately.
- Follow up counselling should be made available e.g. via the employee assistance program or student counsellor.

Note:

- Students and staff should be advised that they are to tell a staff member immediately if they have received a needle stick injury or other direct exposure to blood/body substance.
- Students should be reassured that they will not be “in trouble”, even if they were doing the “wrong thing”.
- Staff are to reinforce this stance and ensure that prompt first aid and medical attention is the priority.

Further action

- Correctly dispose of the needle/syringe as described in 9.6. Preventing Needle Stick Injuries – including discarding needles and syringes.
- Testing of syringes is usually not conducted so there is no need to keep the syringe.
- Document the event.
- Staff may seek reimbursement of medical costs by lodging an application for compensation with WorkCover Queensland.

9.8. Infection control in sport

While contact sports such as “football” may seem the most obvious exposure to blood and body substances (e.g. head clash), many sports may from time to time involve injury that causes bleeding and or breaching the protective barrier of the skin. As well as blood borne diseases, there are a number of other infectious conditions caused by viruses, bacteria, fungi and parasites that can be transmitted during sporting activity.

Exposure to infection in sport can occur via:

- blood to blood contact via broken skin.
- contact between infectious agents and a person’s broken skin or, mucous membranes (mouth, eyes)
- exposure to another person’s skin e.g. direct body to body contact or indirectly through the use of shared equipment such as mats, clothing and other surfaces that remain moist/sweat covered (change rooms/benches). These usually involve fungal skin infections such as tinea and ringworm, viral infections such as warts, or parasites such as scabies.
- Saliva or respiratory secretions from an infectious person may be deposited on another person’s mucous membranes (eyes, nose or mouth), or inhaled, when an infectious person coughs, sneezes or spits.

Blood rules

Ensure “blood rules” are adopted and adhered to for all sports:

- A player who is bleeding or has blood on their clothing must immediately leave the playing field or court and seek medical attention/first aid.
- The bleeding must be stopped, the wound dressed and blood on the player’s body or clothing cleaned off before they return to the game.
- All blood on the ground or equipment is to be cleaned up.

First aid

- Be sure to have adequate first aid facilities and personnel to manage injuries.
- If attending to an injured player, standard precautions apply.
- Ensure any of your own wounds, e.g. cuts on hands, are covered and wear disposable gloves.
- If blood or other body substances spill onto you or someone else or if contact has been made with an open wound, broken skin or mucous membranes (mouth, eyes, nose) refer to requirements within 9.7 Direct Exposure to Blood Bodily Substances.

Hygiene practices

- Adoption of strict personal hygiene measures to control the spread of blood-borne viruses and other infectious agents. Do not share used clothing, razors, towels, drink bottles, mouth guards or any other personal equipment which may have blood, saliva or other body substances present.
- Wash communal sporting clothing and equipment after use, e.g. sports jerseys
- 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.

State and Commonwealth anti-discrimination legislation makes it unlawful to discriminate against a person on the basis of their disability or impairment. A disability is also defined as the presence in the body of an organism (such as HIV or a hepatitis virus) which may cause disease. Discrimination can occur in many ways. For example, in sport it would be discrimination if we refused to allow someone to participate in a sporting team or to act as an official because they were infected with a blood-borne virus such as hepatitis B, hepatitis C or HIV when they were able to effectively participate.

As it is not mandatory for any person to divulge that they have a blood borne disease, standard precautions for infection control and particularly “blood rules” in sport ensure the same rules apply to all players.

Note: prevention is the best strategy. Check sports area prior to commencement of activity for hazards e.g. sharps, soiled ground in sandpits/long jump pits.

9.9. Cleaning the Work Environment

Some germs live for several days, weeks or longer on surfaces.

Cleaning is the removal of "soil" (which may include blood, body fluids or excreta) and the reduction of the number of germs from a surface.

Thorough cleaning prior to disinfection is critical. **Disinfection** is the inactivation of bacteria, viruses and fungi and can be achieved by heat or chemical means.

Suggested cleaning and disinfection materials should be readily available in the workplace, particularly in food preparation, first aid and physical education areas in the event of a blood or body substance spill e.g.

- sweeping equipment/microfiber cloths
- detergent for general cleaning
- a sanitiser in areas where there are larger amounts of food preparation e.g. home economics, tuckshops etc.
- alcohol wipes (isopropanol) for disinfection of smooth surfaces (including first aid training mannequins)
- spills kit.
- household bleach (5% sodium hypochlorite) in a freshly prepared 1:50 dilution for disinfection.

Use of Bleach (sodium hypochlorite): The use of sodium hypochlorite for managing spills may be used in specific circumstances, such as managing spills of vomit and diarrhoea associated with an outbreak of viral gastroenteritis.

- Caution: Bleach (this includes all derivatives of bleach products and all brands) is **not permitted** for **everyday general cleaning purposes**.
- See Prohibited chemicals factsheet

A sodium hypochlorite product, specified from the Standing Offer Arrangement (SOA), may be used when specifically directed by a supervisor for infection control cleaning or mould removal.

A freshly prepared solution of sodium hypochlorite is to be used. It is to be diluted in accordance with the manufacturer's recommendations. Safe Operating Procedures are to be followed for its safe handling and use.

Note: Bleach can be inactivated by organic matter present in blood and body substances and so the affected area must be cleaned thoroughly prior to disinfection.

Cleaning Allocation: Some locations have an increased standard cleaning allocation to maintain the facilities in a clean and hygienic standard.

All enquiries regarding the cleaning allocation or the facility cleaning program should be directed to the School Facilities Operations Advisor in your region.

Information and contact details are available on OnePortal – search for 'School cleaning'. School Facilities Operations also have a SharePoint site with factsheets and other resources.

Example	Frequency	Method
Items containing potentially infectious waste e.g.		
Utensils used for handling and disposal of potentially infectious waste.	Immediately after use.	Clean with warm water and detergent and air dry.
Any item or area contaminated with blood or body substances.	As soon as possible and before re-use.	Clean with warm water and detergent, and then disinfect.
Clothes, linen and bedding e.g.		
Dramatic-play clothes.	Preferably every 2 weeks but at least once per term and as soon as possible if soiled.	Warm water and detergent. Air dry. High Quality Costumes/Performance clothes may require dry cleaning.
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.	For students, if clothing is not disposable, place items in bag, seal well and give to parents. This arrangement may need to be discussed/negotiated.
Mattresses and canvas stretchers.	At least once per semester.	Warm water and detergent. Air dry.
Towels and other linen⌘. Note: hand towels etc. are not to be shared⌘.	Establish according to use.	Warm water and detergent. Air dry.
Curriculum e.g.		
Shared keyboards, shared computer mouse, laptops, computer mice, swipe screens etc.	Establish according to use, in combination with hand and respiratory hygiene practices.	Cleanse to remove any debris (e.g. soft/microfiber cloth). Sanitise according to manufacturer's instruction.
Classroom sets such as earphones/headphones and headsets with microphones	Immediately after use and before re-use. The ear pads and microphone tube/wind sock.	Cleanse to remove any debris (e.g. soft/microfiber cloth). Sanitise according to manufacturer's instruction.
Puzzles and blocks.	More frequent cleaning maybe required depending on likelihood of contact with blood or saliva or other body substances.	Warm water and detergent. Plastic items may be washed in a dish washer if appropriate. Air dry or use paper towels.
Mouthpieces of musical instruments. Instrumental Music Program. (e.g. class sets)	As soon as possible after use, and before re-use by another person.	Clean inside with a brush, warm water and detergent. Air dry or use paper towels. Use alcohol wipes to disinfect.

Example	Frequency	Method
Sport and play e.g.		
Sandpits and long jump pits where potentially infectious waste may be found. **Sand Pit Covers/Procedures** Sand pits can be a source of infection and need to be well maintained and kept clean. Prior to use they should be checked for foreign objects, such as glass or used syringes, which may be fully or partially covered by sand. Good drainage is essential and the sand should be raked often. When not in use, keep sand pits securely covered.	Immediately upon discovery of waste.	Sand that has become contaminated e.g. animal faeces, blood, urine or other body substances, the contaminant should be removed. Use a shovel and dispose of the sand in a plastic bag and treat as per infectious waste. 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 are to be covered at the end of the day to prevent contamination overnight.
Snorkels and regulators for 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 e.g.		
Plinths or change mats and tables.	Immediately after use.	Warm water and detergent. Air dry or use paper towels.
Toilets and bathrooms.	Daily.	As per cleaning guidelines.
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 early education environments, 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 or bedding are soiled with blood or body substances, soak (e.g. in a nappy treatment solution) and then wash in warm water and detergent.*

9.10. Infection control in curriculum

Staff responsible for curriculum activities are to also identify risks relating to infectious diseases (including infection disease hazards and risks), demonstrate adoption of standard precautions for infection control and the provision of appropriate instruction, information and personal protective equipment. Curriculum Activity Risk Assessments (CARAs) provide a system for school staff to identify hazards and risks

Examples of curriculum activities that may involve exposure to infectious agents include;

Curriculum Area	Type of Activity	Hazard examples
Agricultural Science	Animal contact Animal enclosures / dust / animal waste / hides / wool / excreta / milk/ birth products Excursions e.g. to abattoir / tannery / sales yards	Zoonoses e.g. Q fever, Hendra virus, leptospirosis, gastrointestinal infections (e.g. salmonella, E. coli)
Arts	Dance Music Drama	Injury Exposure to blood and bodily substances e.g. sharing of instruments (class sets) Shared clothing/props/masks
First Aid	CPR – mouth to mouth resuscitation, use of shared mannequins	Exposure to blood and body substances – e.g. sharing of equipment
Home Economics / Tuckshop	Kitchens Food handling Catering Storage	Infectious agents e.g. salmonella Food-borne illness.
Industrial Technology and Design	Workshop	Provision of first aid, exposure to blood from lacerations.
Marine Studies	Handling living marine organisms Snorkelling Scuba	Zoonoses associated with fish and marine environments Exposure to blood and body substances e.g. sharing of equipment (class sets)
Outdoor Recreation	Remote area activities	Contaminated water and soil, human/animal waste, vector-borne diseases (e.g. mosquito and tick-borne diseases), Provision of first aid, exposure to blood and body substances.
Sport/Physical Education	Contact sports injures General injury Sharing of equipment	Provision of first aid, exposure to blood, exposure to skin viruses, parasites and fungi (warts, scabies, tinea, ringworm etc. (due to close contact with others)
Science	Biological Activities Handling live animals Experimentation	Exposure to blood and bodily substances. Cheek Cell Swabs Sampling unknown microbes Zoonosis, parasites
Other school activities e.g. Fetes Excursions Camps Handling wild animals or “rescuing animals” such as native wildlife (flying foxes etc.)	Petting Zoos Food handling Correct food preparation, storage Portable toilets etc. – adequate hand washing facilities	Zoonoses – e.g. Q fever, gastrointestinal infections Food-borne illness” - gastroenteritis.

9.11. Fit Testing and Fit Checking for tight fitting respirators (e.g. N95/P2) for infection control

The Work Health and Safety Regulation 2011 (s44) provides that personal protective equipment must be of a suitable size and fit and be reasonably comfortable. Further, the personal protective equipment is to be suitable to the nature of the work and the hazard. Workers also need to be provided with information, training and instruction in its proper use.

To comply with the regulation, fit testing is required for tight fitting respiratory protection (such as N95/P2 respirators "masks") to ensure these are a suitable fit.

Fit-testing measures the effectiveness of the seal between the respirator and the wearer's face and is conducted by trained and competent persons in accordance with the Australian Standard. Training is also provided on how to don and doff (remove) respiratory protection equipment as well as how to perform a regular fit check. Fit testing is to be completed at least annually or whenever there is a change to the wearer that may affect the fit of the respirator (e.g. change in weight, facial hair etc.).

A Fit check is a quick check by the wearer of respiratory protective equipment prior to each use to confirm position and a good seal.

How do we access fit testing?
Fit-testing can be conducted by suppliers or manufacturers of respiratory protective equipment, independent consultants or other trained operators. These companies will determine the best test methodology and can also provide training and instruction on correct use of the respiratory protective equipment.

Examples of suitable fit-testing providers are available via RESP-FIT. RESP-FIT is a national fit testing training and accreditation program. RESP-FIT was developed by the Australian Institute of Occupational Hygienists (AIOH) through close collaboration with many industry stakeholders.

Who is responsible for funding? All infection control requirements are funded locally by the school or workplace. The school or workplace is to organise and fund fit testing for employees (including State School Registered Nurses) when a tight- fitting respirator (e.g. N95/P2 mask) is identified as the required control measure.

What are examples where fit testing and fit checking is required in schools for infection control?

- **Employees (including State School Registered Nurses) performing or demonstrating health procedures as part of an individual health plan.**

Expert medical advice has determined the control measures for specific health support services. These are identified in the Personal protective equipment for health support procedures document. Fit testing and ongoing fit checking are therefore required when a N95/P2 mask is identified as the required control measure for these health procedures.

- **Potential exposure to aerosolised bacteria - Q fever.**

Some schools have animals that can carry and promote the spread of Q fever (e.g. cattle). A N95/P2 mask provides a minimum level of protection for those in high risk environments who are not vaccinated or immune to Q fever. In these circumstances fit testing and fit checking is required. See the Q fever – in the school environment factsheet for more information.

Record Keeping
Maintain records of fit testing in the workplace e.g. in personnel files.

Maintenance: Maintenance is not required as P2/N95 respirators are to be discarded after each use.

Useful links

- RESP-FIT – Respirator fit testing training and accreditation
- Workplace Health and Safety Queensland – Respiratory protective equipment.
- Workplace Health and Safety Queensland - Fit testing requirements for tight fitting respirators

10. Vaccination/Immunisation

Vaccination is not mandatory in order to attend state schools or work for the department; however it is recognised as the highest order of control when minimising the risk of acquiring vaccine preventable diseases. For advice see:

a) Knowing your Immunity Status—Vaccine-Preventable Diseases and Infectious Disease Awareness (PDF, 286KB)
b) Staying Healthy—Public Health in the Tropics (PDF, 259KB)

Vaccine-preventable diseases can potentially cause serious illness and can spread not only to staff and students but to families and the wider community.

Staff have a responsibility to be aware of their own immune status and their personal circumstances that may impact on immunity. It is expected that student immunisation records are known by their parents/carers. (See page 28 for Record Keeping).

Workers should be aware of the infectious diseases thy may encounter in their work environment, and the vaccinations that are available. Staff should receive this information during induction and ongoing training.

The Australian Immunisation Handbook recognises a number of occupational groups that are increased risk of acquiring a vaccine preventable disease including “Persons who work in childhood education and care”. A summary of vaccination information is provided in the table below.

Staff type *at risk staff	Risk	Infectious disease	Funding source
School Cleaners, Schools Officers, Teacher Aides, Staff working in early childhood education and care, staff working with students with a disability.	Staff that may come into contact with faecal matter.	Hepatitis A	Funded locally by school / workplace. Note: Enterprise Bargaining agreements for Schools Officers Teacher Aids School Cleaners include this vaccination.
School Cleaners, Schools Officers, Teacher Aides, staff working with students with a disability	Staff that may come into contact with blood and body substances, infectious waste, discarded syringes.	Hepatitis B	Funded locally by school / workplace. Note: Enterprise Bargaining agreements for Schools Officers Teacher Aids School Cleaners include this vaccination.
Staff who live with, or make frequent visits to, remote Indigenous communities	Increased risk of exposure to hepatitis A	Hepatitis A	Funded locally by school / workplace.
Staff living and working in the outer islands of the Torres Strait	Staff that may be exposed to Japanese Encephalitis which is transmitted via mosquitoes.	Japanese Encephalitis	Funded locally by school / workplace.
Staff recognised as being at risk of acquiring Tuberculosis (TB)	Check with local Tuberculosis (TB) Control Unit	Tuberculosis	Funded locally by school / workplace.
Agriculture Studies Staff involved in activities that are likely to expose them to the Q fever bacteria	Airborne inhalation of Q fever bacteria from at-risk animals (e.g. cattle, sheep, goats and camelids), birthing products, excreta, abattoirs, tanneries, stockyards etc. – see Q fever in Schools Fact Sheet.	Q Fever	Funded locally by school / workplace.

Table continued:

Staff type *at risk staff	Risk	Infectious disease	Funding source
Agriculture Studies Students 15 years or older involved in activities that are likely to expose them to the Q fever bacteria	Airborne inhalation of Q fever bacteria from animal birthing products, abattoirs, tanneries, stockyards etc. – see Q fever in Schools Fact Sheet.	Q Fever	Parent/Carer
All staff who work with children - National Health and Medical Research Council recommend these vaccinations for all Australians.	Acquiring infectious diseases commonly associated with childhood illnesses.	- Influenza - Measles (if non-immune) - Mumps (if non-immune) - Rubella (if non-immune) - Pertussis (whooping cough) booster - Varicella (chickenpox) (if non-immune)	Self-funded See below for seasonal influenza vaccinations.
All staff	Seasonal Influenza which can vary from year to year.	Seasonal Influenza	Voluntary participation in departmental seasonal influenza program. Funding is subject to approval by principal/manager.
Staff travelling overseas for work	Exposure to vaccine preventable diseases more prevalent in countries visited e.g. Yellow Fever, TB.	As recommended by a doctor.	Funded locally by school / workplace.

Note: Staff who are at significant risk of exposure to hepatitis B should undergo a blood test within 4-8 weeks after completion of their course of hepatitis B vaccination to confirm immunity.

Vaccine Refusal or non-disclosure

Where workers refuse vaccination, are unable to be vaccinated for medical reasons or do not respond to vaccination, a risk assessment should be undertaken to determine the best way to protect these workers against infection.

> Staff/students who do not wish to disclose their vaccination status are to be considered to be “non-immune” in the event of an outbreak e.g. measles. Appropriate ways to protect non-immune persons include a combination of preventative measures, outbreak management measures and post-exposure protocols.

Non-immune staff may be protected through:

- **Preventative Measures:** preventing non-immune staff and students from taking part in high risk activities e.g. staff and students not immune to Q fever, should not take part in high risk activities such as animal birthing.
- **Outbreak Management:** In the event of an outbreak of a vaccine preventable disease at a workplace, it may be necessary to restrict attendance of non-immune staff or students.
- **Post-exposure protocols:** A doctor may provide chemoprophylaxis (a medication to prevent or reduce the severity of a disease) to persons without immunity e.g. following a needle stick injury or exposure to some infectious diseases such as hepatitis A, measles and chickenpox.

Record keeping
Where a school has provided and paid for a vaccination a record should be maintained on the staff record and so that it is accessible should in the event that the staff member requires proof of vaccination.

Staff are encouraged to keep an up-to-date record of their vaccination status for all vaccine preventable diseases. This is particularly important in the event of an outbreak (particularly measles), requiring Queensland Health Intervention.

Parents of students should also have this information readily available.

Given that measles, mumps, rubella and varicella are occupational risks for those who work with children, some schools choose to keep verified vaccination records for staff and students at the school on the staff record and/or student record. This strategy assists with prompt identification of non-immune persons and may speed up post-exposure management in the event of a disease outbreak. This is particularly important because post-exposure prophylaxis for measles is recommended to be given within 72 hours of exposure.

Vaccinations recommended for all adults:
Adults who have been immunised as children may need booster doses to maintain immunity from certain diseases (such as whooping cough).

Some vaccines are available free of charge through the National Immunisation Program Schedule Queensland. Workers will have to pay for other vaccines with a prescription from their doctor. These costs may be tax deductible if it is required for work.

The following vaccines may be recommended for adults: diphtheria, tetanus, whooping cough (pertussis), human papillomavirus (HPV), influenza, measles, mumps, rubella, pneumococcal disease, chicken pox (varicella). Some people will also have additional vaccination needs.

Talk to your doctor before being vaccinated if you:
- are pregnant, breastfeeding or planning a pregnancy
- have previously had a serious adverse event following immunisation
- have impaired immunity due to disease or treatment.

New parents should have an adult whooping cough immunisation as soon as possible after their baby is born, as newborns are at risk of serious complications from whooping cough. In Queensland, pregnant women can have a free whooping cough vaccine in their third trimester.

What to do if you are unsure of your vaccination/immunisation status
The simplest way to determine your immunisation status is to check your medical records. Contact your previous doctors for information about your past immunisations. Immunisation information systems (IIS) — computerised systems that keep confidential immunisation records of people in a specific region — also may be helpful. Contact the local or state health department for details.

If you have unknown or uncertain immunisation status, you're considered susceptible to an infection and your doctor may recommend vaccination — either immediately or on an age-appropriate schedule. Generally, vaccinating someone who's already immune is not considered harmful.

Another option is a blood test to check for the presence of antibodies to certain infections, such as measles, rubella, hepatitis B or chickenpox. Antibodies are substances produced by the immune system in response to natural infections or vaccination. If you have sufficient antibodies for certain infections, you may be considered immune. Other conditions such as Q fever also require a skin test.

11. Education and training

Education and training forms part of any Infection Control Program. To effectively control infectious diseases, staff require an understanding of the infectious disease hazards they are exposed to, the risk of being harmed, controls that are available and how to choose the best method of control.

To demonstrate that this information has been conveyed a record of training is required. A record of training requires:

- The name of the person trained.
- Evidence that they were present at the training.
- A record of the information provided during the training.

This guideline can be used as a basis for developing your location's infection control education and training.
An Infection Control PowerPoint Presentation with speakers' notes covers the following topics below:

[Navigate this electronic document using blue hyperlinks]

- The nature of departmental workplaces – and infectious disease transmission
- Modes of transmission
- Legislative requirements for infection control
- Specific infectious diseases
- "At risk" populations - including diseases relevant to pregnancy
- Infection control program
- Managing infectious diseases in the workplace
- Good hygiene practices e.g. transmission-based precautions
- Vaccination
- Individual's responsibilities
- Access to additional resources

12. Pandemic planning

Interdepartmental protocols are in place for managing a pandemic or other health threat e.g. Ebola, pandemic influenza.

- This is based on international and national monitoring of such diseases; Queensland's Chief Health Officer establishes a State Health Emergency Coordination Centre within Queensland Health in consultation with the State Disaster Coordination Centre.
- This team then liaises with the department's Incident Control Centre (Emergency and Security Management Unit).
- All government departments take direction from the Chief Health Officer.
- Health threat responses are tailored to the disease type, spread and resources required by the Chief Health Officer.

13. Additional resources

Management of Contagious Conditions
If a suspected outbreak of a contagious condition takes place within a school, it is vital that steps are taken by senior school staff to protect the health of the school community in a timely manner. This procedure outlines the responsibilities for the management of *contagious conditions* in accordance with the requirements of the Public Health Act 2005 (Qld) and Public Health Regulation 2005 (Qld).

Queensland Health Directory
The Queensland Health Information Directory provides access to online health and well-being information. The fact sheets and other resources on this site are constantly expanded and regularly reviewed.
Using the search function, it is possible to search for a specific condition.

"Time Out" Poster – Queensland Health
Some medical conditions require exclusion from school or child care to prevent the spread of infectious diseases among staff and children. This poster provides information on the recommended minimum exclusion periods for infectious conditions and will assist medical practitioners, schools, pre-schools and child care centres to meet the requirements of the *Public Health Act 2005*.

Creating Healthier Workplaces – Infection Control
Schools and other departmental workplaces are common sites for transmission of infections and diseases. Departmental workplaces therefore have an important role in ensuring awareness of infection control processes and implementing infection control programs. This web page provides departmental resources relating to infection control.

Queensland Health Public Health Units
Public health units focus on protecting health; preventing disease, illness and injury; and promoting health and wellbeing at a population or whole of community level. This is distinct from the role of the rest of the health system which is primarily focused on providing healthcare services to individuals and families.

Regional Senior Health and Safety Contact for the department
The department has a central team that manages state-wide projects and Regional Health and Safety Consultants that provide health and safety advice to our schools and other workplaces.

Public Health Act 2005* – Contagious Conditions *Fact Sheet for Schools and Education and Care Services

Information for Schools, Education and Care Services and Child Care Services Contagious conditions - Public Health Act 2005, Chapter 5 Part 2
The Public Health Act 2005 provides basic safeguards necessary to protect and promote the health of the Queensland public. Chapter 5 of the Act – *Contagious Conditions* – aims to protect children in schools and education and care services (the service) by controlling the spread of certain contagious conditions that can make children very sick.

National Immunisation Program Schedule - Queensland
Printable poster provides the national immunisation program schedule for children as well as eligibility for funded vaccines through the Queensland Health Immunisation Program.

Biosecurity Queensland – Department of Agriculture and Fisheries

- **Animal Health, Pests and Diseases**
- **Zoonoses – diseases that spread from animals to people**