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**SCHOOL POLICY:**      **INFECTIOUS DISEASES - OUTBREAK PROCEDURES AND EXCLUSION PERIODS**  
**PUBLISHED:**         2002  
**IDENTIFIER:**         IDO2002  
**CONTACT:**            Injury Prevention and Management Section  
**RELATED POLICIES/  
GUIDELINES:**         *Student Immunisation Record Keeping, First Aid, Hepatitis Guidelines for Schools.*

## 1      **PURPOSE**

To advise schools of procedures to follow in the event of the occurrence of an infectious disease.

## 2      **DEFINITIONS**

*Parents/carers:* people with parental responsibility and guardians.

*Principal:* includes a person in charge at a preschool.

*Vaccine Preventable Disease:* diphtheria; *Haemophilus influenzae type b* (hib) infection; measles; mumps; poliomyelitis; rubella (German measles); tetanus; pertussis (whooping cough); hepatitis B (Attachment A). The Chief Health Officer may also declare a disease to be vaccine preventable for the purposes of the Regulations.

*Transmissible Notifiable Condition:* A condition determined by the Minister for Health or declared by the Chief Health Officer under Section 100 of the Public Health Act 1997 (Attachment B).

*Responsible person* means a person responsible for the care, education or support of another person.

## 3      **POLICY STATEMENT**

- The major objective of the *ACT Public Health Regulations 2000* is to control the spread of vaccine preventable and other communicable diseases in ACT schools.
- Parents/carers are required to inform the principal, as soon as possible, if they have reasonable grounds for believing that their child has a condition listed in Schedule 1 (attached).
- All schools (including high schools and colleges) are required to notify the Chief Health Officer if a child enrolled at the school has a vaccine preventable disease listed in Schedule 1 (attached).

## 4.     **PREAMBLE**

4.1    The *School Policy: Student Immunisation Record Keeping* advises schools of their responsibilities for keeping records of students' immunisation status.

4.2    The *School Policy: Student Immunisation Record Keeping* does not apply to high schools and colleges. However, high schools and colleges must notify the Chief Health Officer if a student has or is believed to have a vaccine preventable disease.

## 5. MANDATORY PROCEDURES

### 5.1 School Responsibilities

- If the principal believes, on reasonable grounds, that a student enrolled at the school has a vaccine preventable disease, he/she must as soon as is practicable, advise the Chief Health Officer or delegate (Communicable Disease Control Public Health Officer, ACT Department of Health and Community Care) and provide details in line with Attachment A and inform the parent/carer.
- The principal or person in charge who has reasonable grounds for believing a student has, or has been in contact with a person who has, a disease specified in Schedule 1 (attached), must follow procedures set out in the Schedule for that disease.
- When the principal of a school becomes aware or believes, on reasonable grounds, that a staff member has a vaccine preventable disease the principal must notify the Chief Health Officer or delegate (Communicable Disease Control Public Health Officer, ACT Department of Health and Community Care).
- In notifying a *vaccine preventable disease* schools must provide any information necessary as requested by a Public Health Officer to allow appropriate public health action to control the spread of the disease.
- If a staff member knows or suspects that they have a transmissible notifiable condition (see Attachment B) or is a contact of such a person, they must take reasonable precautions (appropriate to the condition) against transmitting the condition. Reasonable precautions include precautions taken on the advice of a doctor, Chief Health Officer or authorised public health officer/medical officer.
- Should the Chief Health Officer require a school to close, the principal must inform the appropriate Director, Schools as soon as is practicable.
- The Department of Health and Community Care will provide information to schools on immunisation record and exclusion requirements annually for schools to forward to parents/carers as part of the enrolment process.
- Principals are to notify parents of their responsibilities, including those in Schedule 1, by school newsletters each year. Principals must also advise parents/carers of outbreaks at their school by circular letter or newsletter, preferably both. The advice to parents is recommended to be along the following lines:

#### *Dear Parents/Carers*

*I am sending you a list of infectious diseases and the exclusion periods and other measures which should be followed if a child contracts or comes into contact with a person who has one of the listed diseases.*

*The ACT Public Health Regulations 2000, assigns to parents a responsibility to exclude their child from school and to notify the school if there are reasonable grounds for believing that their child has an infectious disease, or been in contact with a person who has one of the diseases listed.*

*Under the Regulations schools must also notify the Chief Health Officer if a child enrolled at the school has a vaccine preventable disease. This allows the Chief Health Officer to take any public health action necessary to prevent the further spread of the disease.*

*In the event of an outbreak of a vaccine preventable disease at the school, or in the community, the Chief Health Officer may issue a health direction to the school to take any specified action to reduce the public health risk caused by the outbreak.*

*If you have any questions in relation to these requirements, please ring the Communicable Disease Control Section, ACT Department of Health and Community Care on 62052155.*

*Yours faithfully*

*School Principal*

## 5.2 ACT Department of Health and Community Care Responsibilities

- If the Chief Health Officer believes, on reasonable grounds, that there is an outbreak of a vaccine preventable disease at a school, or in the local community, the Chief Health Officer may issue a School Health Direction setting out school health directives and/or specified actions that are considered appropriate.

## 5.3 Parent/Carer Responsibilities

- If the parent/carers of a child has reasonable grounds for believing that the child has an infectious disease listed in Schedule 1, or has been in contact with an infected person, the parent/carers must follow the procedures set out in the Schedule for that disease.
- As soon as practicable, the parent must inform the principal or person in charge of the school.
- Parents/carers must comply with any directions issued by the Chief Health Officer in the event of an outbreak of a vaccine preventable disease.
- If a parent/carers knows or suspects that a child has a transmissible notifiable condition (see Attachment B) or is a contact of such a person, they must take reasonable precautions (appropriate to the condition) against transmitting the condition. Reasonable precautions include precautions taken on the advice of a doctor, Chief Health Officer or authorised public health officer/medical officer.
- If a parent/carers knows or suspects that they have a transmissible notifiable condition (see Attachment B) or is a contact of such a person, they must take reasonable precautions (appropriate to the condition) against transmitting the condition.

**Periods of exclusion from school for children with infectious conditions**

Personal hygiene measures such as hand washing, covering the mouth and nose when coughing or sneezing, covering weeping sores, not sharing food or drinks and not attending school when ill or suffering from diarrhoea are important means of limiting the transmission of a number of common infectious conditions.

The *ACT Public Health Regulations 2000* require children with the following conditions, and children who have been in contact with the following conditions, to be excluded from school, preschool, child care or family day care for the periods specified.

Condition	Exclusion of person with condition	Exclusion of persons in contact with condition
Amoebiasis (entamoeba histolytica)	Exclude until diarrhoea ceases	Not excluded
*Campylobacteriosis	Exclude until diarrhoea ceases	Not excluded
Chicken pox (varicella and herpes zoster)	Exclude until the last blister has scabbed over. The child should not continue to be excluded by reason only of some remaining scabs.	Not excluded Any child with an immune deficiency (eg with leukaemia, or as a result of receiving chemotherapy) should be excluded for their own protection and seek urgent medical advice and varicella-zoster immunoglobulin (ZIG), if necessary.
Conjunctivitis (acute infectious)	Exclude until discharge from eyes ceases.	Not excluded
*Cryptosporidiosis	Exclude until diarrhoea ceases	Not excluded
Diarrhoea	Exclude until diarrhoea ceases	Not excluded
*#Diphtheria	Exclude until— (a) at least 2 negative throat swabs have been taken (the first not less than 24 hours after cessation of antibiotic treatment and the second not less than 48 hours later), and (b) a certificate is provided by a medical practitioner recommending that the exclusion should cease.	Exclude family and household contacts until approval to return has been given by the Chief Health Officer.
Giardiasis	Exclude until diarrhoea ceases	Not excluded
*# <i>Haemophilus influenzae</i> type b (Hib)	Exclude until a certificate is provided by a medical practitioner recommending that the exclusion should cease.	Not excluded

Condition	Exclusion of person with condition	Exclusion of persons in contact with condition
Hand, Foot and Mouth disease	Exclude if— (a) child is unwell, or (b) child is drooling, and not all blisters have dried or an exposed weeping blister is not covered with a dressing.	Not excluded
*Hepatitis A	Exclude for at least 7 days after the onset of jaundice and a certificate is provided by a medical practitioner recommending that the exclusion should cease.	Not excluded
Herpes (cold sores)	Exclude young children unable to comply with good hygiene practices while the lesion is weeping. Lesion to be covered by a dressing in all cases, if possible.	Not excluded
Impetigo (school sores)	Exclude until appropriate treatment has commenced and sores on exposed surfaces are covered with a watertight dressing.	Not excluded
Influenza and influenza-like illnesses	Exclude until well	Not excluded
*Leprosy	Exclude until approval to return has been given by the Chief Health Officer.	Not excluded
*#Measles	Exclude for at least 4 days after the rash appears.	(a) Immunised contacts not excluded. (b) Exclude non-immunised contacts until 14 days after the first day of appearance of the rash in the index case. (b) Non-immunised contacts immunised with measles vaccine within 72 hours after their first contact with the index case are not excluded after being immunised. (d) Non-immunised contacts who are given normal human immunoglobulin (NHIG) within 7 days after their first contact with the index case are not excluded after being given NHIG.
Meningitis (bacterial)	Exclude until well	Not excluded
*Meningococcal infection	Exclude until adequate carrier eradication therapy has commenced.	(a) Not excluded if receiving rifampicin or other antibiotic treatment recommended by the Chief Health Officer. (b) Otherwise, excluded until 10 days after last contact with the index case.

Condition	Exclusion of person with condition	Exclusion of persons in contact with condition
*#Mumps	Exclude for 9 days after onset of symptoms, or until parotid swelling goes down (whichever is sooner).	Not excluded
*#Poliomyelitis	Exclude for at least 14 days after onset of symptoms and until a certificate is provided by a medical practitioner recommending that the exclusion should cease.	Not excluded
Ringworm, scabies, pediculosis (lice), trachoma	Exclude until effective treatment has commenced.	Not excluded
Rotavirus	Exclude until diarrhoea ceases	Not excluded
*#Rubella (German measles)	Exclude for 4 days after the appearance of the rash.	Not excluded Female staff of child-bearing age should ensure that their immune status against rubella is adequate.
*Salmonellosis	Exclude until diarrhoea ceases	Not excluded
*Shigellosis	Exclude until diarrhoea ceases	Not excluded
Streptococcal infection (including scarlet fever)	Exclude until the person has recovered or has received antibiotic treatment for at least 24 hours.	Not excluded
*Tuberculosis	Exclude until approval to return has been given by the Chief Health Officer.	Not excluded
*Typhoid and paratyphoid fever	Exclude until a certificate is provided by a medical practitioner recommending that the exclusion should cease.	(a) Not excluded unless the Chief Health Officer notifies the person in charge of the school. (a) If the Chief Health Officer gives notice, exclusion is subject to the conditions in the notice.
*#Whooping cough (pertussis)	Exclude for 21 days from start of cough, or for at least 5 days after starting a course of antibiotics recommended by the Chief Health Officer.	Exclude non-immunised household, home based child care and close child care contacts under 7 years old for 14 days after the last exposure to infection, or until 5 days after starting a course of antibiotics recommended by the Chief Health Officer (whichever is sooner).
Worms (intestinal)	Exclude until diarrhoea ceases	Not excluded

A parent/carer of a child with a listed exclusion condition, or a child who has been in contact with a listed exclusion condition must notify the school principal or principal carer as soon as possible.

\*These conditions must be notified by medical practitioners to the Chief Health Officer.

#### Infectious Diseases - Outbreak Procedures and Exclusion Periods

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#These conditions must be notified by the school principal or principal carer to the Chief Health Officer.

**Vaccine Preventable Diseases**

Diphtheria;  
*Haemophilus influenzae type b* (hib) infection;  
Measles;  
Mumps;  
Poliomyelitis;  
Rubella (German measles);  
Tetanus; pertussis (whooping cough);  
Hepatitis B; or  
Any disease declared by the Chief Health Officer to be vaccine preventable for the purposes of the Public Health Regulations.

**Notification of Vaccine Preventable Diseases by Schools**

**Notifications should be made by telephone as soon as possible to:**

**ACT Department of Health and Community Care**

**Communicable Disease Control Section**

**Telephone: 6205 2155**

**The telephone advice should be followed up in writing by fax: 6205 0711**

Disease being notified:.....

School Name:.....

Name of person making notification:.....

Telephone number:.....

Child's Name:.....

Date of Birth:.....Gender:.....

Class:.....

Residential Address:.....

Immunisation Status (if known):.....

Parent name:.....

Parent/Carer's contact telephone numbers:.....

Any other relevant information requested by the Public Health Officer to assist in the investigation and control of the disease.

**Transmissible Notifiable Conditions:**

(determined by the Minister for Health on 30 September 1999)

- Campylobacteriosis
- Chancroid
- Chlamydial infection-
  - Chlamydial infection (genital)
  - Chlamydial infection (not elsewhere specified)
- Cholera
- Cryptosporidiosis
- Diphtheria
- Donovanosis
- Food poisoning
- Giardiasis
- Gonococcal Infection
- Haemophilus influenzae type b infection
- Hepatitis-
  - Hepatitis A
  - Hepatitis B
  - Hepatitis C
  - Hepatitis D (Delta)
  - Hepatitis E
  - Hepatitis (not elsewhere specified), if acquired through infection
- HIV infection-
  - Human Immunodeficiency Virus (HIV)
- Leprosy
- Lymphogranuloma Venereum
- Measles
- Meningococcal disease
- Mumps
- Pertussis (Whooping Cough)
- Plague
- Pneumococcal Infection
- Poliomyelitis
- Rubella
- Salmonellosis-
  - Salmonellosis
  - Typhoid
  - Paratyphoid
- Shigellosis
- Syphilis
- Tuberculosis
- Viral Haemorrhagic Fevers
  - Ebola fever
  - Marburg fever
  - Lassa fever
  - Viral haemorrhagic fever (not otherwise specified)
- Yersiniosis

Under Regulation 21 of the Public Health Regulations 2000:

- (1) *A person who knows or suspects that he or she has a transmissible notifiable condition, or knows or suspects that he or she is a contact of such a person, must take reasonable precautions (appropriate to that conditions) against transmitting the condition.*

- (2) *If a person responsible for another person knows or suspects that the other person has a transmissible condition, or knows or suspects that the other person is a contact of such as person, the responsible person must take reasonable precautions ( appropriate to the condition) to prevent the other person from transmitting the condition.*

*Reasonable precautions* includes precautions taken on the advice of a doctor (including and authorised medical officer) or an authorised officer (authorised officer includes the Chief Health Officer, authorised medical officer/ public health officer).