

Document uncontrolled when  
printed



Government of South Australia

Department for Education and  
Child Development

Procedure ID no 13/3088

# INFECTION CONTROL PROCEDURE

This procedure is applicable to: all DECD employees.

## DOCUMENT CONTROL

<b>Managed by:</b> Phil O'Loughlin	<b>Responsible position:</b> Executive Director Human Resources & Workforce Development	<b>Version:</b> 3
<b>Contact person:</b> Voula Panayotopoulos	<b>Approved by:</b> Executive Director Human Resources & Workforce Development	<b>File number:</b> 13/3088
<b>Contact position:</b> Director, Health and Safety Services	<b>Date approved:</b> 5 December 2013	<b>Status:</b> Current
<b>Contact number:</b> 8226 0949	<b>Next review date:</b> 5 December 2016	<b>Security classification:</b> Health and Safety Services

## CONTENTS

1.	<b>TITLE</b> .....	3
2.	<b>PURPOSE</b> .....	3
3.	<b>SCOPE</b> .....	3
4.	<b>OBJECTIVES</b> .....	3
5.	<b>DUTIES AND RESPONSIBILITIES</b> .....	3
	5.1 Work Health and Safety Duties .....	3
	5.2 Roles and Responsibilities .....	3
6.	<b>PROCEDURE DETAIL</b> .....	4
	6.1 Prevention Strategies.....	4
	6.2 Use of Standard Precautions .....	5
	6.3 Post Exposure Response.....	5
	6.4 Notifiable Conditions and Prescribed Serious Illnesses .....	5
	6.5 Confidentiality / Disclosure of Illness .....	6
	6.6 Risk Management Process .....	6
7.	<b>MONITORING, EVALUATION AND REVIEW</b> .....	8
8.	<b>DEFINITIONS AND ABBREVIATIONS</b> .....	8
9.	<b>ASSOCIATED DOCUMENTS</b> .....	10
10.	<b>REFERENCES</b> .....	10

### REVISION RECORD

Date	Version	Revision description
5/12/2013	3	Health and Safety Services review and consultation in line with new Work Health and Safety Act and Regulations

## 1. TITLE

Infection Control Procedure

## 2. PURPOSE

The purpose of this procedure is to provide strategies for infection control and management of biological hazards to eliminate or minimise the level of risk to Department for Education and Child Development (DECD) workers and other persons.

This procedure supports the [Work Health Safety and Injury Management Policy](#).

## 3. SCOPE

This procedure applies to all DECD activities.

## 4. OBJECTIVES

The objectives of this procedure are to ensure DECD, its officers and workers comply with all relevant legislation, Australian Standards, approved Codes of Practice and SA Health guidelines relating to infection control by ensuring:

- 4.1 Officers and site managers effectively identify and manage the risks associated with infectious disease exposures in accordance with [DECD Risk Management Policy](#) and [Risk Management Framework](#) and appropriate SA Health infection control guidelines.
- 4.2 Consultation occurs with DECD workers, other persons, health and safety representatives (HSRs) and health and safety committees (HS Committees) where a risk of exposure to infectious diseases has been identified as part of the risk management process.
- 4.3 Incident notifications occur in accordance with [Section 63 of the Public Health Act 2011](#), [Section 38 of the Work Health and Safety Act 2012](#) (WHS Act) and [Regulation 699 of the Work Health and Safety Regulations 2012](#) (WHS Regulations).
- 4.4 Adequate information, instruction and training on standard precautions and the provision of personal protective equipment are provided to all DECD workers and other persons at risk of exposure to infectious diseases.

## 5. DUTIES AND RESPONSIBILITIES

### 5.1 Work Health and Safety Duties

Refer to Section 6.1.1 of the [Work Health Safety and Injury Management Policy](#).

### 5.2 Roles and Responsibilities

#### Party / Parties

Health and Safety Committee (HS Committee)

#### Roles and responsibilities

In accordance with Section 77 of the WHS Act, the functions of a health and safety committee are:

- To facilitate co-operation between DECD and workers in instigating, developing and carrying out measures designed to ensure the workers' health and safety at work.
- To assist in developing standards, rules and procedures relating to health and safety that are to be followed or complied with at the workplace.
- Any other functions prescribed by the regulations or agreed between DECD and the committee.

Health and Safety

In accordance with Section 68 of the WHS Act, HSRs have powers and functions. They are to:

- |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Representatives (HSRs) | <ul style="list-style-type: none"> <li>• Represent the workers in the work group in matters relating to work health and safety.</li> <li>• Monitor the measures taken by DECD in compliance with this Act in relation to workers in the work group.</li> <li>• Investigate complaints from members of the work group relating to work health and safety.</li> <li>• Inquire into anything that appears to be a risk to the health or safety of workers in the work group, arising from the conduct of DECD.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Officers               | Must ensure reasonable steps are taken to comply with due diligence requirements in relation to infection control.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Site Manager           | <p>Site managers must ensure:</p> <ul style="list-style-type: none"> <li>• All risks of exposure to infectious diseases are identified and control measures implemented to prevent the spread of infection in consultation with DECD workers, the HSR and HS Committee.</li> <li>• DECD workers at risk of exposure are provided with information, instruction and training in standard precautions, hand hygiene and cough and sneeze etiquette.</li> <li>• Promote the DECD vaccination program to DECD workers.</li> <li>• Support workers by ensuring they receiving appropriate treatment and counselling when exposed to a body substance as a result of a needle stick or sharps injury.</li> <li>• Maintain confidentiality of personal information where required.</li> <li>• Provide appropriate personal protective equipment (PPE) where required.</li> <li>• Report all notifiable infectious diseases on Incident Response Management System (IRMS) and the Director Health and Safety Services on 8226 7555 as a matter of priority.</li> </ul> |
| Workers                | <p>Must ensure they:</p> <ul style="list-style-type: none"> <li>• Follow standard precautions at all times when handling body substances.</li> <li>• Report all needle stick and sharps injuries to the site manager and seek appropriate first aid / medical treatment as soon as possible.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

## 6. PROCEDURE DETAIL

### 6.1 Prevention Strategies

- 6.1.1 DECD will collaborate and cooperate with [SA Health and the Communicable Disease Control Branch \(CDCB\)](#) to ensure that adequate infection prevention, control and containment measures are adopted, monitored and reviewed to eliminate or minimise the risk of infectious disease exposure to DECD workers and other persons. The extent of communication to parents, carers and the community will be based on the assessed risks of each case.
- 6.1.2 A DECD funded vaccination program will be provided to DECD workers where a risk of infectious disease exposure has been identified.
- 6.1.3 Site managers may apply to the Director Health and Safety Services, level 3, 31 Flinders Street, Adelaide SA 5000, telephone 8226 7555, Fax 8226 1177, for the reimbursement of specific vaccination costs incurred by DECD workers whose activities expose them to a high risk of infection which has been identified through the risk assessment process. Refer to [Appendix 6 for transmission and vaccination information](#).
- (a) Hepatitis A and / or B vaccinations are recommended for the following groups:
- Designated First Aid Providers.

- DECD workers (and their dependants) of Aboriginal schools on traditional lands.
  - DECD workers in aquatic centres, special education sites and units.
  - DECD workers exposed to high risk special needs or new arrival students.
- (b) The Director Health and Safety Services may approve vaccinations for other DECD workers on the completion of a risk assessment by the site manager eg. Q Fever. Health and Safety Services can be contacted on 8226 7555 for further advice on this matter if required.
- (c) An influenza vaccination program is centrally funded and the delivery of vaccinations is managed by the site. [Vaccination Reimbursement Form](#) (refer to Appendix 8) is available for DECD workers who are unable to attend a site group vaccination session.
- 6.1.4 Site managers must ensure that DECD workplaces adopt standard precautions, which assumes that all body substances are potentially infectious, and that appropriate personal protective equipment (PPE) is provided and used by DECD workers and other persons where required.

## 6.2 Use of Standard Precautions

- 6.2.1 To prevent or minimise the spread of infectious diseases, all body substances must be treated as potentially infectious. The techniques used in handling body substances are known as standard precautions. [Standard Precautions](#) (refer to Appendix 1) must be followed when handling:
- Blood, including dried blood.
  - Body substances including saliva, urine and faeces (but excluding sweat), regardless of whether they contain visible blood.
  - Broken skin (cuts and abrasions).
  - Mucous membranes (lining of nose, mouth and genitals).

## 6.3 Post Exposure Response

[Post Exposure Response](#) (refer to Appendix 2) provides detailed information on the processes site managers must follow in the event a DECD worker is exposed to blood or a body substance.

## 6.4 Notifiable Conditions and Prescribed Serious Illnesses

- 6.4.1 Medical practitioners and pathology services who diagnose specific infectious diseases are required to notify the Chief Public Health Officer under [Section 64 of the Public Health Act 2011](#). The Chief Public Health Officer is accountable for public health and communicable disease issues and they or their delegate may contact a DECD workplace as part of their investigation and surveillance requirements to prevent the spread of a notifiable condition within the community. In such cases, site managers are required to consult, cooperate and coordinate with any directions or instructions that are issued by the Chief Public Health Officer. This may include instructions on when and how parents, carers and the school community are to be informed of a notifiable condition. Refer to the list of [diseases or medical conditions that are notifiable under the Public Health Act 2011](#) (refer to Appendix 3).
- 6.4.2 In accordance with [Section 38 of the WHS Act](#), DECD also has a duty to notify SafeWork SA of certain prescribed serious illnesses as soon as possible. Refer to Appendix 4 [Incident Notification to SafeWork SA for Prescribed Serious Illnesses](#) that are notifiable incidents under the WHS Act.
- 6.4.3 Site managers must report all notifiable conditions and prescribed serious illnesses (omitting the name of the infected person) on the Incident and Response Management System (IRMS) as well as notify the Director Health and Safety Services on 8226 7555 as a matter of priority.

6.4.4 The Minister for Education and Child Development will be advised of all notifiable conditions and prescribed serious illnesses where there is a public health risk to other members of the school community through the Office of the Chief Executive. The Office of the Chief Executive will consult with the Chief Public Health Officer prior to making this notification.

## 6.5 Confidentiality / Disclosure of Illness

6.5.1 While DECD workers are required to notify their site manager of their absence from work as a result of illness, they are not required to disclose information of their illness or disease. However, if a worker or other person discloses information of their illness or disease, the site manager must keep the disclosure confidential unless maintaining confidentiality places the health and safety of other persons at risk. [S.99 \(2\) of the Public Health Act 2011](#) provides information on the circumstances when disclosure of information is required in the course of official duties.

6.5.2 Health and Safety Service can be contacted 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 other persons.

## 6.6 Risk Management Process

### 6.6.1 Hazard Identification

- (a) [How to Manage Work Health and Safety Risks Code of Practice](#) provides detailed information of the identification of general workplace hazards, the risk assessment process and control measures to be taken to eliminate or minimise workplace risks. SA Health's website - [You've Got What](#) also provides useful information on symptoms, treatment and prevention of infectious diseases.
- (b) Infectious diseases are illnesses caused by the spread of microorganisms (eg. bacteria, viruses, fungi, parasites or prions) to humans from other humans, animals or the environment such as food, soil and water. Examples include but are not limited to:

Transition Medium	Disease Examples
Airborne / Droplet	Common Cold, Influenza, Chickenpox, Measles, Mumps, Rubella, Meningococcal Infection, Legionnaires' Disease, Tuberculosis
Oral	Gastroenteritis, Giardia, Hepatitis A, Rotavirus, Worms, Campylobacter
Body Substances	Hepatitis B and C, HIV, Cytomegalovirus
Soil	Tetanus, Giardia
Contaminated Food & Water	Campylobacter, Cryptosporidium, Salmonella, Giardia, Hepatitis A, Legionnaires' Disease
Skin Contact	Impetigo (School Sores), Herpes Simplex (Cold Sores), Head Lice
Animals or insects	Q Fever (cattle), Giardia, Ross River Virus (mosquito)

- (c) Schools and other DECD workplaces are common sites for transmission of infectious diseases where DECD workers and other persons may be at risk of exposure through the following situations:
- Large numbers of people in close contact on a daily basis eg. classrooms, open plan multi storey buildings.
  - Culture of workers, students and other persons attending a DECD workplace when unwell.

- Possible contact with asymptomatic carriers eg. before symptoms are present.
  - Hygiene issues eg. poor cough & sneeze etiquette.
  - Poor maintenance of ventilation systems.
  - Enrolment practices with/without translation services.
  - Working in close physical contact with high risk groups presenting a risk of Hepatitis A, B or C transmission, eg. special needs, new arrival and Aboriginal students.
  - High risk roles and / or behaviours eg. designated first aid provider, aquatic centres, contact sports, special education, transitional accommodation, cleaning & maintenance.
- (d) Site managers are to identify all potential sources of infectious disease exposure through operational and curriculum activities in consultation with DECD workers, the HSR and HS Committee.

#### 6.6.2 Risk Assessment

- (a) Site managers are to assess the risk of infection, taking into consideration the likelihood of infection from a particular hazard and the consequences if the person is infected. Refer to [Infection Control Risk Assessment](#) (Appendix 7).
- (b) Factors to consider include the frequency of exposure, levels of training and knowledge of DECD workers and other persons, the adequacy of existing controls that are currently in place and environmental factors.

#### 6.6.3 Risk Control

- (a) Site managers are to develop and implement control measures, to eliminate or minimise the risks of infectious disease exposure, transmission, control and containment. Examples of control measures include, but are not limited to:
- Promote a high standard of cleanliness and hand hygiene practices in the workplace by ensuring hand-washing facilities are available.
  - Promote and provide training in the use of standard precautions eg. hand washing, washing food and drinking vessels and the use of PPE.
  - Inform DECD workers of the risks of potential exposure to infectious diseases and promote the DECD vaccination program where appropriate.
  - Inclusion of infectious diseases information and the use of standard precautions in induction processes.
  - Develop safe work procedures for cleaning of surfaces and disposal of body substance spills to eliminate or minimise the risk of exposure to infectious diseases.
  - Ensure ventilation systems are checked and maintained in accordance with maintenance schedules.
  - Ensure DECD workers who have been exposed to a body substance through a needle stick or sharps injury, receive advice from a medical practitioner regarding appropriate treatment within 48 hours.
  - Supply, maintaining and using protective equipment to minimise the risk of infection eg. disposable gloves, goggles, masks, aprons etc.
  - Observe the recommended minimum exclusion period for infectious conditions (Refer to Appendix 5).

#### 6.6.4 Monitoring and Review of Control Measures

- (a) Site managers must ensure the effectiveness of control measures that have been implemented in accordance with the hierarchy of controls such as knowledge and awareness of workers, conformance to safe work practices, records management, impacts of new legislation, appropriate Australian Standards or SA Health and DECD

specifications are regularly monitored and reviewed to ensure compliance with this procedure.

- (b) Site managers must also ensure that risk assessments and control measures, including safe work practices, are reviewed within a five (5) year period in consultation with DECD workers, the HSR and HS committees where a risk of exposure to infectious diseases has been identified.

## 7. MONITORING, EVALUATION AND REVIEW

- 7.1 This procedure will be subject to review every 3 years by Health and Safety Services, in consultation with the DECD Work Health and Safety Committee and State WHS Consultative Committee or earlier if there has been a change in any legislation, Australian Standards or DECD specifications.
- 7.2 Site managers must review and evaluate the effectiveness of their infection control processes every 12 months. This requirement will be monitored by Health and Safety Services through the WHS Business Manager System. Compliance outcomes will be reported to the DECD Work Health and Safety Committee and State WHS Consultative Committee as part of the WHS&IM Management Review process.
- 7.3 Site managers must ensure that workers and others are consulted and provided with any necessary information, instruction, training and supervision to ensure infection control is managed safely and the control measures are effective.
- 7.4 The effectiveness of this procedure will be evaluated and reviewed through regular internal audit processes. Compliance outcomes will be reported to the DECD Work Health and Safety Committee and State WHS Consultative Committee as part of the WHS&IM Management Review process.

## 8. DEFINITIONS AND ABBREVIATIONS

Term	Meaning
Controlled Notifiable Condition	A disease or medical condition that is a controlled notifiable condition, or taken to be a controlled notifiable condition, under Part 10 of the <i>Public Health Act 2011</i> .
DECD	The Department for Education and Child Development.
DECD specifications	Include guidelines, fact sheets, standards or any other guidance material developed and approved by DECD and available on the DECD website.
Disease	A pathological condition of a part, organ, or system of the body resulting from various causes, such as infection, genetic defect or environmental stress, and characterised by an identifiable group of signs or symptoms.
Exclusion Period	The time during which an infected person must be excluded from a school, pre-school or child care centre to prevent the spread of infectious diseases to other persons.
Health and Safety Committee (HS Committee)	Means an established committee for the purposes of facilitating consultation and cooperation between a PCBU and workers in accordance with Division 4 of the <i>Work Health and Safety Act 2012</i> .
Health and Safety Representative (HSR)	Means an elected Health and Safety Representative in accordance with Division 3 of the <i>Work Health and Safety Act 2012</i> .



Hierarchy of Controls	<p>A formal process of applying control measures to achieve the most effective control of risks. The controls within the hierarchy must be applied in order, and as far as is reasonably practicable at each level of the hierarchy.</p> <p>The classifications of controls within the hierarchy are:</p> <ul style="list-style-type: none"> <li>• Elimination</li> <li>• Substitution</li> <li>• Isolation</li> <li>• Engineering Controls</li> <li>• Administrative Controls</li> <li>• Personal Protective Equipment</li> </ul>
Infectious Disease	A disease that due to a specific agent or organism can be transmitted from an organisms or inanimate source (eg. water, food, soil) to a susceptible host.
IRMS	Incident Response Management System
Medical Practitioner	A person registered under the Health Practitioner Regulation National Law to practise in the medical profession (other than as a student).
Must	Indicates that a process is a legislative, Australian Standard, SA Health Instruction or DECD specification requirement.
Notifiable Condition	A disease or medical condition that is a notifiable condition under Part 9 of the <i>Public Health Act 2011</i>
Pathology Service	A service in which human tissue, human fluids or human body products are subjected to analysis for the purposes of the prevention, diagnosis or treatment of disease in human beings
PCBU	Person conducting a business or undertaking and is defined in Section 5 of the <i>Work Health and Safety Act 2012</i> .
PPE	Personal Protective Equipment.
Prescribed Serious Illness	A prescribed illness or disease that is a notifiable incident under Sections 35 and 36 of the <i>Work Health and Safety Act 2012</i> .
Safe systems of work	A safe system of work is an inclusive concept that covers all aspects of the organisation of work processes including planning, consultation, policies, procedures, control measures, PPE, information, instruction and training.
SEG	Senior Executive Group.
Site manager	Any person who has the responsibility, management or control of a DECD workplace or work unit. This includes but is not limited to Executive Directors, Regional Directors, Directors, Principals, Pre-school Directors, Out of School Hours Care Coordinators, Managers and Supervisors.
Standard Precautions	Is a basic level of infection control precautions eg. hand hygiene, use of appropriate PPE and waste disposal, which are used, as a minimum, to reduce the spread of pathogens and the transmission of infectious diseases.
WHS Act	<i>Work Health and Safety Act 2012</i>
WHS Regulations	Work Health and Safety Regulations 2012

---

Worker

Section 7 of the *Work Health and Safety Act 2012* states:

A person is a worker if the person carries out work in any capacity for a person conducting a business or undertaking, including work as—

- (a) an employee; or
  - (b) a contractor or subcontractor; or
  - (c) an employee of a contractor or subcontractor; or
  - (d) an employee of a labour hire company who has been assigned to work in the person's business or undertaking; or
  - (e) an outworker; or
  - (f) an apprentice or trainee; or
  - (g) a student gaining work experience; or
  - (h) a volunteer; or
  - (i) a person of a prescribed class.
- 

## 9. ASSOCIATED DOCUMENTS

[Appendix 1 Standard Precautions](#)

[Appendix 2 Post Exposure Response](#)

[Appendix 3 Notifiable and Controlled Notifiable Conditions](#)

[Appendix 4 Incident Notification to SafeWork SA for Prescribed Serious Illnesses](#)

[Appendix 5 Recommended Minimum Exclusion Periods for Infectious Conditions](#)

[Appendix 6 Transmission and Vaccination Information](#)

[Appendix 7 Infection Control Risk Assessment](#)

[Appendix 8 Flu Vaccination Reimbursement Form](#)

## 10. REFERENCES

[Work Health and Safety Act 2012](#)

[Work Health and Safety Regulations 2012](#)

[South Australian Public Health Act 2011](#)

[National Health and Medical Research Council's 'Staying Healthy in Child Care'](#)

[You've Got What – 4<sup>th</sup> Edition, 2009](#)

[Handling Blood and Other Body Substances – Standard Precautions - SA Health](#)

[Work Health Safety and Injury Management Policy](#)

[DECD Risk Management Policy](#)

[Risk Management Framework](#)

[Hazard Management Procedure](#)

[How to Manage Work Health and Safety Risks Code of Practice](#)

---

Phil O'Loughlin

**EXECUTIVE DIRECTOR, HUMAN RESOURCES AND WORKFORCE DEVELOPMENT**

Date: 5 December 2013



## Appendix 1 Standard Precautions

Standard precautions are hygiene practices incorporating hand hygiene and the use of gloves, other appropriate PPE to eliminate or minimise the risk of exposure to an infectious disease.

1. Hands must be washed after contact with blood or a body substance before eating, drinking or smoking.
2. A mild liquid hand wash (with no added substances which may cause irritation or dryness) should be used for routine hand washing.
3. To minimize chapping of hands, use warm water and pat hands dry rather than rubbing them.
4. Liquid hand wash dispensers with disposable cartridges, including disposable dispensing nozzle, are preferable to refillable containers, which may predispose to bacterial colonisation.
5. Water impermeable gloves must be readily available to all workers and worn when likely to be exposed to blood or a body substance, or contaminated materials. The wearing of gloves substantially reduces the risk of hands being contaminated or with blood or a body substance.
6. Hands must be washed and dried immediately after removing gloves (gloves cannot be guaranteed to prevent skin contamination and may not remain intact during use).
7. Gloves should be removed and replaced (if needed) once the specific task is finished.
8. Waterproof aprons or gowns should be worn when clothing may be contaminated with blood or a body substance.
9. Surgical masks and/or protective eyewear should be worn where eyes and/or mucous membranes may be exposed to splashed or sprayed blood or a body substance.
10. Cuts or abrasions on any part of a worker's body must be covered with waterproof dressing at all times.

### **Routine Cleaning**

Toilets, sinks, washbasins, baths, shower areas, and surrounding areas should be cleaned regularly or as required. Cleaning methods for these items should avoid generation of aerosols. Although environmental surfaces play a minor role in the transmission of infections, a regular cleaning and maintenance schedule is necessary to maintain a safe environment.

Floors should be cleaned daily or as necessary with a vacuum cleaner. Alternatively, damp dusting or cleaning with a dust-retaining mop is acceptable.

Routine surface cleaning should proceed as follows:

1. Clean and dry work surfaces before and after usage or when visibly soiled.
2. Spills should be dealt with immediately.
3. Use detergent and warm water for routine cleaning.
4. Where surface disinfection is required, use in accordance with manufacturer's instructions.
5. Clean and dry surfaces before and after applying disinfectants.
6. Empty buckets after use, wash with detergent and warm water and store dry; and mops should be cleaned in detergent and warm water then stored dry.

## Appendix 2 Post Exposure Response

These processes must be followed in the event a worker has been exposed to blood or a body substance:

### Needle-Stick or Sharps Injuries

If a worker has suffered a needle stick or sharps injury, the following first aid measures must be taken:

1. Encourage the puncture point to bleed by gently squeezing around it.
2. Wash away any blood or body substances using soap and water (if available).
3. Cleanse puncture point with antiseptic if available.
4. Apply a fabric strip (eg band aid) to puncture point.
5. Seek medical assistance as soon as possible for an assessment.
6. If possible, take the needle stick and/or syringe for potential testing if safe to do so.

### Other Exposures

If a worker is exposed to or comes in contact with blood or a body substance the following measures should be taken:

1. Remove contaminated clothing.
2. If blood or a body substance comes in contact with the skin, irrespective of whether there are cuts or abrasions, wash the area well with soap and water.
3. If the eyes are splashed, rinse the area gently but thoroughly with water while the eyes are open.
4. If blood or a body substance enter the mouth, spit it out and rinse the mouth with water several times, spitting the water out each time.
5. Wash hands thoroughly with soap and warm water. Pat hands dry with paper towels or air dryers rather than rubbing them.

### Incident Management

Following a needle stick or sharps injury or exposure where there has been a possibility of blood or a body substance entering the body via a cut, broken skins, eyes or mouth:

The site manager must:

- Make arrangements for the worker to be accompanied to a medical practitioner – take the needle stick and/or syringe for potential testing if safe to do so.
- The medical practitioner will assess the risk of disease transmission and discuss what tests and/or treatment may be necessary.
- Inform the worker about their access to professional counselling through the DECD Employee Assistance Program.
- Report the incident on IRMS and conduct an investigation ensuring all post exposure control measures are also reported to ensure similar incidents do not reoccur.
- Ensure confidentiality of all personal information is maintained where required.

## Waste Management

If blood or a body substance is spilled on surfaces, the following infection containment procedures are to be followed:

1. Deal with the spill as soon as possible.
2. Wear disposable rubber gloves. Eye protection and a plastic apron should be worn where there is a risk of splashing.
3. Remove as much of the spill as possible with a paper towel / cleaning cloth.
4. Clean area with warm water and detergent, using a disposable cleaning cloth or sponge. The area should be left clean and dry.
5. Disinfect the area with a solution of household bleach, diluted according to the manufacturer's instructions.
6. Remove and dispose of gloves, paper towels / cleaning cloth in a sealed plastic bag after use.
7. The plastic bag may then be thrown away with household waste.
8. Wash hands thoroughly with soap and warm water. Pat hands dry with paper towels or air dryers rather than rubbing them.

## Handling and Disposing of Needle Sticks, Syringes and Sharps

The following processes should also apply to the handling of sharps:

1. Obtain a '**sharps container**' with a **secure lid**. A large used coffee tin appropriately labelled with a bold warning may be suitable if a dedicated 'sharps container' is unavailable.
2. Bring the sharps container to the needle / syringe and place it on the ground.
3. Remove the lid from the container, **DO NOT HOLD** the container upright in the hand as the needle/syringe is being disposed.
4. Wearing non-porous gloves pick up the needle/syringe by using long handled tongs or a dustpan and broom.
5. Place the needle/syringe into the sharps container needle point down.
6. Securely fasten the lid onto the sharps container.
7. Remove gloves and wash hands well with soap and running water.
8. Call the Needle Clean Up Hotline on 1300 13 1340 who will arrange collection as soon as possible.
9. Sharps containers **MUST NOT BE DISPOSED OF IN THE NORMAL WASTE DISPOSAL BINS.**

NEVER.....

1. Bend, break, recap or otherwise manipulate needles or sharps.
2. Place hands into areas where hands or fingers are not clearly visible (eg. into garbage bags and crevices).
3. Manually compress a garbage bag or hold garbage bag close to the body
4. Hold a garbage bag by the base of the bag.



## Appendix 3 Notifiable and Controlled Notifiable Conditions

For the purposes of Section 63 of the South Australian Public Health Act 2011, the following diseases or medical conditions are declared to be notifiable conditions:

Anthrax	Listeriosis
Arbovirus infection	Malaria
Australian Bat Lyssavirus infection	Measles
Barmah Forest virus infection	Meningococcal disease (invasive)
Botulism	Mumps
Brucellosis	Murray Valley Encephalitis virus infection
Campylobacter infection	Mycobacterial infection (non-tuberculous)
Chikungunya virus infection	Paratyphoid (Salmonella Paratyphi infection)
Chlamydia trachomatis (sexually transmitted infection only)	Pertussis
Cholera	Plague
Creutzfeldt-Jakob disease	Pneumococcal disease (invasive)
Cryptosporidiosis	Poliomyelitis
Dengue virus infection	Psittacosis / Ornithosis
Diphtheria	Q Fever
Donovanosis	Rabies
Food Poisoning	Ross River virus infection
Gonococcal infection	Rotavirus
Haemolytic-Uraemic Syndrome (HUS)	Rubella and Congenital Rubella Syndrome
Haemophilus influenzae infection (invasive)	Salmonella infection
Hepatitis A	Severe Acute Respiratory Syndrome (SARS)
Hepatitis B	Shiga toxin producing Escherichia coli infection (STEC)
Hepatitis C	Shigella infection
Hepatitis D	Smallpox
Hepatitis E	Syphilis and Congenital Syphilis
Human Immunodeficiency Virus infection (HIV)	Tetanus
Influenza	Thrombotic Thrombocytopenic Purpura (TTP)
Influenza (avian in humans)	Tuberculosis
Influenza (pandemic)	Tularaemia
Japanese Encephalitis virus infection	Typhoid (Salmonella Typhi infection)
Kunjin virus infection	Varicella-Zoster virus infection
Legionellosis	Viral Haemorrhagic Fever
Leprosy	Yellow Fever
Leptospirosis	Yersiniosis.

For the purposes of section 70 of the South Australian Public Health Act 2011, the following diseases or medical conditions are declared to be controlled notifiable conditions:

Cholera	Measles
Diphtheria	Plague
Hepatitis A	Poliomyelitis
Hepatitis B	Salmonella infection
Hepatitis C	Severe Acute Respiratory Syndrome (SARS)
Hepatitis D	Shigella infection
Hepatitis E	Smallpox
Human Immunodeficiency Virus infection (HIV)	Tuberculosis
Influenza (avian in humans)	Viral Haemorrhagic Fever
Influenza (pandemic)	Yellow Fever



## Appendix 4 Incident Notification to SafeWork SA for Prescribed Serious Illnesses

For the purposes of Regulation 699 Incident notification – prescribed serious illnesses in the Work Health and Safety Regulations 2012, the following illnesses are classified as notifiable incidents and must be reported to SafeWork SA as soon as possible.

1. Any infection to which the carrying out of work is a significant contributing factor, including any infection that is reliably attributable to carrying out work that involves:
  - (a) Micro-organisms.
  - (b) Providing treatment or care to a person.
  - (c) Contact with human blood or body substances.
  - (d) Handling or contact with animals, animal hides, skins, wool or hair, animal carcasses or animal waste products.
  
2. The following occupational zoonoses contracted in the course of work involving handling or contact with animals, animal hides, skins, wool or hair, animal carcasses or animal waste products:
  - (a) Q fever.
  - (b) Anthrax.
  - (c) Leptospirosis.
  - (d) Brucellosis.
  - (e) Hendra Virus.
  - (f) Avian Influenza.
  - (g) Psittacosis.



## Appendix 5 Recommended Minimum Exclusion Periods for Infectious Conditions

Recommended minimum exclusions periods for infectious conditions is contained in the National Health and Medical Research Council's 'Staying Healthy in Child Care' Page 7 – Recommended minimum exclusion periods for infectious conditions for schools, pre-schools and child care centres.

Condition	Exclusion of Case	Exclusion of Contacts
Amoebiasis (Entamoeba histolytica)	Exclude until there has not been a loose bowel motion for 24 hours	Not Excluded
Campylobacter	Exclude until there has not been a loose bowel motion for 24 hours	Not Excluded
Candidiasis	See 'Thrush'	
Chickenpox (Varicella)	Exclude until all blisters have dried. This is usually at least 5 days after the rash first appeared in unimmunised children and less in immunised children	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise, not excluded.
CMV (Cytomegalovirus infection)	Exclusion is NOT necessary	Not excluded
Conjunctivitis	Exclude until the discharge from the eyes has stopped unless doctor has diagnosed a non-infectious conjunctivitis	Not excluded
Cryptosporidium infection	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Diarrhoea (No organism identified)	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Diphtheria	Exclude until medical certificate of recovery is received following at least 2 negative throat swabs, the first swab not less than 24 hours after finishing a course of antibiotics followed by another swab 48 hours later	Exclude contacts that live in the same house until cleared to return by an appropriate health authority
German measles	See 'Rubella'	
Giardiasis	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Glandular fever (Mononucleosis, EBV infection)	Exclusion is NOT necessary	Not excluded
Hand, foot and mouth disease	Exclude until all blisters have dried	Not excluded
Haemophilus influenzae type b (Hib)	Exclude until the person has received appropriate antibiotic treatment for at least 4 days	Not excluded
Head lice (Pediculosis)	Exclusion is NOT necessary if effective treatment is commenced prior to the next day at child care (i.e. the child doesn't need to be sent home immediately if head lice are detected)	Not excluded
Hepatitis A	Exclude until a medical certificate of recovery is received, but not before seven days after the onset of jaundice	Not excluded
Hepatitis B	Exclusion is NOT necessary	Not excluded
Hepatitis C	Exclusion is NOT necessary	Not excluded
Herpes simplex (cold sores, fever blisters)	Exclusion is not necessary if the person is developmentally capable of maintaining hygiene practices to minimise the risk of transmission. If the person is unable to comply with these practices they should be excluded until the sores are dry. Sores should be covered by a dressing where possible	Not excluded
Human Immunodeficiency Virus (HIV/AIDS)	Exclusion is NOT necessary. If the person is severely immunocompromised, they will be vulnerable to other people's illnesses	Not excluded
Hydatid disease	Exclusion is NOT necessary	Not excluded



Impetigo (school sores)	Exclude until appropriate antibiotic treatment has commenced. Any sores on exposed skin should be covered with a watertight dressing	Not excluded
Influenza and influenza-like illnesses	Exclude until well	Not excluded
Legionnaires' disease	Exclusion is NOT necessary	Not excluded
Leprosy	Exclude until approval to return has been given by an appropriate health authority	Not excluded
Measles	Exclude for 4 days after the onset of the rash	Immunised and immune contacts are not excluded. Non-immunised contacts of a case are to be excluded from child care until 14 days after the first day of appearance of rash in the last case, unless immunised within 72 hours of first contact during the infectious period with the first case. All immunocompromised children should be excluded until 14 days after the first day of appearance of rash in the last case
Meningitis (bacterial)	Exclude until well and has received appropriate antibiotics	Not excluded
Meningitis (viral)	Exclude until well	Not excluded
Meningococcal infection	Exclude until appropriate antibiotic treatment has been completed	Not excluded
Molluscum contagiosum	Exclusion is NOT necessary	Not excluded
Mumps	Exclude for nine days after onset of swelling.	Not excluded
Norovirus	Exclude until there has not been a loose bowel motion or vomiting for 48 hours	Not excluded
Parvovirus infection (fifth disease, erythema infectiosum, slapped cheek syndrome)	Exclusion is NOT necessary	Not excluded
Pertussis	See 'Whooping Cough'	Not excluded
Respiratory Syncytial virus	Exclusion is NOT necessary	Not excluded
Ringworm/tinea	Exclude until the day after appropriate antifungal treatment has commenced	Not excluded
Roseola	Exclusion is NOT necessary	Not excluded
Ross River virus	Exclusion is NOT necessary	Not excluded
Rotavirus infection	Children are to be excluded from the centre until there has not been a loose bowel motion or vomiting for 24 hours	Not excluded
Rubella (German measles)	Exclude until fully recovered or for at least four days after the onset of the rash	Not excluded
Salmonella infection	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Scabies	Exclude until the day after appropriate treatment has commenced	Not excluded
Scarlet fever	See 'Streptococcal sore throat'	
School sores	See 'Impetigo'	
Shigella infection	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Streptococcal sore throat (including scarlet fever)	Exclude until the person has received antibiotic treatment for at least 24 hours and feels well	Not excluded
Thrush (candidiasis)	Exclusion is NOT necessary	Not excluded
Toxoplasmosis	Exclusion is NOT necessary	Not excluded
Tuberculosis (TB)	Exclude until medical certificate is produced from an appropriate health authority	Not excluded
Typhoid, Paratyphoid	Exclude until medical certificate is produced from appropriate health authority	Not excluded unless considered necessary by public health authorities
Viral gastroenteritis (viral diarrhoea)	Children are to be excluded from the centre until there has not been a loose bowel motion or vomiting for 24 hours	Not excluded

Warts	Exclusion is NOT necessary	Not excluded
Whooping cough (pertussis)	Exclude until five days after starting appropriate antibiotic treatment or for 21 days from the onset of coughing	Contacts that live in the same house as the case and have received less than three doses of pertussis vaccine are to be excluded from the centre until they have had 5 days of an appropriate course of antibiotics. If antibiotics have not been taken, these contacts must be excluded for 21 days after their last exposure to the case while the person was infectious.
Worms	Exclusion not necessary if treatment has occurred	Not excluded



## Appendix 6 Transmission and Vaccination Information

Infectious Disease	Transmitted and generally acquired by	Control Measure	Workers likely to be at risk	Vaccine Available by DECD
Hepatitis A	Is a virus transmitted by the faecal oral route and is generally acquired by eating or drinking contaminated food and water.	<p>Hand washing after toilet use.</p> <p>Workers to practise good personal hygiene, especially in relation to hand washing, after working with students or children and before eating, drinking or smoking.</p>	<p>First Aid Providers</p> <p>Workers regularly handling blood or body substances</p> <p>Workers of Aboriginal schools on traditional lands</p> <p>Workers at aquatic centres</p> <p>Workers in special education sites and units</p> <p>Workers exposed to high risk or new arrival students</p> <p>Youth workers</p> <p>Cleaners</p> <p>Grounds persons</p> <p>Catering workers</p> <p>Child care workers</p>	<p>Yes</p> <p>(subject to risk assessment)</p>
Hepatitis B	Is a virus transmitted via exposure to infected blood and to a lesser degree by other body substances (saliva and semen). It may be transmitted by sexual contact and from contaminated tattooing, acupuncture or intravenous drug equipment. It may also be transmitted from an infected mother to the baby before or during birth.	<p>Standard precautions to be practised during the handling or treatment of any person who is bleeding.</p> <p>Treat all blood and body substances as though they are contaminated.</p>	<p>First Aid Providers</p> <p>Workers regularly handling blood or body substances</p> <p>Workers of Aboriginal schools on traditional lands</p> <p>Workers at aquatic centres</p> <p>Workers in special education sites and units</p> <p>Workers exposed to high risk or new arrival students</p> <p>Workers involved directly or officiating in contact sports</p> <p>Youth workers</p> <p>Cleaners</p> <p>Grounds persons</p> <p>Maintenance and catering workers</p> <p>Child care workers</p>	<p>Yes</p> <p>(subject to risk assessment)</p>

Infectious Disease	Transmitted and generally acquired by	Control Measure	Workers likely to be at risk	Vaccine Available by DECD
Hepatitis C	<p>Is a virus transmitted through infected blood.</p> <p>(NOTE: being infected by one form of hepatitis does not protect a person from contracting other forms).</p>	<p>Standard precautions to be practised during handling or treatment of any person who is bleeding.</p> <p>Treat all blood and bodily substances as though contaminated.</p>	<p>First Aid Providers</p> <p>Workers regularly handling blood or body substances</p> <p>Workers of Aboriginal schools on traditional lands</p> <p>Workers at aquatic centres</p> <p>Workers in special education sites and units</p> <p>Workers exposed to high risk or new arrival students</p> <p>Workers involved directly or officiating in contact sports</p> <p>Youth workers</p> <p>Cleaners</p> <p>Grounds persons</p> <p>Maintenance and catering workers</p> <p>Child care workers</p>	<p>No</p> <p>(It is recommended people with Hepatitis C have Hep A and Hep B vaccine)</p>
Influenza	<p>Is a virus transmitted through the air by coughs or sneezes, creating droplets containing the virus and is contracted through contact with nasal secretions or contaminated surfaces.</p>	<p>Workers and others to practise cough and sneeze etiquette and good personal hygiene, especially in relation to hand washing, after working with students or children and before eating, drinking or smoking.</p> <p>Cleaning of general surfaces.</p>	<p>All workers</p> <p>(A severe influenza season can place strain on the hospitals as well as work environments which can result in severe impacts on the provision of essential services to the community).</p>	<p>Yes</p> <p>Voluntarily offered through annual Influenza Vaccination Program</p>
Q Fever	<p>Is caused by bacteria found in cattle, sheep and goats. Transmitted through the inhalation of contaminated dust and contact with milk, urine, faeces and mucus of infected animals.</p>	<p>Workers to practise good personal hygiene, especially in relation to hand washing, after working with cattle, sheep or goats and before eating, drinking or smoking.</p>	<p>Agricultural workers who are exposed to cattle, sheep</p>	<p>Yes</p> <p>(subject to risk assessment)</p>

Infectious Disease	Transmitted and generally acquired by	Control Measure	Workers likely to be at risk	Vaccine Available by DECD
Tetanus	Is caused by bacteria present in soil and faecal matter.	After injury, particularly if the wound is deep, dirty or contains a foreign object (e.g. wood, splinter) the wound should be disinfected and medical advice sought regarding the need for further treatment to prevent tetanus.	First Aid Providers Workers regularly handling blood or body substances Workers involved directly or officiating in contact sports Cleaners Grounds persons Workshop and maintenance workers Catering workers Laboratory technicians	Yes  (subject to risk assessment)
Tuberculosis	Is caused by bacteria transmitted when people who have an active TB infection cough, sneeze, or otherwise transmit respiratory fluids through the air	Workers and others to practise cough and sneeze etiquette and good personal hygiene, especially in relation to hand washing, after working with students or children and before eating, drinking or smoking.	Workers who are directly involved with students or children who have migrated from developing countries with high incidence of Tuberculosis (as attached)	Yes  (subject to risk assessment)



## Appendix 7 Infection Control Risk Assessment Form

This Risk Assessment is to be completed by site managers to determine the control measures required to manage the risks of exposure to infectious diseases. This form can also assist in the determination of vaccination requirements for 'at risk' workers or those who are concerned about contracting Hepatitis, Tetanus, Q Fever, Tuberculosis etc while performing work activities.

Site			Date of Assessment	Review Date
Assessment Team	Name	Position	Signature	

### Hazard Identification and Risk Assessment

Hazard Description	Risk Assessment			Hierarchy of Controls	Control Measures	Residual Risk Assessment		
	Likelihood	Consequence	Risk Rating			Likelihood	Consequence	Risk Rating

This document can be used to identify the level of risk and help to prioritise any control measures. Consider the **consequences** and **likelihood** for each of the identified hazards and use the table to obtain the risk level.

## Risk Assessment Matrix for General Work Health and Safety Risks

			Consequences				
			1 – Insignificant Dealt with by in-house first aid	2 – Minor Treatment by medical professional/hospital outpatient, etc	3 – Moderate Significant non-permanent injury. Overnight hospitalisation (inpatient)	4 – Major Extensive permanent injury Extended hospitalisation	5 – Catastrophic Death, permanent disabling injury
Likelihood	A -	Almost certain to occur in most circumstances	High (H)	High (H)	Extreme (X)	Extreme (X)	Extreme (X)
	B -	Likely to occur frequently	Medium (M)	High (H)	High (H)	Extreme (X)	Extreme (X)
	C -	Possible and likely to occur at some time	Low (L)	Medium (M)	High (H)	Extreme (X)	Extreme (X)
	D -	Unlikely to occur but could happen	Low (L)	Low (L)	Medium (M)	High (H)	Extreme (X)
	E -	May occur but only in rare and exceptional circumstances	Low (L)	Low (L)	Medium (M)	High (H)	High (H)

### How to Prioritise the Risk Rating

Once the level of risk has been determined the following table may be of use in determining when to act to institute the control measures.

<b>Extreme</b>	Act immediately to mitigate the risk. Either eliminate, substitute, isolate or implement engineering control measures.	Remove the hazard at the source. An identified extreme risk does not allow scope for the use of administrative controls or PPE, even in the short term.
<b>High</b>	Act immediately to mitigate the risk. Either eliminate, substitute, isolate or implement engineering control measures. If these controls are not immediately accessible, set a timeframe for their implementation and establish interim risk reduction strategies for the period of the set timeframe.	An achievable timeframe must be established to ensure that elimination, substitution, isolation or engineering controls are implemented. <b>NOTE:</b> Risk (and not cost) must be the primary consideration in determining the timeframe. A timeframe of greater than 6 months would generally not be acceptable for any hazard identified as high risk.
<b>Medium</b>	Take reasonable steps to mitigate the risk. Until elimination, substitution, isolation or engineering controls can be implemented, institute administrative or personal protective equipment controls. These "lower level" controls must not be considered permanent solutions. The time for which they are established must be based on risk. At the end of the time, if the risk has not been addressed by elimination, substitution or engineering controls a further risk assessment must be	<b>Interim measures until permanent solutions can be implemented:</b> <ul style="list-style-type: none"> <li>Develop administrative controls to limit the use or access.</li> <li>Provide supervision and specific training related to the issue of concern. (See Administrative Controls below)</li> </ul>
<b>Low</b>	Take reasonable steps to mitigate and monitor the risk. Institute permanent controls in the long term. Permanent controls may be administrative in nature if the hazard has low frequency, rare likelihood and insignificant consequence.	

### Hierarchy of Control Controls identified may be a mixture of the hierarchy in order to provide minimum exposure.

<b>Elimination</b>	Eliminate the hazard.
<b>Substitution</b>	Provide an alternative that is capable of performing the same task and is safer to use.
<b>Isolation</b>	Isolates the hazard from people either by distance or physical barrier.
<b>Engineering Controls</b>	Provide or construct a physical barrier or guard.
<b>Administrative Controls</b>	Develop policies, procedures practices and guidelines, in consultation with workers, to mitigate the risk. Provide training, instruction and supervision about the hazard.
<b>Personal Protective Equipment</b>	Personal equipment designed to protect the individual from the hazard.

## Corrective Action Plan

Identified Hazard	Risk Rating	Control Measure to be implemented	Residual Risk Rating	Responsibility	Due by	Completion Date	Comments

<p>Risk control measures recommended <b>agreed to / not agreed to</b> (<i>cross out what is not applicable</i>)</p> <p>Site Manager ..... Signature..... Date / /</p>	<p><b>Comments</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Consultation has occurred with the following:</p> <p>Name ..... Signature..... Date / /</p> <p>HSR..... Signature..... Date / /</p>	





## Appendix 8 Flu Vaccination Reimbursement Form

**Site Number:** .....

**Site Name:** .....

**Please Fax the completed form to Site Allocations on (08) 8359 3014**

*Please list staff members requesting a flu vaccination to be paid for by the site.*

Staff Identification	Staff Name

*If more rows are required, please copy this form.*

*Please list staff members who have received a flu vaccination paid for by the site in the last 3 months*

Staff Identification	Staff Name

*If more rows are required, please copy this form.*

*Please list staff members who have received a flu vaccination in the last 3 months that has not been paid for by the site.*

Staff Identification	Staff Name

*If more rows are required, please copy this form.*

**Total Staff Numbers for Reimbursement:** .....

For more information, please contact Site Allocations on 1800 671 157 (Press 1)

Approved: .....

Date:.....