



H010	Communicable Diseases & Immunisation Policy
Purpose	To help prevent and control the transmission of infectious diseases at JCSA and promote health within the community.
Authority	Criminal Code Disability Discrimination Act 1992 (Cth) Disability Standards for Education 2005 (Cth) Health Act 1986 Work Health and Safety Act 2020 Work Health and Safety (General) Regulations 2022 School Education Act 1999 and School Education Regulations 2000
National Principles for Child Safe Organisations	Principles: 3. Families and communities are informed and involved in promoting child safety and wellbeing. 8. Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed.
Policy	The school is to promote good health outcomes through the prevention and control of the transmission of communicable diseases for all students and staff by applying the procedures outlined in this document.
Delegation	The Principal
Related Policies	Child Protection (CP001) Chronic Illness and Allergy (H001) First Aid (H008) Disability Criteria (R003) Mental Health, Suicide and Non-Suicidal Self-Injury (H006) Enrolment of Students (PC007) HP004 Health Records Management
Date approved	Apr 2011; May 2014, Nov 2018; Apr 2023
Next Review Due	April 2026
Review Authority	Management
Keywords	Disease; sickness; Measles; Mumps; Rubella; Diphtheria; Tetanus; Whooping Cough; prevention; infection; immunisation; chicken pox; head lice
Authorised by: Chairman	
Date	
Author/Reviewer	C Brearley – April 2023



VERSION MANAGEMENT

Version	Date Published	Changes Made	Author of Changes
4	Apr 2023	Add version management table. Add NPCSO. Update student attendance table based on communicable disease guidelines from Dept. of Health. Update to current immunisation requirements.	C Brearley



HP010

Communicable Diseases & Immunisation Procedure

The health, safety and welfare of students and staff are of paramount concern when dealing with communicable and infectious diseases.

The school is to:

- Ensure that all staff members are aware of their responsibilities and available management options when dealing with communicable diseases
- Assist parents to access necessary health care for their children who attend school or engage in school-based activities
- Ensure that health care standards are met and that identified health risks are minimised.

Cases of suspected **meningococcal disease**, **measles**, or **hepatitis A** among students or staff will immediately be reported to the local Population Health Unit: **Great Southern Albany (08) 9842 7531**

Parental Responsibilities

1. When enrolling their child into school, parents must present a current (no older than 2 months) Australian Immunisation Register (AIR) Immunisation History Statement (IHS) of the child.
2. To enrol into kindergarten, parents must provide one of the following for their child:
 - a. A current AIR Immunisation History statement with the status "Up to date" or
 - b. An approved catch-up schedule, indicated on the child's AIR Immunisation History Statement or,
 - c. A valid immunisation certificate issued by the Chief Health officer or,
 - d. The school is satisfied that the child is exempt due to particular family circumstances.

See exemption eligibility form at <https://www.health.wa.gov.au/immunisationenrolment>

3. Parents are responsible for informing the school if they suspect that their child has an infectious disease. If this is confirmed by a health professional, they are required to keep their child home avoiding his or her contact with fellow students for the prescribed period of time.
4. Should an outbreak of a communicable disease occur at school, parents are to understand that students who have not been immunised against that disease should not attend school or have contact with fellow students while the infection risk remains.
5. When a student is found to be showing signs of an infectious disease at school, parents/guardians will be asked to immediately collect their child and seek medical advice.

School responsibilities

1. Ensure that immunisation status is recorded and maintained and reported to the relevant authorities.
2. At the beginning of each year, the school will publish immunisation advice to parents regarding the school's records requirements.
3. Where a teacher suspects, or where a parent indicates that a student has or may have a medical condition that could be infectious or otherwise require a speedy response, especially Measles, Mumps, Rubella, Diphtheria, Tetanus or Whooping Cough, the principal will seek further information in order to determine what school action may be required for the management of the condition and the maintenance of good health.



4. A letter and information will be sent to parents/guardians of students when there has been a report of an infectious disease at the school.
5. In cases of reported or identified head lice, students' hair will be checked for lice and eggs using the combing detection method. Head lice is treated in a sensitive manner and with confidentiality.
6. In the case of students with a medical condition, the Principal in collaboration with parents and, if necessary, health professionals will undertake planning to ensure that appropriate preventative and health management practices are identified so that agreed health care procedures can be put in place to maintain good health.
7. Should an outbreak of a communicable disease occur at school, the Principal may have to exclude students who have not been immunised for the duration of the infection risk.
8. When a member of staff is found to be showing signs of an infectious disease at school, they will immediately be released from work duties in order to seek medical attention and for the minimum exclusion period of the disease.

Prevention of infection

To promote good hygiene practices and reduce the spread of infection, the school will establish agreed procedures that address the following practices:

- hand washing immediately after toileting and before eating;
- preventing contact with blood or body fluids by providing equipment, such as gloves, to reduce the risk of contact or exposure;
- regularly cleaning skin or environmental surfaces to reduce the risks of contamination or transmission of infectious disease;
- avoiding the sharing of eating and drinking utensils; and
- informing parents how to support the school in promoting good health practices and reducing the transmission of infectious diseases.

Further information about infectious/communicable diseases may be obtained from the following:

Code of Practice on the management of HIV/AIDS and Hepatitis at Workplaces, 2000 Available at:

[http://www.parliament.wa.gov.au/publications/tables/papers.nsf/displaypaper/3810708ac9d08a1d4e32352ac825757500364fcb/\\$file/tp+708.pdf](http://www.parliament.wa.gov.au/publications/tables/papers.nsf/displaypaper/3810708ac9d08a1d4e32352ac825757500364fcb/$file/tp+708.pdf)

Control of Communicable Diseases Manual – for teachers, child care workers, local government authorities and health practitioners, updated in Jan 2023 Available at:

<https://ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/communicable%20diseases/PDF/2101-communicable-disease-guidelines.pdf>

Head lice information Available at:

http://healthywa.wa.gov.au/Articles/F_I/Head-lice



Appendix 1 Student Attendance Guidelines

School Attendance & Communicable Diseases		
Disease	Students who have the disease	Unimmunised students normally in contact with the sick child
Chicken pox	Exclude until blisters have dried and formed crusts, which is usually 5 days after rash appears. Note that crusts alone do not warrant exclusion	Can attend school.
School sores	Exclude for 24 hours after antibiotic treatment commenced. Lesions on exposed skin surfaces should be covered with a waterproof dressing	Can attend school.
TRACHOMA CONJUNCTIVITIS	Re-admit when discharge from eyes has ceased.	Can attend school.
RINGWORM	Re-admit the day after commencing antifungal treatment.	Can attend school.
DIPHTHERIA	Stay at home until a doctor has given a certificate of recovery.	No contact until diseased student is cleared
TETANUS	Stay at home until fully recovered.	Can attend school
PERTUSSIS (WHOOPIING COUGH)	Stay at home for 5 days after commencing an appropriate antibiotic treatment; or, 21 days from the onset of any cough; or, 14 days after onset of paroxysmal cough.	Keep unimmunised household contacts home for 14 days from exposure or until they have had 5 days of a 14 day course of antibiotics if they attend a childcare centre or pre-school. Unimmunised contacts in Primary School do not need to stay home.
MEASLES	Stay at home for at least 4 days from the appearance of the rash.	Unimmunised contacts should stay home for 14 days. If they are immunised within 72 hours of exposure to measles, they can return to school immediately.
MUMPS	Stay at home for 5 days after the appearance of the swelling.	Can attend school.
RUBELLA	Stay at home for at least 4 days after the rash appears.	Can attend school.
POLIOMYELITIS	Stay at home for at least 14 days from start of illness and until a doctor has issued a medical certificate of recovery.	Can attend school.



John Calvin School Albany
A School with the Bible

9 Beaufort Rd
YAKAMIA WA 6330
Tel: (08) 9841 3840

Appendix 2

Control of communicable diseases manual

Saved as separate PDF