

INFECTION CONTROL PROCEDURES

July 2014



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Note: Appendices A to F are also available as separate documents so that they can be placed on walls or where they will be accessed, or printed separately.

Overview

These procedures provide workplace managers across the Department of Education and Communities with practical strategies for implementing infection control measures.

Workplace managers need to implement standard precautions for infection control and systems and procedures for the prevention and control of infections.

Introduction

These Infection Control Procedures are in accordance with:

- *Work Health and Safety (WHS) Act 2011*
- *WHS Regulation 2011*
- *Public Health Act 2010 and the Public Health Regulation 2012*
- *Public Health Amendment (Vaccination of Children Attending Child Care Facilities) Act 2013*
- *How to manage work health and safety risks code of practice*
- *Managing the work environment and facilities code of practice and*
- The Department's Work Health and Safety Policy.

These procedures will benefit all workplace managers including principals, campus managers and community agencies by providing them with practical strategies for implementing infection control measures; applying standard precautions for infection control and providing appropriate systems and procedures.

Practical measures include the safe handling and disposal of sharps; procedures for food handling and storage and vaccination guidelines for employees at risk.

The Infection Control Procedures have been developed in consultation with NSW Ministry of Health and the standard precautions for infection control ([Appendix A](#)) apply across all sections of the procedures. The procedures contain practical advice and levels of responsibility in infection control.

What is infection control?

Infection control is the prevention of transmission of infectious diseases. It is based on good hygiene around a range of practices that arise from identifying hazards and implementing risk management for the hazards.

It is important that each workplace consider infection control issues as part of risk assessments, where appropriate, to eliminate or control any identified risks. For example, infection control is an important issue in developing workplace first aid plans, and in developing risk assessments for activities such as Contact with Animals in the Workplace and Excursions.

Note: The term *communicable disease* has been replaced by the broader term *infectious disease* in these procedures, to include outbreaks of infectious diseases that are not communicable from person-to-person.

Responsibilities for infection control

The Secretary and the Managing Director of TAFE will ensure, so far as is reasonably practicable, that appropriate systems are in place, responsibilities appropriately defined and managers receive the training, instruction and resources they need for infection control.

Senior executive of the Department of Education and Communities deemed to be officers under the WHS Act 2011, have a positive duty of care to exercise due diligence, as defined in Section 27(5) of the Act, in ensuring that the Department complies with its duty under the legislation as it applies to infection control.

Senior managers and workplace managers are to take action to ensure:

- copies of the Department's Standard Precautions for Infection Control are prominently displayed in the workplace and in all departmental first-aid kits

- safe work practices for infection control are applied at the workplace
- employees and others undertaking work are informed about infection control measures
- adequate arrangements for hand cleaning and drying are available in the workplace including soap and hygienic hand drying facilities, for example automatic air dryers or paper towels
- requirements for incident recording, reporting and investigation are implemented
- (pre-schools and primary schools only) accurate records are maintained of their students' vaccination status.
- consultation takes place about any infection risks arising from the work carried out or to be carried out, and making decisions about ways to eliminate or minimise those risks.
- first aid arrangements are in place in accordance with the Department's First Aid Procedures.

Where workplace managers are unable to ensure any of these provisions they should escalate them for appropriate action and support.

First aid officers are required to:

- treat all individuals receiving treatment as potential sources of infection
- use rigorous hygiene and infection control procedures and adhere to the Department's Standard Precautions for Infection Control during the provision of first aid and with the disposal of first aid waste
- ensure the Department's Standard Precautions for Infection Control are displayed in first aid kits and
- maintain first aid records.

Employees and others undertaking work are required to:

- use rigorous hygiene practices
- adhere to the Department's Standard Precautions for Infection Control and
- report to their workplace manager any suspected workplace illness or other health condition affecting themselves or others, at the earliest opportunity without prejudice to any employee.

Students and visitors are expected to use rigorous hygiene practices and follow local infection control procedures while visiting or conducting business in departmental workplaces or participating in authorised departmental activities outside of departmental workplaces.

1. General hygiene and infection control procedures

1.1 Standard Precautions for Infection Control (Appendix A) are relevant to the prevention of many diseases and should be applied generally across all workplaces. They are the sound work practices required for the basic level of infection control and include good hygiene practices, the use of personal protective equipment and the correct handling and disposal of sharps. They should be communicated to all employees, prominently displayed in relevant areas and placed in first-aid kits. This includes ensuring students, visitors and others undertaking work in departmental workplaces are aware of these precautions, understand their application and practice them as appropriate to their age and status level.

As it is not possible to identify all persons carrying infections, it is necessary to presume that the body substances of all persons are a potential source of infection, independent of diagnosis or perceived risk.

Workplace managers should also consider additional precautions and develop safe working procedures where there is a greater risk of infection, appropriate to the workplace and activities.

DEC workplaces are to supply appropriate personal protective equipment to staff to prevent infection, e.g. gloves (including, where required, alternatives to latex which may cause reactions), face masks, as appropriate. PPE should be kept up to date and be appropriate for use.

1.2 Provision of adequate facilities for hand washing: Legislative requirements as well as community expectations necessitate the provision of adequate hand washing facilities in DEC workplaces. Where a risk has been identified, the legislation requires the risk to be controlled; hand washing is the most effective means of controlling the risk of the transmission of infection. Further, washing hands after potential allergens (such as nuts) have been handled reduces the risk of anaphylaxis; some people, especially students, are so severely allergic that the transfer of a minute amount of an allergen on another item can cause an anaphylactic reaction, with potentially fatal consequences.

The *Managing the work environment and facilities code of practice* requires hand washing facilities to be provided to enable good standards of personal hygiene. Hand washing facilities must be supplied with soap and hygienic hand drying facilities, for example, automatic air dryers or paper towels. If work is carried out or educational activities are undertaken in locations where there are no hand washing facilities, there is to be access to alternative hand hygiene facilities, for example a water container with soap and paper towels, hand wipes or alcohol-based hand wash.

Hands may need to be washed at different times such as after visiting the toilet, before and after eating meals, after handling chemicals, machinery, equipment or animals, and after handling allergens such as nuts. Adequate hand washing facilities need to be available to facilitate this. Workplace managers are required to ensure that these facilities are available – see *Responsibilities for infection control* above. Schools are allocated funds for soap and hand drying materials in their global budget.

School principals who are concerned about the provision of soap and hand drying facilities due to misuse of these items should contact their local asset management unit for assistance (who may suggest, for example, tamper proof soap dispensers, non-slip surfaces etc); however soap and hand drying facilities must be provided.

Workplace managers in corporate offices not owned by the Department should contact their building manager if facilities for hand washing are not adequate.

1.3 Personal hygiene practices: Frequent and effective personal hygiene amongst employees, students, visitors and others is an effective way to minimise the spread of infection. It includes hand washing, which is especially important before preparing or eating food, after using the toilet, after coming into contact with other body fluids, and after handling allergens. Hands should be washed using soap and running water and preferably dried using paper towels or hand driers.

Some microorganisms are easily transmitted between people on dirty or wet hands. Hand washing and drying is a simple, effective way to reduce transmission.

Respiratory hygiene amongst employees, students, visitors and others can be encouraged by getting people to use disposable tissues and to cover their mouth when coughing. Microorganisms can be transmitted from person-to-person after coughing, sneezing or blowing the nose. People with respiratory symptoms should wash their hands frequently.

Hands should also be washed after handling allergens such as nuts. The transmission of allergens can have serious health consequences for individuals who suffer from anaphylaxis.

1.4 Maintenance of a clean working and learning environment: This can be achieved by routinely cleaning surfaces, objects and equipment that are commonly touched or handled by employees, students, visitors and others. Some micro-organisms can be transmitted after touching objects that have been contaminated. Maintaining a clean environment reduces the

possibility that these micro-organisms will be transmitted between people. A mild detergent and water should be used.

Routine cleaning of workplaces will normally be the responsibility of cleaning staff employed through the workplace's cleaning contract, although designated employees may also be involved in some aspects of cleaning. Note that the procedures for spills of blood and other body substances detailed in [Appendix B](#) are generic as individual responsibilities are contained in employee position descriptions.

Workplace managers need to act promptly to address any environmental issues that arise in the workplace such as infestation of insects or other animals. Pest control and cleaning should be arranged using the appropriate maintenance/cleaning contractor, or through the building manager in the case of office buildings. Advice can be obtained from the local Asset Services Officer as required.

2. Specific infection control procedures

2.1 Contact with blood or body fluids: If an employee, student, visitor or other believes they have been exposed to blood or body fluids, including injuries sustained through needle stick/sharps penetrations of the skin, they should immediately follow the advice in *Contact with blood or body fluids procedures* ([Appendix C](#)). For sports related injuries, see [Sport and Physical Activity in Schools Safe Conduct Guidelines](#) which provides specific infectious diseases control guidelines relating to a range of sporting and physical activities. Report incidents on 1800 811 523 in accordance with the [WHS incident reporting summary](#).

2.2 Attending to spills of blood and other body substances: Spills of body fluids (blood, faeces, nasal and eye discharges, saliva and vomit) on the ground, floors, furniture or equipment must be isolated and cleaned up immediately. See the *spill clean-up procedure* ([Appendix B](#)).

2.3 Cleaning soiled clothing and equipment: All equipment and materials soiled with blood or other body substances should be either disposed of or cleaned appropriately. Disposable equipment such as gloves should be worn and other disposable items used when handling and cleaning soiled equipment. All reusable items used must first be cleaned in warm running water and detergent then wiped with an alcohol wipe.

Workplaces may need to apply additional infection control procedures based on the nature of the specialised activity and the instructions for the use of specific equipment.

Clothing contaminated with blood or body substances should be removed and stored in leak proof plastic bags until it can be washed. A normal hot machine wash with detergent is appropriate.

2.4 Infection Control and First Aid: The administration of first aid requires specific attention to the standard infection control procedures. Refer to the Department's [First Aid Procedures](#).

2.5 Safe Handling and Disposal of Sharps and Contaminated Waste

2.5.1 Disposal of sharps: Where syringes, needles and other sharp instruments (referred to as 'sharps') are found within school, college or campus, office premises or community directorates, it is important that they are disposed of promptly and safely to ensure employees, students, visitors and others are not inadvertently injured.

When an EpiPen[®] has been administered for an anaphylactic reaction, it should be stored safely until the ambulance arrives. It should then be provided to the ambulance crew so they are aware of what has been administered (see the Department's [Anaphylaxis Procedures for Schools](#)). Refer to the *Sharps handling and disposal procedure* ([Appendix D](#)) for details on how sharps are to be handled and disposed of.

Workplaces may also wish to avail themselves of local councils who offer disposal of sharps services. Where there is a persistent problem, such as the regular discarding of syringes in workplace premises or adjacent grounds, then the Safety and Security Directorate and local police station should be informed.

2.5.2 Disposal of contaminated waste: All potentially contaminated waste such as used gloves, dressings, tape and materials used to clean wounds must be placed in a plastic bag, tied securely, then placed inside a second plastic bag and tied securely. This can then be placed in the workplace garbage hopper. It should not be left in the sick bay, clinic, first aid room or classroom. These bags must not contain sharps.

2.6 Food handling and storage in the workplace: Food should be stored, prepared and served safely to avoid outbreaks of food-borne diseases, especially when catering for many people. Micro-organisms can grow in foods that have been stored, prepared or served incorrectly. Foods prepared for many people at once are especially prone to carry these micro-organisms and extra care should be taken with these. Refer to the *Food handling procedures* ([Appendix E](#)).

2.7 Vaccinations/immunisation: Ensuring that people are immune through appropriate vaccination can prevent many diseases. The Department encourages the immunisation of employees and students to protect them against the outbreak of infectious disease. NSW Ministry of Health recommends that employees and students be vaccinated according to the current edition of the *Australian Immunisation Handbook* published by the National Health and Medical Research Council. A number of vaccinations are provided free for students and teenagers under the National Immunisation Program.

Departmental employees in particular positions should be encouraged to obtain a Hepatitis A and B vaccination. Refer to the *vaccination guidelines* ([Appendix F](#)) for details of vaccination types and arrangements.

The *Public Health Act 2010* and *Public Health Regulation 2012* require preschools and primary schools to keep accurate records of the immunisation status of all students. In addition, prior to a child being enrolled in a preschool, early childhood centre or TAFE children's centre, an immunisation certificate indicating that the child is age appropriately immunised or on a recognised catch-up schedule, or an exemption certificate, must be supplied. These certificates are to be included in the immunisation register. For more information, see the *Departmental vaccination guidelines* ([Appendix F](#)). See also section 4, *involving the local public health unit of NSW Ministry of Health*.

2.8 Health care procedures: Infection is a major safety hazard in health care delivery and *Standard Precautions for Infection Control* should be followed in all health care procedures to protect the health care provider and student from cross infection.

2.9 Infection control in agriculture activities: The *Standard Precautions for Infection Control* should always be used when handling and caring for animals. In particular employees should be mindful of Q fever, a zoonotic disease spread to humans by infected animals. Cattle, sheep and goats are the main sources of the disease for humans.

Animals infected with Q fever shed the bacterium into their urine, faeces, milk, and birth by-products. The disease is transferred to humans when they inhale droplets contaminated with bacteria and produced during the slaughter of an infected animal. A vaccine is available for Q fever and it is recommended for people who are working in occupations that involve risk of exposure to the disease - such as abattoir workers, shearers or livestock farmers.

Note: Government school students and employees wishing to undertake workplace learning in meat processing plants with an abattoir facility will need to be first tested for immunity to Q fever and if necessary, vaccinated against the disease. Abattoirs in Australia have a 'no jab, no job' policy on this occupational disease and this applies to student workplace learning in NSW. (Source: VET in Schools Directorate)

2.10 Infection control when handling animals: Animals may carry infections, especially gastroenteritis. Particular care should be taken with reptiles as all species can carry salmonella. Animal living quarters should be kept clean and all waste should be disposed of regularly. Litter boxes should only be cleaned by agricultural students with an appropriate level of training and not by other students unless trained. Young students should not play with animals unsupervised. Further information can be obtained from the [Contact with Animals in the Workplace and on Excursions](#) support tool.

Precautions for school visits to farms and zoos

- Check that the farm/zoo has completed a venue and safety information for school excursions form. A pre excursion risk assessment should be conducted to establish that the grounds and public areas of the farm/zoo are as clean as possible
- Check that the farm/zoo has washing facilities for visiting students with running water, soap (preferably liquid) and disposable towels or hot air dryers
- Drinking water taps should be in a suitable area located away from animals
- Advise students not to eat or drink while touring the farm/zoo, or put their fingers in the mouth, because of the risk of infection
- If students are in contact with, or feeding farm animals, warn them not to place their faces against the animals or taste the animal feed
- Ensure all students wash and dry their hands thoroughly after contact with animals and particularly before eating and drinking
- Meal-breaks and snacks should be taken well away from areas where animals are kept
- Ensure that students do not consume unpasteurised produce, for example milk or cheese and
- Ensure all students wash their hands thoroughly before departure and ensure that their footwear is as free as possible from farm/zoo waste.

2.11 Infection control in musical activities: Woodwind, brass and other musical instruments blown through the mouth should have their mouthpieces thoroughly cleaned and dried inside and out after every playing session. At least once a month, a more thorough major wash involving detergent and luke warm water should occur and this should include the brushing of the interior of the mouthpiece to remove built up deposits and avoid the build up of bacteria.

Where students share instruments, this can increase the risk of the transmission of infection. Cleaning precautions after each playing session need to be strictly enforced, especially with wind blown instruments and in particular, their mouthpieces.

2.12 Infection control of personal protective equipment (PPE):

Where appropriate, shared personal protective equipment (PPE) such as safety glasses etc, used in science laboratories, industrial arts and food technology classes, need to be thoroughly cleaned and dried inside and out after each use to reduce the risk of cross contamination.

3. Monitoring for disease and early intervention

3.1 Infectious disease fact sheets: The NSW Ministry of Health website provides fact sheet information on a number of infectious diseases in the Infectious Disease section of their A -Z of Health Topics. These fact sheets are listed at [Appendix G](#).

3.2 Monitoring for signs of infectious disease: Workplace managers should monitor the workplace for signs and symptoms of illness. People suffering an infectious disease can display various symptoms such as a fever (eg influenza), a severe cough (eg pertussis or whooping cough), a rash (eg chickenpox) and vomiting or diarrhoea (eg viral gastroenteritis). For head lice

(nits), refer to Student Welfare web site:

<http://www.schools.nsw.edu.au/studentsupport/studenthealth/conditions/headlice/index.php>.

These symptoms should alert workplace managers that the person may have an infectious disease. Workplace managers should recommend employees seek medical assistance early if suspected of suffering from an infectious disease and recommend that parents seek medical assistance for their children early if their children are suspected of suffering from an infectious disease. Early, appropriate treatment is important for many infectious diseases as it can reduce the severity or duration of the illness and help reduce its spread to others. Teaching employees should carefully monitor students for signs and symptoms.

Where employees are unable to perform their duties because of illness they should be granted sick leave on full, half or no pay, dependent on the amount of sick leave they have credited. Employees, students and volunteers should be encouraged to stay at home while they are in the contagious period of an infectious disease.

Employees and parents/carers of students should be encouraged to report any infectious condition, such as fever, severe cough, rashes, vomiting or diarrhoea, to the principal or the workplace manager. If many employees and/or students are absent and appear to have similar symptoms, an outbreak may be occurring and the local public health unit of NSW Ministry of Health should be notified See 4.2, *contacting the local public health unit if there is an outbreak of an infectious disease* and Appendix H.

3.3 Reporting incidents involving infections: Certain infections which have occurred due to workplace activities are required to be immediately reported to Work Health and Safety (WHS) Directorate so that WorkCover can be notified:

- Infections directly attributable to work with microorganisms, or involving treatment or care of a person, contact with human blood or body substance or contact with animals
- The following zoonoses contracted through contact with animals: Q fever, anthrax, leptospirosis, brucellosis, Hendra virus, avian flu or psittacosis.

Immediately report such an injury or illness to WHS Directorate on telephone 1800 811 823. WHS Directorate undertakes the necessary reporting to WorkCover.

Other incidents involving infections or the risk of infection should also be reported – see the WHS incident reporting summary. Employees should also report such incidents to their workplace manager.

3.4 Isolating infectious conditions: Where employees or students have been identified as having symptoms of an infectious condition, such as fever, severe cough, rashes, vomiting or diarrhoea, they should be isolated, where possible, from others at the workplace and arrangements made to leave the workplace for care. Where students are isolated in school, appropriate care and supervision must be provided.

Isolation reduces the risk of transmission of infectious diseases to others.

Some infectious diseases require isolation from workplaces and classrooms for specific periods to reduce the possibility of transmission of the infection to others. Refer to the *Recommended minimum exclusion periods for infectious conditions for schools, pre-schools and child care centres (2005)* at

<http://www.nhmrc.gov.au/files/nhmrc/publications/attachments/ch43poster4.pdf>.

Workplace managers are encouraged to contact the local public health unit for advice about exclusion if there is a doubt about whether a student is suffering with an infectious condition.

Advice regarding precautions in relation to specific diseases should be sought from the local public health unit. Note that the public health unit will also require the exclusion of well, unvaccinated students according to section 88 of the *Public Health Act 2010*.

3.5 Infectious diseases and pregnancy: Some infections, including some common childhood infections, if contracted during pregnancy can pose a danger to the unborn child. Employees *planning* a pregnancy should discuss with their GP or obstetrician the indications for testing their immunity to:

- Chickenpox (varicella) and
- German measles (rubella).

By checking immunity prior to falling pregnant, females who are not immune can be vaccinated to prevent these infections during pregnancy. For employees who will be in the second or third trimester of pregnancy (20-40 weeks) during the influenza season (June – October), they should seek advice from their general practitioner or obstetrician on the need for an influenza vaccination.

Pregnant employees and students who are not certain of their immunity to rubella or chickenpox and who are exposed to children with these diseases should seek prompt advice from their GP or obstetrician.

Slapped cheek disease (also called erythema infectiosum, fifth disease or parvovirus) is a common disease of childhood for which no vaccine is available. It occasionally affects unborn babies. Pregnant employees and students who are exposed to children with slapped cheek disease early in pregnancy (first 20 weeks) should promptly seek advice from their doctor.

Where there is an outbreak of an infectious disease in the workplace which could impact on employees and students, employees and students who are pregnant need to get advice from their treating doctor. If a treating doctor advises that the employee or student is at risk from any of the above infections, then there needs to be an escalation of the management of the risks, to senior management and (in the case of students who are pregnant) with their parents/carers to look at suitable options.

These options may include a change of duties or location through the Temporary Placement Program for employees who are pregnant to another school where there is no evidence of the infection. Where teacher relief is required it would be coordinated at the local level. In the case of students who are pregnant in a school with an outbreak of infection, they should remain at home until the infectious period is over.

3.6 Infectious diseases and staff or students with immune suppressed medical conditions:

Where a staff or student is immune suppressed and there is an outbreak of an infectious disease at a workplace or location, medical advice should be sought and, where appropriate, the staff or student may take leave or be temporarily relocated to another work location

3.7 Infection control procedures during outbreaks of infectious diseases: Infection control procedures are especially important during outbreaks of infectious diseases. Particular care should be taken with body fluids such as nasal discharges and saliva. Reminders are recommended about general hygiene procedures and the *Standard Precautions for Infection Control (Appendix A)*. The frequency of routine cleaning of surfaces and objects that are commonly touched may need to be increased during some outbreaks. Infection control is an important way to minimise the risk of transmission of infectious diseases to staff and students. The local public health unit can also provide advice.

4. Involving the local public health unit of NSW Ministry of Health

4.1 Notifying the local public health unit (*Appendix H*) of vaccine preventable diseases:

Workplace managers must contact the local public health unit to notify any of the following vaccine preventable diseases:

- Diphtheria

- Haemophilus influenza type b
- Measles
- Meningococcal type C
- Mumps
- Pertussis (whooping cough)
- Poliomyelitis
- Rubella (German measles)
- Tetanus.

These vaccine preventable diseases are notifiable by school principals under section 88 of the *Public Health Act 2010*. Workplace managers should telephone the local public health unit ([Appendix H](#)) to make a notification.

Advice regarding precautions in relation to specific diseases should be sought from the local public health unit. Note that the public health unit will also require the exclusion of well, unvaccinated students in accordance with section 86 of the *Public Health Act 2010*.

It is recommended that NSW public health units should be contacted about the outbreak of other diseases for advice.

4.2 Contacting the local public health unit of an outbreak of an infectious disease:

An outbreak occurs when an infectious disease spreads through a group of people, affecting more people than would otherwise be expected. These outbreaks typically include vomiting and diarrhoea, or influenza-like illness, or fever and rash. Because different diseases can be transmitted in a number of different ways, different outbreaks may have many different causes and have different ways of being spread through a population.

Some outbreaks occur when an infection spreads from person-to-person. Generally this occurs more easily in settings where there are people crowded together. Students are more susceptible, especially younger students who may not have developed good personal hygiene practices. This increases the risk of infection.

Other outbreaks occur when many people are exposed to the same infectious agent at or around the same time (for example, food poisoning in a group that ate a contaminated meal together).

Notifying the public health unit allows the unit to assess:

- If an outbreak has occurred and what micro-organisms are likely to be implicated
- The likely consequences of the outbreak
- Whether further public health intervention is required.

The public health unit may request the following information to assess the size and nature of any outbreak, for example:

- A description of the symptoms
- The number of students and employees that are sick
- The number of students and employees that remain well
- Details about the students and employees who are sick, for example:
 - Full name, age and residential address
 - Home telephone number
 - Parent or carer's name
 - Vaccination status
 - If any unwell students/employees have recently travelled overseas

- Date and time of onset of the first case and of subsequent cases
- What action has been taken by the workplace to date to manage the outbreak
- Whether a doctor or hospital is already involved with the outbreak
- A map of the site and buildings is often required and
- Contact details of the person notifying the public health unit.

In some circumstances, the public health unit will need to visit the site to gather more information in order to complete the risk assessment. This may involve some or all of the following:

- Assessing the environment
- Interviewing people who are sick
- Interviewing people who remain well
- Interviewing others in the school.
- Collecting environmental, food or water samples.

4.3 Contacting the local public health unit for further information:

The local public health unit provides information about infectious diseases and how they can be prevented. Contact details for the public health units are provided at [Appendix H](#). Further information about infectious diseases, including fact sheets, can be found at [Appendix G](#) or directly on the [NSW Ministry of Health website](#).

5. Communications

5.1 Communication with employees

5.1.1 Consultation about risks and hazards: As with other risks and hazards, workplace managers are required to consult with the employees about the type of risks of infection they are aware of, and the controls they would suggest, to manage the risks and hazards. Consultation is to be in accordance with the [Consultation Procedures](#). Should any issues or disputes arise in relation to infection control, such issues are to be resolved in accordance with the [Issue Resolution Procedures](#).

5.1.2 Communication in relation to the outbreak of an infectious disease: Workplace managers need to communicate with employees and keep them informed of any outbreaks of infectious diseases. The employees should be told:

- What has happened
- What symptoms and signs to be alert for
- What action should be undertaken to prevent transmission
- What action should be taken if new cases are suspected
- That the public health unit can be consulted for further advice. *(There are eight Area Health Services in NSW, all of which have at least one public health unit. Public health units operate from 9 am to 5 pm and there is always an officer on call after hours for urgent matters.) See [Appendix H](#).*

Fact sheets from a range of sources including public health units and the NSW Ministry of Health website are often useful.

It is important to notify Work Health and Safety Directorate (see [contact us](#) or ring 1800 811 523) of outbreaks of infectious diseases. This enables other workplaces to be alerted to the outbreak and makes it more likely that wider outbreaks will be more rapidly contained.

In the event of a major outbreak such as an influenza pandemic, Work Health and Safety Directorate will work directly with NSW Ministry of Health. Communications during such events will be based on the Department's requirements and the advice of NSW Ministry of Health.

5.2 Communication with students and parents/carers: Communication with students and their parents/carers is important to ensure that they are well informed about symptoms and what to do if these symptoms develop.

Communication can be via school bulletins, staff email, TAFE newsletters, classroom announcements, school assemblies, email to the parent/carer or employee announcement, as appropriate. Confidentiality should be maintained for infected or exposed students and employees and content should be age-appropriate and not generate undue anxiety. Consult the learning and engagement officer for advice on appropriate information. Parents/carers should be informed on how to get further information from their local public health unit if required. Public health units also have a role to assist schools by providing information for use in their communications with parents.

6. Contacts and resources

The Department

Work Health and Safety (WHS) Policy

First Aid Procedures

For information or assistance contact your WHS Consultant directly (see [contact us](#)), call the Department's Incident and Injury Hotline on 1800 811 523 or email questions to safeworking.learning@det.nsw.edu.au.

WorkCover

WHS Act 2011

WHS Regulation 2011

Managing the work environment and facilities code of practice

Infection control posters for the workplace

- Cough etiquette and respiratory hygiene.
- How to wash and dry hands with soap and water
- How to clean hands using an alcohol-based liquid or hand rub

These three posters are available at:

<http://www.flupandemic.gov.au/internet/panflu/publishing.nsf/Content/infection-control-posters-1/>

- Travel health (concerning insurance and health care costs overseas)
<http://smartraveller.gov.au/tips/insurance.html#medical>

NSW Ministry of Health

- Fact Sheets: The NSW Ministry of Health infectious diseases website
<http://www.health.nsw.gov.au/infectious/pages/default.aspx>
- Immunisation - NSW Ministry of Health immunisation website.
http://www.health.nsw.gov.au/immunisation/pages/vaccination_enrolment.aspx

National Health and Medical Research Council

- *Australian Immunisation Handbook*, 10th edition (2013).
<http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home>
- *Recommended minimum exclusion periods for infectious conditions for schools, pre-schools and child care centres* (2005)
http://www.nhmrc.gov.au/files_nhmrc/publications/attachments/ch43poster4.pdf

Appendices

- Appendix A - [Standard precautions for infection control](#)
- Appendix B - [Procedures for spills of blood and other body substances](#)
- Appendix C - [Procedures for contact with blood or body fluids](#)
- Appendix D - [Procedures for sharps handling and disposal](#)
- Appendix E - [Procedures for food handling](#)
- Appendix F - [Departmental vaccination guidelines](#)
- Appendix G – [Infectious disease fact sheets \(links\)](#)
- Appendix H – [NSW Public Health Units](#)

Note: Appendices A to F are also available as separate documents so that they can be placed on walls or where they will be accessed, or printed separately.



Education &
Communities



Standard precautions for infection control

Work Health and Safety Directorate

Standard precautions for infection control should be used by all employees, students, visitors, volunteers, contractors and others to reduce the risk of transmission of infectious diseases during care procedures.

What are standard precautions?

Standard precautions in the workplace involve the use of safe work practices and protective barriers for the control of the spread of infection from both recognised and unrecognised sources of infection.

It is not possible to reliably identify sources of infections or communicable diseases, therefore it is necessary to presume that the blood (including dried blood) and body substances of **all persons** be considered as potential sources of infection independent of diagnosis or perceived risk.

When do I use standard precautions?

Standard precautions must be used before and after care procedures, when providing first aid, when handling and disposing of sharps and contaminated material and when handling animals and potentially infectious agricultural substances.

There is a potential risk of infection when exposed to:

- blood, including dried blood
- All other body fluids, secretions and excretions, including saliva and mucous.
- broken skin
- Mucous membranes e.g. mouth and nose.

What do I need to do?

1. Use good hygiene practices

Wash your hands after any contamination, following any care procedure and after any activity which involves contaminated substances whether or not gloves are worn.

2. Take care of your skin

Take care of your skin as it is the first barrier to disease and protect damaged skin by covering with a waterproof dressing or by gloves.

3. Use good handling and disposal procedures

Minimise contact with potentially infectious substances by using personal protective equipment such as gloves, aprons, masks or goggles.

Ensure that reusable equipment such as that used in first aid provision is cleaned after use and single use items are discarded after use.

Follow the Department's procedures when handling and disposing of sharps and use a suitable sharps container.

Dispose of other contaminated or infectious waste, such as from first aid or care procedures, in a plastic bag which is tied securely and placed inside a second plastic bag and tied securely then placed in the workplace garbage hopper.

Contain all blood and body fluids i.e. confining spills, splashes and contamination of the environment and the prompt clean-up of spills.

4. Take prompt action if contact is made with blood or body fluids

Wash skin with mild soap and water, rinse eyes with water, rinse your mouth and spit out.

Further information

Contact [your WHS team](#) or ring **1800 811 523**

[Infection control procedures](#)

Support materials

[Cough etiquette and respiratory hygiene](#)

[How to wash and dry hands with soap and water](#)

[How to clean hands using an alcohol-based liquid or hand rub](#)

[How to fit and remove protective gloves](#)



A word cloud of safety-related terms in various sizes and orientations, including 'WORK', 'HEALTH', 'SAFETY', 'VALUES', 'CONTINUOUS', 'IMPROVEMENT', 'LEARNING', 'SUPPORT', 'EMPLOYEE', 'BUILDING', 'CAPABILITIES', 'COMMITMENT', 'RISK', 'EMERGENCY', 'MANAGEMENT', 'WELL-BEING', 'LEADERSHIP', 'CULTURE', 'SAFE', 'HEALTH AND WELL-BEING', 'SAFETY', 'VALUES', 'CONTINUOUS', 'IMPROVEMENT', 'LEARNING', 'SUPPORT', 'EMPLOYEE', 'BUILDING', 'CAPABILITIES', 'COMMITMENT', 'RISK', 'EMERGENCY', 'MANAGEMENT', 'WELL-BEING', 'LEADERSHIP', 'CULTURE', 'SAFE'.

Work Health and Safety Directorate

Spills of body fluids: blood, faeces, nasal and eye discharges, saliva and vomit on the ground, floors, furniture or equipment must be isolated immediately and cleaned up appropriately.

When cleaning a spill

- Where appropriate, remove bystanders in the immediate vicinity from the area until the area is cleaned
- Inspect your hands for any cuts or abrasions and ensure they are securely covered with water proof dressings
- Wear disposable gloves and protective clothing
- Pick up broken glass or any other sharp objects included in the spill with tongs and dispose of into an approved sharps container
- Absorbent materials, such as paper towels, or sawdust, should be used to absorb and contain the bulk of the spill
- Where required, wipe up blood and/or body substances using disposable wipes or paper towels
- Ensure that cleaning employees clean the site with detergent and warm water. They should use disposable wipes or paper towels and rinse and dry surfaces (carpeted areas should be shampooed).

After cleaning up a spill

- Place all soiled materials in a plastic bag, tied securely, then placed inside a second plastic bag and tied securely
- Remove and dispose of gloves after task is completed and wash hands with soap and warm water
- Only reuse protective eyewear after cleaning with soap and water
- Clean mops used to clean up body fluids in a bucket or similar container (not a kitchen sink), rinse with a disinfecting solution and dry
- Ensure contaminated clothing is washed in detergent and hot water; preferably the water should be at least 65o where possible and the cycle length 14-18 minutes depending on the size of the load. For blood stains, soak in luke-warm water first.

Further information

Contact your WHS team
or ring **1800 811 523**

Infection control procedures



Education & Communities

Procedures for contact with blood or body fluids

Work Health and Safety Directorate

Rapid response is required if there is exposure to blood or body fluids, including injuries sustained through needle stick/sharps penetrations of the skin.

If an employee or student believes they have been exposed to blood or body fluids, including injuries sustained through needle stick/sharps penetrations of the skin, the following action should be taken:

1. Wash away the blood or body fluid with soap and running water immediately, or as soon as possible after contamination for a period of at least 30 seconds.
2. If the eyes are contaminated, rinse eyes while opened with tap water or a saline solution.
3. If blood gets into the mouth, spit it out and then repeatedly rinse with running water.
4. After carrying out the appropriate first aid measures outlined above, report the incident to the workplace manager.
5. Employees should be referred immediately to a doctor or hospital for risk assessment and if necessary, appropriate testing, treatment and skilled counselling.
6. In the case of school students or TAFE students who are under 18, the workplace manager should ensure that parents/carers are advised to immediately contact a doctor or hospital for risk assessment of the student and, if necessary, appropriate testing, treatment and skilled counselling.

Parents/carers should be advised in a manner that maintains confidentiality of any employees and/or students.

- 7. Report WHS incidents and injuries to the DEC Incident and Injury Hotline (1800 811 523).**

Further information

Contact your WHS team
or ring **1800 811 523**

Infection control procedures



Education & Communities

Procedures for sharps handling and disposal

Work Health and Safety Directorate

Sharps in the workplace environment pose a hazard. Sharps can potentially cause an injury if handled inappropriately.

Responsibility for disposal of sharps

If employees locate a discarded sharp whilst cleaning staff are on duty, they should request cleaning staff to dispose of it immediately. If students are present at the time a sharp is discovered, the employee should ensure students are kept away from the sharp while a cleaning staff member is located. Under the current cleaning arrangements for schools, colleges and campuses, cleaning staff are to be aware of and trained in their responsibilities regarding the collection and safe disposal of discarded sharps by their employer company.

If there are no cleaning employees on duty or there are no cleaning employees available, the workplace manager or their nominee must ensure that procedures are in place that provide for employees to act promptly to dispose of the discarded sharps in a safe manner as outlined in these procedures.

Department employees who use sharps are responsible for their management and disposal.

Disposable needles, needle syringe combinations, blades, pipettes and other sharp items should be placed in a sharps container for disposal. Refer below for the supply of sharps containers.

Important: Students must not be involved in the disposal of sharps process

Safe handling and disposal of discarded sharps

The preferred option to reduce the risk of exposure to infections via a sharps injury is the collection of needles and syringes and other sharp instruments using hands free technique by the use of appropriate tongs or similar pick up equipment designed for this purpose. (a dustpan and brush may be a practical solution in some circumstances but should not be the principle method recommended because it lacks control, particularly when trying to place the syringe into the narrow opening of a sharps container. If a dustpan and brush is used, a slow, sweeping movement should be used to prevent the needle from being flicked into the air. Use of puncture (cut) resistant gloves is recommended.

Where hands are to be used, care should be taken to avoid direct contact with the sharp. This method should be used only when the hands free technique is not possible. Use of puncture (cut) resistant gloves is recommended in all circumstances and not just for “hands on” situations. If hands are used, NSW Ministry of Health recommends that the following steps should occur:

- Puncture (cut) resistant gloves must be worn to decrease the risk of the wearer being jabbed by a sharp in all circumstances
- Where hands are to be used, care should be taken to avoid direct contact with the sharp and the method should be used only when the hands free technique is not possible
- Non-porous waterproof dressings must be used by the employee for chapped or broken skin, before putting on gloves; (or the use of disposable gloves under the puncture resistant gloves may be a more practical option in the circumstance)
- Before syringes are picked up, people nearby, especially students, should be instructed to move away
- Ensure that there is space to move and to clearly observe both the sharp and your hands
- Syringes should be picked up by the barrel at the opposite end to the needle because the needle may be bent over and hard to see
- A needle must not be removed from a syringe for disposal, or be purposely broken or otherwise manipulated
- If there is more than one needle or sharp instrument, carefully separate them from one another with a stick or other suitable implement using slow, non-flicking movements. Do not use your hands. Do not pick up or handle more than one sharp at a time
- Do not attempt to put the cap back on a syringe as that is how most people accidentally jab themselves. The cap is usually a bright orange colour, and can be disposed of separately
- Each sharp must be placed into an approved sharps container. Only approved sharps containers are to be used (see below)
- To minimise risk, the sharps container should be taken to the sharp; and the sharps container should first be placed on the ground, and then the syringe or sharp placed into it, needle end first

Employees should **not** request someone to hold the container while the sharp is being put in the container, as the sharp may jab them.

Appendix D Procedures for sharps handling and disposal

Safe disposal of discarded sharps

It is important that sharps are disposed of promptly and safely. The following issues should be addressed:

- Syringes should not be put into glass jars or bottles, plastic cordial or soft drinks bottles or aluminium drink cans. These can break, be punctured or may be recycled, leading to potential injuries to employees or other persons such as waste and recycling industry workers at a later stage
- Sharps should not be thrown down stormwater drains, as the syringes may then be carried into watercourses. Sharps should not be flushed down toilets; and
- Schools, colleges and campuses can contact the NSW Ministry of Health Needle Clean Up Hotline (1800 633 353) regarding disposal of sharps containers holding **only** needles and syringes that have been inappropriately discarded such as in playgrounds, around buildings etc. The hotline is **not** to be used for disposing of general sharps containers (see below). The hotline is a service that coordinates the clean-up of dumped needles and syringes across the whole of NSW.

Disposal of other sharps

Schools, colleges and campuses generate other sharp items in the normal course of operations. These may include:

- Sharps used in science laboratories and experiments including needles, razor blades, scalpels and broken pasteur pipettes
- Injecting equipment used by students to manage a medical condition
- When an EpiPen® has been administered it should be stored safely until the ambulance arrives. It should then be provided to the ambulance crew so they are aware of what has been administered.
- Items used to assist in the toileting of students with an intellectual or other disability e.g. catheters; and
- Any other sharp objects or instruments designed to perform penetrating procedures.

It is important that sharps are disposed of promptly and safely. The following issues should be addressed:

- Sharps should always be segregated from general waste disposal. This is important to ensure that waste disposal personnel are not exposed to the risk of injury during collection or disposal of waste
- Where schools, colleges and campuses need to dispose of sharps containers, they should liaise with their current waste disposal contractor or local council to make appropriate arrangements; and
- Some items such as broken glass that has not come in contact with blood or other bodily fluids can be disposed of in normal waste. Dispose of such broken glass carefully e.g. by wrapping in many layers of newspaper so that sharp edges will not penetrate wrapping.

Supply of sharps containers

- A sharps container is a receptacle intended for the collection and disposal of sharps
- A sharps container is yellow in colour and has a description of the contents eg 'sharps' or 'infectious waste' printed on it
- Sharps containers that conform with AS4031-1992 are available through School Line, Q-Stores or on government contract number 3011 Sharps Disposal Systems
- Schools, colleges and campuses should assess whether they have an ongoing need for the supply and disposal of

sharps containers on the basis of past experience

- If the school, college or campus considers that such a need exists, it is their responsibility to obtain and store these containers
- **For schools and preschools, sharps containers should be stored so they are not easily accessed by students, employees or visitors. In some DEC workplaces such as some TAFE colleges and campuses, sharps containers are supplied in identified locations**
- There may be local council arrangements in place in your area for the safe removal of sharps
- If discarded needles and syringes are found in workplace grounds or surrounds, these should be reported on a [Hazard Report form](#).

Further information

Contact [your WHS team](#) or ring **1800 811 523**
[Infection control procedures](#)

Support materials

[How to fit and remove protective gloves](#)
[Sharp objects risk management tools](#)



Education & Communities

Procedures for food handling

Work Health and Safety Directorate



Food handlers must take special care when handling foods to prevent the spread of bacteria and diseases which can be associated with the preparation of food and food products.

When handling foods, food handlers must take special care to ensure that they maintain good standards of personal hygiene and follow the appropriate standards and guidelines on the handling, storage and processing of food products as per the *Food Act 2003* and *Public Health Act 2010*. These measures are important in order to prevent the spread of bacteria and diseases which can be associated with the preparation of food and food products.

Personal hygiene requirements

Personal hygiene includes:

- Ensuring clothing is clean at the commencement of duties every day
- Wearing lint free and relatively non-absorbent external clothing including protective equipment such as gloves, enclosed footwear, aprons, hats and gumboots as required
- Washing hands thoroughly and regularly with soap (or other approved product) and water (drying hands on paper towels or by hot-air hand dryers) before commencing work with food, after going to the toilet, after touching the face, after using a handkerchief, etc.
- Standard hand-washing facilities including wash basin, preferably with foot or elbow operated pedals, and paper towels, should be made available in food preparation areas to encourage regular hand washing by employees/students
- Refraining from coughing, sneezing, or spitting over food or working surfaces, particularly food preparation surfaces
- Covering exposed cuts or abrasions of the skin by some form of impervious dressing, which is distinguishable from other products eg blue air-strip dressings

Washing immediately the face and/or rinsing out the mouth with water in cases of accidental splashes with animal body products in the eye, nostril or open mouth.

Food handling requirements

Regarding food preparation:

- If food needs to be cooked, cook it thoroughly
- Separate raw and cooked food and do not use the same utensils for both
- Keep utensils and the kitchen clean
- Keep cold food cold (below 5°C) and hot food hot (above 60°C).

Please note: requirements for the prevention of anaphylaxis must be met. Avoid using allergens such as nuts in food preparation, and if such allergens are handled, wash hands thoroughly to avoid transfer.

Further information

Contact [your WHS team](#) or ring 1800 811 523

[Infection control procedures](#)

[Food Act 2003](#)

[Public Health Act 2010](#)

Support materials

[Cough etiquette and respiratory hygiene](#)

[How to wash and dry hands with soap and water](#)

[How to clean hands using an alcohol-based liquid or hand rub](#)

[How to fit and remove protective gloves](#)

[Anaphylaxis support tools](#)



Education & Communities

Departmental vaccination guidelines

Work Health and Safety Directorate



Ensuring that people are immune through appropriate vaccination can prevent many diseases.

NSW Health recommends that employees and students should be vaccinated according to the current edition of the *Australian Immunisation Handbook* published by the National Health and Medical Research Council. Ensuring that people are immune through appropriate vaccination can prevent many diseases.

A number of vaccinations are provided free for students and teenagers under the National Immunisation Program.

Vaccination records

The *Public Health Act 2010* (section 86) requires preschools and primary schools to request and retain the immunisation status of each student and keep a register of the immunisation status of all students. Principals are responsible for ensuring that this takes place. The required evidence of the student's immunisation status is the immunisation history statement from the Australian Childhood Immunisation Register.

If the student changes school, the immunisation certificate is forwarded to the new school on request. These statements are to be kept for three years after the students leave the school.

These records may be used by public health units to identify susceptible students who may need to be excluded in the event of an outbreak of a vaccine-preventable disease (e.g. measles or whooping cough (pertussis)).

Prior to a child being enrolled in a preschool, early childhood centre or TAFE children's centre, an immunisation certificate indicating that the child is age appropriately immunised or on a recognised catch-up schedule, or an exemption certificate, must be supplied. These certificates are to be included in the immunisation register.

Immunisation of staff against Hepatitis and reimbursement of costs

The majority of Department employees do not need to be immunised against Hepatitis for health and safety reasons. However department employees in particular positions should be encouraged to obtain a Hepatitis A and B vaccination.

Government schools

Some employees are eligible to be reimbursed for the cost of Hepatitis A and B immunisation. Eligible employees are those who are in direct contact with students and who:

- work in special schools and special units in regular schools;
- work in schools where there is, or is likely to be, a high prevalence of Hepatitis B;
- are directly responsible for one, or a small number of known people with Hepatitis B;
- are responsible for first aid and who regularly attend to first aid; or
- Regularly attend to sports injuries.

Other employees with a lower level of contact with people who may have Hepatitis A or B may wish to be immunised at their own expense.

School based employees seeking to be immunised at the Department's expense should approach their principal, who will make a recommendation to the Director, Public Schools NSW or Work Health and Safety Manager (WHSM). Principals who require further information concerning Hepatitis A and B vaccinations should contact their local NSW Public Health Unit listed in the table at 3.3. School vaccinations payments can be made through the following accounts:

Primary staff: 10100203.0100.522878

Secondary staff: 10100203.0300.522878.

TAFE NSW

It is the responsibility of TAFE NSW managers to assess the risk factors applying to employees in their workplace and determine if reimbursement for immunisation is appropriate for employees.

TAFE employees who may be at risk of contracting Hepatitis A or B include employees providing first aid; plumbers; employees such as biological sciences laboratory employees who handle blood or blood products and saliva, teachers of hairdressing or beauty therapy who may be at risk of contamination if contaminated instruments penetrate the skin or come in contact with mucous membranes and employees involved in toileting of students (e.g. staff in TAFE NSW Student Centres).

Appendix F Departmental vaccination guidelines

TAFE employees seeking to be immunised at the Department's expense should approach their workplace manager.

TAFE workplace managers who require further information should contact their local Public Health Unit listed in the table at Appendix H.

Network offices and state office

Network office and state office employees seeking to be immunised at the Department's expense should approach their Director.

Office of Communities

Influenza vaccinations are offered annually to all Office of Communities staff at the Department's expense.

The Office of Communities also offers Hepatitis A and B immunisation to relevant staff as approved by the Delegated Officer. These staff include: Sport and Recreation Program and Maintenance Staff, Boxing Inspectors and all first aid officers. Entities and divisions are responsible for meeting immunisation costs. Staff seeking to be immunised at the Department's expense should consult with their workplace manager.

Note: Once approved, immunisation is generally organised by the individual, unless a group immunisation is organised. School, TAFE, network, state office and community agency employees are to be immunised outside of work hours. The Department will reimburse costs not covered by Medicare or health fund rebate. No reimbursement is made for the cost of transport.

Further information

Contact [your WHS team](#) or ring **1800 811 523**

[Infection control procedures](#)

[Department of Health - immunisation](#)

[Immunisation register template](#)

[Department of Health – immunisation - strengthening vaccination requirements for child care](#)

[Australian Immunisation Handbook](#)

[Public Health Act 2010](#)

[Going to a Public School - Immunisation](#)

Infectious Disease Fact Sheets are available for the following infectious diseases. Click on a disease to access the relevant fact sheet.

<u>Anthrax</u>	<u>Lymphogranuloma venereum (LGV)</u>
<u>Avian influenza (bird flu)</u>	<u>Malaria</u>
<u>Babesiosis</u>	<u>Maternal Sepsis (Puerperal fever)</u>
<u>Barmah Forest virus infection</u>	<u>Measles</u>
<u>Boils and skin infections</u>	<u>Meningococcal disease</u>
<u>Botulism</u>	<u>Methicillin Resistant Staphylococcus Aureus (MRSA)</u>
<u>Campylobacteriosis</u>	<u>Mosquitos are a health hazard</u>
<u>Chickenpox</u>	<u>Mumps</u>
<u>Childhood infectious diseases</u>	<u>Murray Valley Encephalitis</u>
<u>Chlamydia</u>	<u>Norovirus</u>
<u>Cholera</u>	<u>Parvovirus B19</u>
<u>Creutzfeldt-Jakob disease (CJD)</u>	<u>Petting zoos and personal hygiene</u>
<u>Cryptosporidiosis</u>	<u>Pertussis</u>
<u>Cytomegalovirus</u>	<u>Pneumococcal disease</u>
<u>Dengue</u>	<u>Poliomyelitis</u>
<u>Diphtheria</u>	<u>Psittacosis</u>
<u>Epidemic Keratoconjunctivitis</u>	<u>Q fever</u>
<u>Fifth Disease</u>	<u>Rabies and Bat Lyssavirus</u>
<u>Food borne diseases</u>	<u>Rat Lung Worm</u>
<u>Gastroenteritis</u>	<u>Respiratory Syncytial Virus (RSV)</u>
<u>German Measles</u>	<u>Rickettsia</u>
<u>Giardiasis</u>	<u>Ross River Fever</u>
<u>Gonorrhoea</u>	<u>Rotavirus Infection</u>
<u>Haemolytic Uraemic Syndrome & Verotoxigenic E.Coli</u>	<u>Rubella</u>
<u>Haemophilus Influenzae Type b (Hib)</u>	<u>Salmonellosis</u>
<u>Hand, foot and mouth disease</u>	<u>Seafood poisoning</u>
<u>Hendra virus</u>	<u>Severe Acute Respiratory Syndrome (SARS)</u>
<u>Hepatitis A</u>	<u>Shiga Toxigenic Escherichia Coli (STEC/VTEC)</u>
<u>Hepatitis B</u>	<u>Shigellosis</u>
<u>Hepatitis C</u>	<u>Shingles</u>
<u>Hepatitis E</u>	<u>Smallpox</u>
<u>HIV and AIDS</u>	<u>Staying healthy when travelling overseas</u>
<u>Infectious Mononucleosis</u>	<u>Syphilis</u>
<u>Influenza</u>	<u>Tetanus (Locked -Jaw)</u>
<u>Influenza (outbreaks in travel groups)</u>	<u>Tuberculosis</u>
<u>Japanese Encephalitis</u>	<u>Typhoid</u>
<u>Kunjin virus disease</u>	<u>Typhus</u>
<u>Legionnaires disease</u>	<u>Varicella-Zoster Virus</u>
<u>Leptospirosis</u>	<u>Whooping cough (Pertussis)</u>
<u>Listeriosis</u>	<u>Yellow Fever</u>
<u>Lyme disease</u>	

For information about communicable disease control, immunisation and environmental health

Northern Sydney/Central Coast

Hornsby: 02 9477 9400

Gosford: 02 4349 4845

Greater Southern

Goulburn: 02 4824 1840

Albury: 02 6080 8900

South Eastern Sydney/Illawarra

Randwick: 02 9382 8333

Wollongong: 02 4221 6700

Greater Western

Broken Hill: 08 8080 1499

Dubbo: 02 6841 5569

Bathurst: 02 6339 5601

Sydney/South West Sydney

Camperdown: 02 9515 9420

Liverpool: 02 9515 9420

Hunter/New England

Newcastle: 02 4924 6477

Tamworth: 02 6764 8000

Sydney West

Penrith: 02 4734 2022

Parramatta: 02 9840 3603

North Coast

Port Macquarie: 02 6588 2750

Lismore: 02 6620 7585

Justice Health Service

Matraville: 02 9311 2707

NSW Department of Health

North Sydney: 02 9391 9000



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