Infectious Diseases Procedure

Section 1 - Governing Policy

(1) This Procedure is governed by the Work, Health, Safety and Wellbeing Policy and the Critical Incident Management Policy.

Section 2 - Purpose

(2) This Procedure supports ACU to minimise exposure risks of the University community to infectious diseases and to reduce transmission risks within the University community.

Section 3 - Scope

(3) The Procedure applies to all staff, students, volunteers, visitors, and contractors that are participating in ACU activities within Australia and overseas. It applies to all activities the University manages and influences.

Section 4 - Roles and Responsibilities

(4) Everyone has a role to play in contributing to the safety and wellbeing of ACU's campuses.

(5) Members of the ACU community:

a. maintain high levels of hygiene, including regularly sanitising hands, to reduce infection risks; and
b. are aware of our health status and don't attend campus when presenting with cold or flu-like symptoms.

Table 1: Other Responsibilities

Role	Contribution
Staff	• Do not attend campus if unwell or presenting with cold and flu-like symptoms; • Contribute to the identification of infection risks and WHS risk assessment and consultation processes; • Comply with ACU's processes and protocols for managing transmission risks, including any physical distancing requirements; • Influence and communicate with others about treatments (risk controls) that have been developed to reduce transmission risks; • Participate in the University's annual influenza vaccination program to reduce the risk of contracting the flu and contacting multiple viruses; • Wear appropriate Personal Protective Equipment (PPE) to reduce transmission risks whenever they are required to; • Comply with applicable public health orders where required or in the event of an infectious disease outbreak • Where a staff member has had an infectious disease, e.g. COVID -19, chicken pox, Glandular fever, tuberculosis, hepatitis, cholera or measles etc only return to work after receiving medical clearance or in the case of COVID-19, are no longer infectious. Comply with advice from a medical practitioner including periods of exclusion; • Report all incidents arising from exposure to blood and/or bodily fluids and sharps on riskware; • Use and dispose of sharps according to University or the placement procedure; • Taking special care to prevent injuries during procedures, i.e. when cleaning sharps instruments and in the use or disposal or sharps; • Follow other University procedures with regard to the safe use of sharps and take steps to lessen the impact of any exposure to infected bodily fluids by accessing first aid and assessment at a medical service; • Follow the directions of placement providers (i.e. healthcare facilities or schools) for infection control in their facilities.
Nominated Supervisors	• Apply a risk management approach and lead WHS risk assessment and control processes within their work or learning area; • In the event of an exposure to blood or bodily fluids, the correct process is followed, confidentiality is maintained and incidents are promptly logged on riskware; • Ensure that team members comply with infectious disease reporting requirements, public health orders and ACU treatments for managing risk; • Know infection control procedures and processes that relate to the activities in their work area; • Ensures that students or staff who are at risk of exposure to blood or bodily fluids are appropriately trained in correct handling procedures, are aware of the associated risks, are supplied with any personal protective equipment (PPE) and have complied with any mandatory vaccinations; • Engage staff about their perceptions of safety during health emergencies; • Ensuring the requirements of placement providers must be met including immunisation requirements; • As part of planning for field trips risk assessments must include considerations and controls for the potential for exposure to infectious diseases; • Apply critical incident management processes; • Consult and engage with staff, students, and others about processes to minimise transmission risks; • Ensure that students that may have contracted an infectious disease whilst on placement are receiving appropriate care and support and that the incident is recorded on riskware; • Implement appropriate screening procedures for students or staff if that is a requirement for that course of study; • Where there are human anatomy donations ensure no blood borne viruses are present during the collection and treatment of donor bodies.
Students	• Do not attend campus, placements, or university activities while presenting with cold and flu-like symptoms or have an infectious disease; • Comply with applicable public health orders; • Comply with the University's processes for managing transmission risks, including any physical distancing, and reporting requirements; • Are aware of their health and status and actively protect their own and others' health; • Wear Personal Protective Equipment (PPE); • Notify the University if they are diagnosed or test positive to an infectious disease e.g. COVID -19, chicken pox, Glandular fever, tuberculosis, hepatitis, cholera or measles etc and have been on campus whilst infectious and only return to campus, a placement or community engagement activity once they have obtained a medical clearance or are no longer infectious i.e. RAT test. This may involve advice from a medical practitioner regarding periods of exclusion; • Shall meet the health and safety requirements of the course they are enrolled; • Report all incidents arising from exposure to blood and/or bodily fluids and sharps on riskware; • Report all incidents of presence on campus whilst infectious on riskware; • Follow the direction of placement providers (i.e. healthcare facilities of schools) for infection control in their facilities; • Comply with local WHS risk assessment controls that relate to their learning activities.

Role	Contribution
Contractors	• Actively assess and manage infection risks; • Collaborate with ACU to ensure they report any cases of infectious diseases to relevant health and/or WHS authorities; • Report all incidents of presence on campus whilst infectious on riskware; • Fill in contractor logs, whenever it is a requirement; • Comply with public health orders and the infection control requirements listed for the facility.
Members of the Executive	• Consider infectious disease threats whenever organisational unit/portfolio risks are assessed and reviewed; • Apply a risk management approach and ensure that WHS risk assessments and/or well-established protocols inform the way that work and learning activities, which ACU manages and influences, are conducted; • Influence senior managers and nominated supervisors to ensure that treatments (risk controls) developed to manage health risks are well understood, applied, and monitored; • Collaborate with significant internal and external stakeholders about transmission risks and protocols to manage health risks; and • Influence and consult with staff and others about health threats, procedures, and protocols to manage transmission risks.
University	• Ensure the risks associated with infectious disease threats are assessed and managed; • Ensure the lessons identified from health emergencies informs future risk management practices; • Provide staff with an annual flu vaccination program on Australian campuses prior to the winter influenza season; • Influence and consult with staff members and students about health threats; • Provide the knowledge and resources to support staff, students, and others to engage in appropriate hygiene practices, infection prevention strategies to reduce potential transmission risks; • Apply ACU critical incident management and recovery management processes to manage significant infectious diseases risks, and develops ACU-wide plans to manage the risks associated with pandemics and other significant health threats; • Collaborate with health and/or WHS authorities whenever a member of an ACU campus community contact an infectious disease; • Develop robust processes to record the presence of staff, students, visitors, volunteers, and contractors, on its campuses, to support contract tracing; • Comply with its mandatory reporting obligations, which are associated with infectious diseases, and ensuring positive cases that impact staff, students, volunteers, visitors, and contractors are reported to WHS and health authorities to assist with contact tracing.

Section 5 - Infection Control Procedures

(6) The University's infection control procedures are informed by the assumption that everyone is potentially infectious. Staff, students, and others should apply the personal hygiene procedures outlined below.

Personal Hygiene Procedures

Apply high standards of personal hygiene by:	Actions
Washing your hands to limit the spread of pathogens	• Wash your hands with soap and water for at least twenty seconds prior to preparing food, after touching other people or surfaces; and • Dry your hands with disposable paper towels.
Regularly sanitising	• Regularly sanitise your hands whenever there are significant infectious disease risks within the community.
Covering broken skin	• Cover any cuts or abrasions with a waterproof dressing.
Wearing gloves to reduce infection risks	• Wear gloves whenever you are handling body fluids or equipment that contains body fluids, someone else's broken skin or mucus membrane, or performing any other invasive procedure.

Apply high standards of personal hygiene by:	Actions
Limiting health risks that can be associated with preparing and consuming food	• Follow public health directives with regard to serving both hot and cold food. For instance, regulations that apply to food that is prepared from fresh ingredients vs serving food that is pre-packaged are different. Refer to Food Standards Australia for the latest food safety standards; • Thoroughly wash your hands before and after handling food; • Avoid sharing utensils with other staff and students, whenever significant health risks are present in the community; • Avoid touching your hair, nose, or mouth; • Keep hot food hot and cold food cold; • Wash all utensils and preparation surfaces thoroughly with hot water and detergent after use; and • Use separate storage, utensils, and preparation surfaces for cooked and uncooked foods.

ACU Infection Control Processes

(7) Facilities Managers shall ensure that all facilities are constructed in line with Australian and other applicable laws and standards including ventilation, air conditioning, cooling towers and water systems. Surface finishes should be easy to maintain and clean for the type of facility (including fixtures, fittings and benches).

(8) Where appropriate, provide facilities for waste storage, processing and disposal i.e. sharps or clinical waste.

(9) Adequate handwashing and hand drying facilities in place as well as bins in place for discarded paper towel.

(10) All staff, students and visitors to follow the risk controls for infection exposure outlined in Appendix A.

(11) Adequate storage for Personal Protective Equipment (PPE) – and sterilisation procedures if required.

(12) Follow safe working procedures for the removal of sharps on campus. Facilities will be contacted to arrange removal of the item.

(13) Facilities Management will determine cleaning and maintenance plans for the facility (including cleaning treatments and products and cleaning schedule) in line with any applicable public health and/or workplace requirements.

(14) Toilets maintained in good working order and sanitary waste disposal contracts in place for regular disposal.

(15) Facilities Management will ensure regular pest inspections and controls are in place.

(16) Special procedures to be followed if infease risk is ectious disidentified.

(17) Procedures in place to clean up infectious materials (such as blood).

(18) Sterilisation procedures in place if required in line with any applicable public health and/or workplace requirements;

(19) Spills management (non clinical, non laboratory) to be dealt with as soon as practicable:

- Isolate or restrict the area;
- Arrange cleaner to attend the location and assume all bodily and blood fluids are infectious, use approved disinfectant and carpets or porous surfaces may require further cleaning.

(20) Sharps found on campus:

- Contact Properties and Facilities to arrange removal of the item;
- Train staff in the removal of sharps;
- Move people from the vicinity;
- Wear disposable or vinyl gloves;
- Take sharps container to the location of the sharp;
- Place container on the ground;
- Handle one sharp at a time preferably with forceps;
- Keep the sharp end pointing away from you;
- Seal the sharps container;
- Remove gloves and place these into a plastic bag and dispose of in general waste;
- Dispose of the sharps container in a clinical waste bin. Further information about the disposal of sharps can be found at the Chemical Management Procedure.

(21) Whenever, there are significant health risks within the community, the Critical Incident Response Group or Recovery Management Team (RMT)[1] will determine whether to increase the frequency of these cleaning activities and determine whether to regularly sanitise touch surfaces to reduce potential transmission risks.

(22) When there are significant infectious disease threats in the community, Facilities Management staff will also ensure that work and learning spaces are provisioned with resources such as hand sanitiser and masks.

[1] Once the University has operationalised the management of a significant health threat, the University will move into a recovery phase and will form a Recovery Management Team.

Section 6 - WHS Risk Assessments Informing Treatments

WHS Risk Assessments

(23) WHS risk assessments will inform treatments to manage health and safety risks arising from work and learning activities in the context of infectious disease risks. These assessments should be conducted by senior managers, nominated supervisors and others, whenever:

- It is not immediately clear what hazards, associated risks and solutions are associated with the activity or ‘thing’; and
- There are not established ways to manage specific risks.

(24) The assessments should evaluate the specific aspects of work and learning activities which present higher levels of risk. The persons conducting the risk assessments shall ensure that all public health requirements that relate to the activities covered by the risk assessments have been considered and incorporated into controls where applicable. E.g. Healthcare Infectious Diseases Screening for students working in healthcare settings who may have direct contact with blood or body substances. This also includes risks and controls for staff or students who are immunocompromised and may in this instance require individualised risk assessments. ACU will accommodate medical restrictions where possible. Restrictions shall be assessed on a case-by-case basis. ACU may choose to seek independent medical advise in these instances.

(25) The associated controls may also involve modifications to the work of study area in order to minimize health and safety risks during this time. Regular reviews are required to ensure ongoing effectiveness of controls in place. WHS risk assessments should also consider the full range of hazards and associated risks arising from the activity e.g. other safety issues, such as manual handling.

(26) Head of Disciplines/Schools/Directorates shall consider whether infection control plans consistent with their activities need to be in place.

Engaging and Consulting About Treatments

(27) Relevant work areas also ensure that staff, students, and others are appropriately briefed and engaged about treatments (risk controls) that have been developed to manage risk. These briefings should be both verbal and written. Relevant nominated supervisors should also be present and available to help apply these treatments to manage transmission and other risks.

Section 7 - Managing Travel Risks

Staff and Students

(28) Staff and students ensure their travel decisions are informed by ACU policy directives, recent travel advisories that are issued by the Department of Foreign Affairs and Trade (DFAT), International SOS[2] and other services. They should also comply with 'do not travel' warnings that are published by DFAT and register for smartraveller updates.

> [2] ACU subscribes to International SOS. The provider supports University staff, students and others by providing travel advisories and assessments about medical and security risks in specific countries, including regions within developing and developed countries. International SOS also provides tailored briefings for tour organisers and reviews medical treatment options, including the facilities available for people with complex health conditions, in developing and developing countries. ACU staff, students and others who participate in overseas travel opportunities should register for the alerts and download the International SOS Assistance app.

(29) Staff and students also:

a. influence anyone with a complex health condition to contact the International SOS Assistance Centre to obtain tailored medical advice about the location they are proposing to visit;
b. download the International SOS Assistance app (enter ACU's membership number 12AYCA080047);
c. comply with DFAT's 'do not travel' warnings and obtain Senior Executive approval for any travel to locations that DFAT advises to 'reconsider your need to travel'; and
d. ensure they protect themselves and others from infectious disease threats by being aware of their health status.

Nominated Supervisors

(30) Nominated supervisors and relevant staff should seek information and advice from DFAT and International SOS whenever they are assessing the overseas travel plans of staff, students, volunteers and contractors that they are supervising or overseeing. They should also participate in applicable International SOS briefings prior to finalising travel plans and assess and manage the risks associated with the overseas travel.

(31) They also:

a. subscribe to the International SOS advisory service and monitor Commonwealth and State health directives and advice, and assess and manage the risks that are identified in these communications;
b. consider the treatment options that are available within developing countries for staff, students and others who have complex health issues;
c. monitor and comply with DFAT's 'do not travel' warnings and significantly restrict travel to destinations where DFAT advises to 'reconsider your need to travel';
d. comply with current guidelines for minimising its exposure to infectious diseases, such as the Communicable Diseases Network Australia Infection Control Guidelines; and
e. make every effort to ensure that all international travellers who book through FCM Travel Platform, are attendees of ACU-sponsored overseas events and recipients of international study grants are subscribers to the International SOS service to provide travellers with medical and security alerts.

Members of the Executive

(32) Members of the Executive should ensure that risks associated with overseas travel are assessed and managed. Their approval of travel requests will be informed by a consideration of safety, health, and security issues. They should also consider alternatives to travel whenever there are significant risks to the health and wellbeing of travellers.

Section 8 - Notify About Infectious Diseases Threats

Infectious Disease Exposures

(33) Relevant staff should notify the National Security Centre on 1300 729 452. whenever they are aware of an exposure to an infectious disease that presents a health risk to other members of the ACU community. A riskware report should also be logged about the health threat. The Health Department of each state or territory maintains lists of notifiable diseases and the required reporting.

(34) Infectious diseases that are notifiable will also be notified to the Public Health Unit by the individuals medical practitioner. The Public Health Unit will follow up close contacts for any notifiable disease and ACU would be notified by them if the infected person is a student or staff member at ACU. ACU will then follow the Public Health Unit's directions.

(35) Where required the Critical Incident Management Procedure shall be followed in regard to a potential risk of infectious disease exposure to the relevant regulatory authority. See section 9 below. There is potential that government agencies will take over management of the site according to their procedures to contain transmission and control of the spread of the virus/disease.

(36) Security staff will notify the relevant Incident Convenor, in accordance with the Critical Incident Management Policy, whenever they are notified of a significant health threat.

Instance of Exposure to Infectious Disease

(37) The following outlines the process to be followed where potential exposure to an infectious disease and/or blood borne virus has occurred at an ACU facility.

(38) Immediate care of the exposed person:

- Wash any open wounds, or skin cites with soap and water;
- Remove any contaminated garments;
- If relevant irrigate mucous membranes and eyes with water or saline solution for at least 30 seconds;
- If material has entered the mouth spit and rinse with water several times;

- Place contaminated items in clinical waste bin;
- Refer the exposed person for medical review;
- Inform the supervisor of the incident as soon as possible;
- Log the incident on riskware;
- Conduct a risk assessment to determine the potential for air-borne viruses or other infectious diseases;
- Assess the need for any exposure prophylaxis.

Section 9 - University Responses to Notifications

Notifications About New Health Threats

(39) The Incident Convenor will, as relevant, notify Incident Leads about the notification. If an assessment is made that the likely response will be more than four hours, the incident will be classified as a critical incident which will be managed by the Critical Incident Convenor.

(40) The Incident / Critical Response Group can provide additional expertise and resources via local knowledge and skill to support the Incident / Critical incident Lead in managing an incident, including recovery processes and access to required resources. Relevant plans, actions and communications may also be initiated.

(41) Refer to the Critical Incident Management Policy for more information.

Notifications About Existing Health Threats

(42) Relevant Members of the Recovery Management Team will assess and respond to the notification, in collaboration with relevant health authorities and other stakeholders, including WHS authorities whenever it is relevant [3].

> [3] Relevant State-based WHS authorities need to be notified about COVID-19 cases that impact upon the University and its contractors, whenever the infection is likely to have occurred in the workplace and resulted in hospitalisation.

Assessments and Responses

(43) The Recovery Management Team / Critical Incident Convenor should assess potential exposures and risks to other people, including the broader community. This assessment may be informed by collaboration with the relevant health authority and external and internal medical, scientific or technical experts as appropriate, e.g. Chief Health Officers. Relevant state, Public Health Orders may also apply.

(44) The University's response to the notification should be influenced by considerations such as:

a. potential exposure risks;
b. an assessment of the need for contact tracing and health screening;
c. advice from health authorities about any requirements that may be associated with cleaning surfaces and potential closures of facilities;
d. the potential for other people to have been infected with the infectious disease, including those who have complex health conditions or present a higher risk from contracting the relevant illness.

(45) Refer to clauses (34) to (37) of the WHSMS Health and Air Monitoring Procedure and the Critical Incident Management Policy for more information. Infectious Disease threats will also be managed in accordance with the Health Issue / Disease Outbreak section of the Critical Incident Management Procedure.

Contact Tracing

(46) In the event of a significant infectious disease threat, the Critical Incident Lead or Recovery Management Team and / or nominees will collaborate with relevant health authorities to identify contacts of potentially infected staff, students, visitors, volunteers, and contractors.

(47) Notifications will be sent to these impacted people that include details such as:

a. Potential infection period;
b. Location of potential exposures;
c. Higher risk groups, such as people with complex health conditions; and
d. Symptoms that are associated with the infectious disease.

(48) These communications may also inform relevant people to visit a medical centre to obtain a test for an infectious disease and / or self-isolate.

Section 10 - Managing Private Health Related Information

(49) ACU is committed to protecting the privacy and confidentiality of individuals' personal and health information, in accordance with the Privacy Act 1988 (Commonwealth), relevant state or territory privacy laws and our privacy policy.

Collection and Use

(50) Personal and health information will only be collected when necessary for the purpose of managing infectious disease risks, such as identifying potential contacts, notifying health authorities, or meeting reporting obligations.

Storage and Access

(51) All personal information will be stored securely, either in encrypted digital systems or locked physical storage. Access will be restricted to authorised personnel involved in managing health and safety matters

Disclosure

(52) Information will only be disclosed:

- To the individual it concerns
- To authorised public health authorities (e.g. for contact tracing)
- Where required or authorised by law
- With the individual’s consent

Retention & Disposal

(53) Personal and health records will be retained for the minimum period required by law and internal policy, after which they will be securely destroyed or de-identified.

Section 11 - Glossary of Terms

Term	Definition
Epidemic	Occurs when the incident rate (i.e. new cases in each human population, during a given period) of a certain disease substantially exceeds what is 'expected', based on recent experience.
Infectious Disease	Infectious diseases such as cholera, hepatitis, influenza, COVID-19, measles or tuberculosis are caused by infectious agents can be passed from one person or animal to another. Transmission can occur directly (through contact with bodily discharge), indirectly (e.g. by sharing a drinking glass or by contact with contaminated surfaces), by ingestion of contaminated food or water or by means of vectors (such as mosquitoes). Note COVID-19 is currently notifiable if it has pandemic potential.
Notifiable Diseases	The relevant health departments in each state/territory maintain a list of all reportable diseases i.e. Avian influenza, Botulism, Cholera, Diptheria, Hepatitis, etc. Link to national list: National Notifiable Diseases Surveillance System (NNDSS)
Influenza Pandemic	Occurs when a new influenza virus emerges and spreads around the world, and most people do not have immunity. Viruses that have caused past pandemics typically originated from animal influenza viruses. Some aspects of influenza pandemics can appear similar to seasonal influenza while other characteristics may be quite different.
Pandemic	An epidemic of an infectious disease that spreads through human populations across a large region, like a continent.
Zoonotic Disease	Can be passed between animals and humans. Zoonotic diseases can be caused by viruses, bacteria, parasites, and fungi. These diseases are very common. The WHO states that approximately 60% of communicable diseases are zoonotic.

Section 12 - Revisions made to this Procedure

(54) The University may make changes to this Procedure from time to time to improve the effectiveness of its operation. In this regard, any staff member who wishes to make any comments about this Procedure may forward their suggestions to People and Capability.

(55) Unless otherwise indicated, this Procedure will still apply beyond the review date.

Section 13 - Further Assistance

(56) Any staff member who requires assistance in understanding this Procedure should first consult their nominated supervisor who is responsible for the implementation and operation of these arrangements in their work area. Should further information or advice be required staff should visit Service Central.

Section 14 - Additional Information

(57) For related legislation, policies, procedures and guidelines and any supporting resources please refer to the Associated Information tab.

Section 15 - Appendix A

Risk Controls for all staff visitors and contractors:

Stay up to date with COVID vaccinations	Practice good hand hygiene	Practice good respiratory hygiene
Wear a face mask where you cannot physically distance or where this is required by risk assessment	Follow physical distance guidelines	Stay home if you are unwell or have been diagnosed/test positive with an infectious disease including COVID-19

Get tested if you are unwell and isolate on health advice	If infectious on campus with an infectious disease (excluding the common infections like the cold or flu) submit a report on riskware.	Talk to your supervisor about when to return to the workplace

ACU Controls

Cooperate with health services if contacted about a an infectious disease outbreak	Make any updates to emergency plans in the event of an outbreak of an infectious disease	Consider control measures in high people traffic areas. Avoid close groupings of people where possible. Have strategies to reduce crowding in either inside or outside venues i.e. stagger bookings.
May require adjustment of workplace environment so that desks (as far as possible) remain 1.5 metres apart	Limit volume of recirculated air and maximise fresh air circulation. Use outdoor areas where possible	Educate staff/students/visitors on Infection Safe Practices
Consider whether campus facilities are regularly cleaned and disinfected and high touch surfaces are cleaned more regularly	Use posters and signage to regularly remind staff	Maintain up to date contact details for staff
Consider using remote platforms where practicable and support staff requests for reasonable flexible work arrangements		

Section 16 - Appendix B

Examples of Occupations and Immunisations:

(58) N.B. These lists are provided as examples only. Requirements for immunisation with regard to certain occupations may change over time. This list has been extracted from the Australian Immunisation Handbook.

Occupation/Activity	Immunisation
All healthcare workers including students directly involved in patient care, conduct exposure prone procedures or the handling of human tissues, blood or bodily fluids.	Hepatitis B Influenza Measles, Mumps and Rubella (MMR) Pertussis
Healthcare workers who work in remote indigenous communities or with indigenous children in NT, Qld, SA and WA.	As above plus Hepatitis A
All persons working with children including but not limited to school teachers, student teachers, child counselling services.	Influenza MMR (if non immune) Pertussis Varicella (if non immune) Hepatitis A if working in early childhood
Staff and students working in nursing homes and long term care facilities for persons of any age.	Hepatitis A Hepatitis B Influenza
Laboratory personnel handling human diagnostic specimens.	Hepatitis A Hepatitis B
People who live with or make frequent visits to people in remote indigenous communities in NT, Qld, SA and WA.	Hepatitis A

Section 17 - Appendix C

Acute infections and medical Exclusions

(59) Staff, students, contractors, volunteers and visitors must abide by the guidance provided in the table below:

Condition	Exclusion of Case	Exclusion of Contacts
Chickenpox	Exclude till all blisters have dried. Usually 5 days after the rash first appeared	Pregnant women or anyone with an immune deficiency. Contact local public health unit for advice.
Cold sores (herpes simplex)	Exclude young children unable to comply with good hygiene practices	Exclude young children unable o comply with good hygiene practices
Conjunctivitis	Exclude till discharge from eyes has ceased unless non-infectious conjunctivitis	Not excluded
Diarrhea and/or vomiting	Exclude until no loose bowel motion for 24 hours. Staff who handle food should be excluded for 48 hours	Not excluded
Diphtheria	Exclude according to Public Health Unit requirements	Exclude according to Public Health Unit requirements
Enterovirus 71	Written medical clearance is required confirming the virus is no longer present in the child's bowel motions	Not excluded
Glandular fever (Epstein Barr virus	Not excluded	Not excluded
Hepatitis B	Exclusion not necessary	Not excluded
Influenza and Influenza like illness	Exclude until well.	Not excluded
COVID-19	Exclude until negative RAT test	Not excluded – monitor symptoms
Any reportable disease	Exclude till medical clearance	

Status and Details

Status	Current
Effective Date	16th May 2025
Review Date	15th May 2028
Approval Authority	Governance Officer
Approval Date	16th May 2025
Expiry Date	Not Applicable
Responsible Executive	Angelle Laurence Chief People Officer
Responsible Manager	Angelle Laurence Chief People Officer
Enquiries Contact	Bernardine Lynch ER and Safety Committees and Policy Officer People and Capability