

Immunisation and Infection Control Policy and Guidelines (including Covid-19) July 2022

Summary

This policy applies to Community Language Schools SA and all member schools.

Table 1: Document Details

Policy Number	ES47
Related Policies	ES02: Risk Management Policy ES02C: Risk Management Checklist ES05: School Personnel Code of Conduct Policy ES06: Student Code of Conduct Policy ES07: Enrolment Policy and Procedures ES07A: Student Online Enrolment Form ES07B: General Student Health Support Form ES07C Trial Lesson Enrolment Form ES08: Emergency and Critical Incident Policy ES08A: Incident, Injury, Trauma and Illness Form ES11: Communication Policy and Guidelines ES22: School Safety and Security Policy and Procedures ES23: Work, Health and Safety Policy ES24: Visitors and Parental Volunteer Policy ES37: Medication, Accident and First-Aid Policy and Procedures ES37A: Medical Management Forms ES42: Student Personal Care Policy and Guidelines
Version	2.1
Created by	CLSSA Policy Officer
Reviewed by	CLSSA Executive Officer
Applies to	All Community Language Schools
Key Words	Immunisation; Exclusion periods; Non-exclusion periods; Infectious diseases; Hygiene; Hand washing; Coronavirus; Covid-19
Status	Approved
Approved By	CLSSA Board <i>(Administrative updates approved by Executive Officer)</i>
Approval Date	July 2022
Review Date	December 2023
Notes	Administrative update only

Table 2: Revision Record

Date	Version	Revision Description
December 2016	1.0	New policy developed
30 th June 2019	1.1	<ul style="list-style-type: none"> Amend policy to make it generic by replacing individual school details with “Community Language Schools”. Updated list of Related Policies in Table 1 Changes in ‘Created By’ and ‘Reviewed By’ in Table 1; Changed Contents to Table of Contents; Reformatting of table and titles; Added new key words; Changed Further Documents to References and Other Documentation; Formatting of policy
18 th January 2021	2.0	<ul style="list-style-type: none"> Added Policies to Related Policies (Table 1) Added key words Added content to ‘Policy’ Created a heading –Infection Control Added content on Coronavirus Rearrange content in policy
December 2021	2.1	<ul style="list-style-type: none"> Changed policy name from Immunisation and Infection Control Policy to Immunisation and Infection Control Policy and Guidelines (including Covid-19) Updated content in ‘Coronavirus’ Added reference to ‘References and Other Documentation’
July 2022	2.1	<ul style="list-style-type: none"> Administrative update only (also updated URL regarding Coronavirus and Covid-19)

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Immunisation and Infection Control Policy and Guidelines (Including Covid-19)

Introduction

The spread of certain infectious diseases can be reduced by excluding a person known to be infectious and from contact with others who are at risk of catching the infection. Community Language Schools will implement the following exclusion periods based on the guidelines from South Australia Health and Hand Health Australia.

Definitions

Exclusion Periods: are periods of time where an individual or individuals are excluded from attending school when they have a known infection. Exclusion periods are based on the time that a person with a specific disease or condition might be infectious to others.

Non-Exclusion: means that there is not a significant risk of transmitting infection to others. A person who is not excluded may still need to remain at home because he or she does not feel well.

A **Contact:** is any person who has been close enough to an infected person to be at risk of having acquired the infection from that person.

Policy

Community Language Schools should aim to promote the health and wellbeing of the children, families and educators in their language schools. Community Language Schools recognise that immunisation is a simple, safe and effective way of protecting people against harmful diseases before they come into contact with them in the community. Immunisation not only protects individuals, but also others in the community, by reducing the spread of disease.

Immunisation

Community Language Schools supports the immunisation of children to protect them from outbreaks of infectious diseases. When enrolling at a Community Language School, parents/caregivers may be asked to provide an Immunisation History Statement. A child without an Immunisation History Statement can be prevented in enrolling at a Community Language School. If a parent/caregiver does not provide an Immunisation History Statement to the school, their child/children will be classified as not immunised and may be excluded from the school if there is an outbreak of a vaccine-preventable disease in the school.

If an outbreak of an infectious disease at a Community Language School will be notified through newsletters, letter home, text messages, or email.

Infection Control

The following **Table 3** outlines the exclusions periods for people infected or who have come in contact with someone who has been infected with a particular disease or condition will apply at a Community Language School. The list of diseases is not exhaustive. Diseases or conditions in **BLUE** are a notifiable disease or condition to SA Health. If the school is aware of a student or person with a notifiable disease they will inform SA Health. Disease such as Glandular Fever, Legionnaires' disease and the common cold do not require exclusion. Community Language Schools recommends individuals with these diseases or any other disease or condition who feel unwell to stay home until they feel better and to seek appropriate medical advice.

Community Language Schools requires notification of any disease or condition, including those not highlighted. This is to ensure the health and well-being of all students, and school personnel. Notification will be given to parents in the event of an individual reporting one of the following diseases or conditions. Community Language Schools will ensure the anonymity of any individual who has a reported disease or condition.

Table 3: The exclusions periods for people infected or who have come in contact with someone who has been infected with a particular disease or condition

Disease or Condition	Exclusion of infected individual(s)	Exclusion of people who have had contact with the infected individual(s)
Campylobacter infection	Exclude until no diarrhoea for 24 hours.	Not excluded
Chickenpox Varicella	Exclude until all blisters have dried (usually 5 days)	Any child/adult with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded.
Cholera	Exclude people with cholera from childcare, preschool, school and work until there has been no diarrhoea for 24 hours. If working as a food handler in a food business, the exclusion period should be until there has been no diarrhoea or vomiting for 48 hours.	
Conjunctivitis	Exclude until discharge from eyes has stopped (unless a doctor has diagnosed non-infectious conjunctivitis).	Not excluded
Cytomegalovirus infection (CMV)	Exclusion is not necessary.	Not excluded
Dengue Fever	Exclusion from childcare, preschool, school or work is usually not necessary but people experiencing fever from dengue infection should not be in an environment where they may be bitten by mosquitoes. If this is not possible they should stay at home until they have no fever and are therefore no longer infectious (usually 3 to 5 days).	Not excluded
Diarrhoea	Exclude until no diarrhoea for 24 hours.	Not excluded
Diphtheria	Exclude until medical certificate of recovery from SA Health's Communicable Disease Control Branch is received following at least two negative throat swabs, the first not less than 24 hours after finishing a course of	Exclude contacts living in same house until cleared by SA Health's Communicable Disease Control Branch

	antibiotics and the second, at least the next 48 hours later.	
Ebola	Individuals with suspected or confirmed Ebola virus disease need to be isolated and excluded from childcare, preschool, school and work until cleared to return by a doctor	People with any symptoms of Ebola virus disease who have been in contact with someone with Ebola virus disease (or their blood or body fluids) should go to a hospital, preferably by ambulance, (and tell the ambulance and hospital staff of their exposure) to get treatment and avoid spreading the disease to others.
Food Poisoning	Exclude until well – no vomiting or diarrhoea for 24 hours.	Not excluded
Hand Foot and Mouth Disease	Exclude until all blisters are dry	Not excluded
Haemophilus influenzae type b (Hib) infection	Exclude until person has received appropriate antibiotic treatment for at least 4 days.	Not excluded
Head Lice	Exclude until appropriate treatment has commenced	Not excluded
Hepatitis A	Exclude until medical certificate of recovery is received, and until at least 7 days after onset of jaundice or illness.	Not excluded
Hepatitis B, C or D	Exclusion is not necessary.	Not excluded
Hepatitis E	Exclude for 2 weeks after illness onset, or if jaundice (yellow eyes or skin) occurs, for 7 days after the onset of jaundice.	Not excluded
Human immunodeficiency virus (HIV) infection	Exclusion is not necessary. If the person is severely immune suppressed he or she will be vulnerable to other people's infections.	Not excluded
Influenza and influenza like illness	Exclude until well	Not excluded
Legionnaires' disease	Exclusion is not necessary.	Not excluded
Leprosy	Exclude until clearance has been given by an infectious diseases physician, dermatologist or SA Health Communicable Disease Control Branch doctor.	Not excluded
Malaria	Exclusion from childcare, preschool, school or work is not necessary but cases should avoid being bitten by mosquitoes while they are unwell. Travellers to areas with malaria are usually advised to take preventative anti-malarial drugs.	Not excluded
Measles	Exclude until 4 days after the onset of the rash.	Immunised and immune contacts are not excluded. Non-immunised contacts are excluded from childcare until 14 days after rash onset in the last case in the facility, unless given vaccine (within 72 hours of first exposure) or Normal Human Immunoglobulin (within 144 hours of first exposure). All immune suppressed children should be excluded until 14 days after rash onset in the last case in the facility.
Meningitis (bacterial)	Exclude until well and has received appropriate antibiotics	Not excluded
Meningitis Viral	Exclude until well	Not excluded
Meningococcal infection	Exclude until appropriate antibiotic treatment completed and until well.	Not excluded
Methicillin resistant Staphylococcus aureus (MRSA) skin infection	Exclusion is not necessary unless infected skin lesions on exposed surfaces cannot be completely covered with a dressing.	Not excluded
Mumps	Exclude for 5 days after onset of swelling.	Not excluded
Norovirus	Exclude until no vomiting or diarrhoea for 24 hours.	Not excluded

Parvovirus infection (fifth disease, erythema infectiosum, slapped cheek syndrome)	Exclusion is not necessary.	Not excluded, but people who are anaemic, immune suppressed, or pregnant should be informed of possible risk of getting infection.
Psittacosis	Exclusion is not necessary	Not excluded
Ringworm/Tinea	Exclude until the day after appropriate treatment has commenced.	Not excluded
Ross River Virus	Exclusion is not necessary.	Not excluded
Rotavirus infection	Exclude until no vomiting or diarrhoea for 24 hours.	Not excluded
Rubella/German Measles	Exclude until fully recovered or for at least 4 days after the onset of the rash.	Not excluded
Salmonella Infection	Exclude until no diarrhoea for 24 hours.	Not excluded
Scabies	Exclude until the day after appropriate treatment has commenced	Not excluded
School sores (impetigo)	Exclude until appropriate treatment has commenced. Any sores on exposed surfaces should be completely covered with a dressing.	Not excluded
Shigella infection	Exclude until no diarrhoea for 24 hours.	Not excluded
Shingles	Exclude until blisters have dried up unless rash can be covered with a dry dressing or clothing so others are not exposed.	Not excluded
Streptococcal sore throat (including scarlet fever)	Exclude until the person has received appropriate antibiotic treatment for at least 24 hours and feels well.	Not excluded
Tuberculosis	Exclude until medical certificate is produced from SA Tuberculosis Service of SA Health.	Not excluded
Typhoid, paratyphoid	Exclude until clearance has been given by a doctor or SA Health's Communicable Disease Control Branch .	Not excluded unless considered necessary by SA Health's Communicable Disease Control Branch .
Viral gastroenteritis (viral diarrhoea)	Exclude until no diarrhoea for 24 hours.	Not excluded
Whooping cough (Pertussis)	Exclude from childcare, school or workplace and similar settings until 5 days after starting antibiotic treatment, or for 21 days from the start of any cough	For exclusion of contacts in a childcare setting, seek advice from SA Health's Communicable Disease Control Branch . Usually, childcare contacts (in the same childcare group or room) and household contacts of the case who are under 6 months of age and have received less than 3 doses of pertussis containing vaccine should be excluded from childcare for 14 days from the first exposure to the infectious case, unless he or she has completed 5 days of recommended antibiotic treatment, after which he or she may return to childcare.
Worms	If diarrhoea present, exclude until no diarrhoea for 24 hours.	Not excluded
Yersinia infection	Exclude until no diarrhoea for 24 hours	Not excluded

Coronavirus

Coronaviruses are a large family of viruses that can cause illness ranging from the common cold to more severe diseases. A “novel” coronavirus (nCoV) is a new strain that has not been previously identified in humans. COVID-19 is a respiratory illness caused by a new virus. Symptoms include fever, coughing, a sore throat and shortness of breath. The virus can spread from person to person, but good hygiene and physical distancing can prevent infection. For most people, COVID-19 is experienced as a mild disease. The focus on reducing transmission is to ease the burden on our health system, rather than eliminate the spread.

If you or your child are sick, and think you have symptoms of COVID-19, seek medical advice. If you want to talk to someone about your symptoms or are seeking information, call the National Coronavirus Helpline for advice on 1800 020 080. The line operates 24 hours a day, 7 days a week.

Community Language Schools will be advised and will be updated on protocol for teaching and learning by the Executive Officer and also closures with reference to the advice given by the the Australian Health Protection Principal Committee (AHPPC) from time to time. A more comprehensive copy of the general released health advice in relation to reducing the potential risk of COVID-19 transmission in schools can be found at [Coronavirus \(COVID-19\) information for schools and students - Department of Education, Skills and Employment, Australian Government \(dese.gov.au\)](https://www.dese.gov.au/coronavirus/coronavirus-covid-19-information-for-schools-and-students)

General advice for Covid-19

Community Language Schools will follow closely to the practical guidance and advice by the Australian Health Protection Principal Committee (AHPPC) for language school leaders engaging with children, parents, teachers and support staff to reduce even further the relatively low risk of COVID-19 transmission in the language schools.

Physical distancing

One way to slow the spread of viruses, such as coronavirus, is physical distancing (also called social distancing). Community Language Schools are advised to engage in creative and innovative ways to for their students online and in-person, while practising physical distancing and minimising risk.

These include:

- adapting activities that lead to mixing between classes and years
- where possible, avoiding close-proximity queueing and encouraging increased space between students
- cancelling school excursions, assemblies, sporting activities and other large gatherings
- where possible, arranging classroom furniture to leave as much space as possible between students
- maintaining smaller classes
- ceasing public access to playgrounds and high-touch play equipment
- teachers maintaining 1.5m physical distance from other adults
- student work being submitted electronically, where feasible

- student work being handed to a teacher for feedback rather than feedback being provided immediately by the teacher in close proximity to the student
- encouraging non-contact greetings

Physical education may continue but should take place outdoors or in large gymnasiums or covered areas where physical distancing can be maintained.

Risks to vulnerable populations in schools

Parents and carers of children and young people with complex medical needs are encouraged to seek medical advice from their health practitioner to support informed risk assessment and decision-making regarding the suitability of on-site education for their child. Community Language School teachers and school personnel who are vulnerable should take additional care to protect themselves and, where possible, arrange to work from home. This is also the case for those with caring responsibilities for vulnerable people.

Hygiene

Everyone must practise good hygiene to protect against infection and prevent the spread of COVID-19.

Good hygiene practises include:

- washing hands with soap and water for 20 seconds, or using hand sanitiser, when entering school, and at regular intervals throughout the day
 - particularly before and after eating, and after going to the toilet
 - for younger students, this may include having a regular handwashing schedule (a game could be developed for younger students to come up with a 20 second hand-washing song)
- covering coughs and sneezes with ones elbow or a tissue
- placing used tissues straight into the bin
- avoiding touching one's eyes, nose and mouth
- not sharing food or drink, or
- close all communal water fountains/bubblers
- where relevant, promoting strictest hygiene amongst food preparation (canteen) staff and their close contacts

Mobile phones are regularly touched and breathed on. Use of mobile phones at school should be discouraged and if possible, restricted. Where mobile phones must be used, they should be cleaned regularly.

Environmental cleaning

Coronaviruses, including COVID-19, can survive on surfaces for many hours but are readily inactivated by cleaning and disinfection. To reduce the spread of viruses or germs in schools through environmental cleaning:

- clean and disinfect frequently used high-touch surfaces such as benchtops, desks, doorknobs, taps, and hand rails at regular intervals throughout the day with a detergent solution or detergent/disinfectant wipes
- clean and disinfect frequently used objects such as computers, photocopiers and sports equipment with detergent solution or detergent/disinfectant wipes
- in those jurisdictions where students are allowed to have mobile phones, schools should restrict access to mobile phones during the school day.
- clean and disinfect any play equipment that has not been closed at the end of each recess and the end of the day
- increase the amount of fresh air available indoors by opening windows or adjusting air conditioning
- provide bins in every classroom for used tissues, and empty them regularly throughout the day
- clean frequently touched points in the bathrooms after each recess and at the end of the day

See further information from the Department of Health about the frequency and nature of routine environmental cleaning and disinfection in the community- [Coronavirus \(COVID-19\) Information about routine environmental cleaning and disinfection in the community | Australian Government Department of Health](#)

Psychological wellbeing

Maintaining good habits, including healthy eating, exercise and sleep, continue to be important for all people at this time.

Children

Children are seeing and hearing an abundance of information about COVID-19 on the television, radio and social media, as well as from other people. Their weekdays, weekends, and school holidays will be different to any they have experienced before. It is important that children be supported through what could be a stressful period for them, including reassuring them that being worried and anxious is normal.

Head to Health provides online resources on mental health and COVID-19, including information for parents, which by extension, may also be applied by teachers. Talking with children about COVID-19 can help them understand and cope with the current situation. The following steps can

be used as a tool to have an open discussion with a child about their feelings surrounding the COVID-19 pandemic (for more detailed information, access the Head to Health resource at [COVID-19 Support | Head to Health](#))

- make time to talk
- find out what the child knows and address any misconceptions
- explain COVID-19 in a way the child can understand
- tune in to the child's feelings, validate their concerns and don't forget to highlight the positives and things that are going well (e.g. how well children are adapting)

In addition to children's psychological safety, it is also important to consider other safety concerns that children may be confronted by, including eSafety – children will be online more than ever this year. Parents and school leaders are strongly encouraged to go to [COVID-19 | eSafety Commissioner](#)

[School leaders and school personnel](#)

Language School leaders will play a pivotal role in supporting students and school personnel to adopt new ways of operating, teaching and learning at this time. In doing so, it is important that language school leaders and school personnel to look after their own mental health and wellbeing by accessing support services available to them. School personnel in a community language school are encouraged to talk about how they are coping with colleagues, friends or family, who can then provide peer support.

There are also many digital health services ([COVID-19 Support | Head to Health](#)) that school personnel can access online or over the phone. They can also connect with a health professional such as their GP, a psychologist or other mental health professional via these modalities.

[Spread the word, not the disease- Communication](#)

Continuing clear and consistent communication will help to ensure everyone has access to current and accurate information while schools deploy multiple modes of learning. This will also help students, teachers and parents understand we all have a part to play in slowing the spread of COVID-19.

Community Language Schools should continue to keep parents informed through their normal channels of communication with their communities, including:

- newsletters (letter or email) on actions the school is taking
- where possible, use of school social media channels

Management of suspected and confirmed cases

Where there is a suspected or confirmed case of COVID-19 in a language school environment, Community Language School should inform the Executive Officer of CLSSA which would then seek advice from the National Coronavirus Helpline (1800 020 080) which operates 24 hours a day, 7 days a week for further advice.

If a student or school personnel is unwell, they should not attend school or should leave to go home. If they are a suspected COVID-19 case, they should self-isolate and seek testing in accordance with state or territory guidelines. Schools should not conduct COVID-19 testing themselves.

School personnel, children or young people at school experiencing symptoms compatible with COVID-19 (fever, cough or sore throat) should be isolated in an appropriate space with suitable supervision and collected by a parent/carer as soon as possible.

In this situation, where school personnel, children or a young person are experiencing symptoms compatible with COVID-19, such persons should continue to practise hand hygiene and physical distancing. All children and young people with a health care plan should ensure this is up-to-date and that, if required, it provides additional advice on monitoring and identification of the unwell child in the context of the COVID-19 pandemic. It is important that schools also follow situationally appropriate environmental cleaning. For example, if a child spreads droplets (by sneezing or coughing), clean surfaces with disinfectant wipes immediately.

Community Language Schools SA will make every effort to update Community Language School by referring to updates from SA Health, Department for Education and the Government of South Australia regarding:

- Face mask usage
- Covid Safe check-ins
- Covid-19 vaccinations
- and any other latest and/or upcoming news regarding Covid-19

Responsibilities

It is the responsibility of the parents/caregivers to:

- Inform the school of any disease or condition that their child has been infected with.
- Keep children home for any notifiable, serious illness, disease or condition.
- Seek medical treatment for any notifiable, serious illness, disease or condition.

It is the responsibility of the School Administrator and/or Principal to:

- Inform all members of the school community if there has been an outbreak of any disease or condition.
- Seek medical assistance if a child displays symptoms of a disease or illness or becomes ill while at school.
- Inform the parents of a child if their child displays symptoms of a disease or illness or becomes ill while at school and determine a suitable plan of action.
- Contact emergency contacts if the parents of an ill child cannot be reached.

Preventing the spread of Disease

One of the best ways to prevent the spread of disease is hand washing. Washing hands helps to physically reduce the amount of germs present on the hands and reduce the risk of spreading infectious diseases. Community Language Schools acknowledges that all members of the school community can play a role in stopping the spread of infections.

Hand Hygiene

Hand Hygiene Australia recommends that adults and children should wash their hands with soap and water in the following situations:

- When hands are visibly dirty
- Before you eat
- Before you prepare food
- After touching raw meats
- After contact with body fluids
- After changing nappies
- After touching animal and pets
- After blowing your nose, sneezing or coughing
- After going to the toilet

Alcohol based rubs should be used:

- For routine cleaning of hands
- If you have been in contact with contaminated objects
- Before and after you care for or have contact with someone who is sick, old or young
- Whenever you want to decontaminate your hands.

How to wash your hands

To reduce the risk of spreading infectious diseases, Hand Hygiene Australia recommends the following process to wash hands:

- Remove any jewellery that may stop you washing all surfaces of your hands
- Wet hands with running water
- Apply liquid soap
- Rub hands together for 20 seconds to cover all surfaces including between your fingers
- Rinse hands making sure you remove all soap and bubbles
- Dry your hands thoroughly (paper towel preferred)

The process of washing hands should take between 40 and 60 seconds.

Respiratory Hygiene

Infectious diseases can be passed on when a person coughs or sneezes in close proximity to another person. To reduce the risk of spreading an infectious secretions from the nose and mouth from contaminating others directly or indirectly, <insert school name> has developed the following guidelines:

- Cover your cough using the crook of your elbow or tissue. Always avoid coughing near others and food
- Cover your sneeze using a tissue or the crook of your elbow. Always avoid sneezing near others and food
- Use a single use tissue to blow your nose and dispose of the tissue immediately into a bin
- Always wash your hands and/or surfaces that may have been contaminated by sneezing or coughing

General Precautions

Community Language Schools recommends the following precautions for all members of the school community:

- Keep open wounds covered with clothing or waterproof dressings to ensure that any infectious diseases are not transmitted to others or the person with the open wound contracts an infectious disease. Ensure the dressing is replaced regularly and the wound is kept clean.
- Know your own immune status to vaccine preventable diseases including those vaccines recommended for work with children. Seek advice from a medical practitioner regarding your immunisation status and whether a booster vaccine is required.

- Pregnant women or women who are contemplating pregnancy should seek advice from their medical practitioner regarding any necessary vaccinations as well as any precautions they should take in regard with working with children and their work duties.

References and Other Documentation

- Government of South Australia- SA Health: Exclusion from childcare, preschool, school and work: [Exclusion from childcare, preschool, school and work | SA Health](#)
- Hand Hygiene Australia: [Hand Hygiene Australia | HHA](#)
- Hand Hygiene Australia Fact Sheets: [Hand+Washing+Fact+Sheet+-+Dec+2015.pdf \(sahealth.sa.gov.au\)](#)
- Religious and cultural aspects of hand hygiene: [Religious and cultural aspects of hand hygiene - WHO Guidelines on Hand Hygiene in Health Care - NCBI Bookshelf \(nih.gov\)](#)
- Muslim Health-care workers and alcohol-based hand rubs: [Muslim health-care workers and alcohol-based handrubs - The Lancet](#)
- SA Health: [Home | SA Health](#)
- AHPPC website: [Australian Health Protection Principal Committee \(AHPPC\) | Australian Government Department of Health](#)