NSW Department of Education and Training
Infection Control Guidelines

Infection Control at a Glance
(Click on the required link)

Introduction

These Infection Control guidelines are in accordance with the *Occupational Health and Safety Act* 2000, the *Occupational Health and Safety Regulation* 2001 and support the Department's *Infection Control Policy* (link).

The guidelines will benefit all workplace managers including principals and campus managers 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 staff at risk.

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

What is Infection Control?

'The principles involved in, and the procedures necessary for, the prevention of transmission of infectious diseases... Successful infection control is based on good hygiene around a range of practices that arise from identifying hazards and implementing risk management for the hazards'.

Source*: Australian Government Department of Health and Ageing (Infection control guidelines for the prevention of transmission of infectious diseases in the health care setting*).

Note: The term *communicable disease* has been replaced by the broader term *infectious disease* in these guidelines, to include outbreaks of infectious diseases that are not communicable from person-to-person.

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 staff, prominently displayed in relevant areas and placed in first-aid kits. This includes ensuring children and young people in workplaces are aware of these precautions, understand their application and practice them as appropriate to their age and developmental 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.

1.2 Personal hygiene practices: Frequent and effective personal hygiene amongst staff, students and visitors is an effective way to minimise the spread of infection. It includes hand washing (especially important before preparing or eating food and after using the toilet; and coming into contact with other body fluids). Hands should be washed using soap and running water and preferably dried using paper towels or hand driers. Some micro-organisms are easily transmitted between people on dirty hands. Hand washing is a simple, effective way to reduce transmission.

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

1.3 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 staff, students and visitors. 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 staff may also be involved in some aspects of cleaning. Note that the Procedures for spills of blood and other body substances detailed in (Appendix C) are generic as individual responsibilities are contained in staff position descriptions.

2. Specific infection control procedures

2.1 Contact with blood or body fluids: If a member of staff, student or visitor 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 B). For sports related injuries, see *Guidelines for the Safe Conduct of Sport and Physical Activity* which provides specific infectious diseases control guidelines relating to a range of student sporting and physical activities.

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 C).

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. Where possible, 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.

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 *First Aid Guidelines*.

2.5 Safe Handling and Disposal of Sharps and Contaminated Waste

Disposal of sharps: Where syringes, needles and other sharp instruments (referred to as 'sharps') are found within school, college or campus, regional or state office premises, it is important that they are disposed of promptly and safely to ensure staff, students and visitors are not inadvertently injured. 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 (see the Department's Anaphylaxis Guidelines 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 school premises or adjacent grounds, then the Safety and Security Directorate should be informed and the local police station.

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 staff and students to protect them against the outbreak of infectious disease. NSW Health recommends that students and staff should 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.

Department staff 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.

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 staff 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 staff 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 and 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 OHS *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 an OHS database of venue and safety information. 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
- 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 science laboratory personal protective equipment (PPE): Where appropriate, shared personal protective equipment (PPE) used in science laboratories such as safety glasses etc, 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 Health website provides fact sheet information on over forty infectious diseases in the Infectious Disease section of their A -Z of Health Topics. These fact sheets, provided at Appendix G, summarise most of the key infectious diseases that may affect students, staff and visitors in the Department's work environment.

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 staff 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 staff should carefully monitor students for signs and symptoms.

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

Staff 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 staff and/or students are absent and appear to have similar symptoms, an outbreak may be occurring and the local public health unit of NSW Health should be notified See *4.2, Contacting the local public health unit if there is an outbreak of an infectious disease*. (Appendix H)

3.3 Isolating infectious conditions: Where staff 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.

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 42D of the *Public Health Act 1991*.

3.4 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)
- German measles (rubella)

By checking immunity prior to falling pregnant, women who are not immune can be vaccinated to prevent these infections during pregnancy. For staff 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 staff 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 staff 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 staff and students, staff and students who are pregnant need to get advice from their treating doctor. If a treating doctor advises that the staff member or student is at risk from any of the above infections, then there needs to be local management of the risks by the principal in liaison with the School Education Director (SED) 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 staff 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.

3.5 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 Health

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

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

- Diphtheria
- Measles
- Mumps
- Rubella (German measles)
- Tetanus
- Pertussis (whooping cough)
- Polio

These vaccine preventable diseases are notifiable by school principals under section 42D of the *Public Health Act 1991*. Workplace managers should telephone the local public health unit 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 according to section 42D of the *Public Health Act 1991*.

Other vaccine preventable diseases (such as meningococcal disease) do not appear in the Act and do not require notification. However, it is recommended that NSW public health units should be contacted about any outbreak of these diseases.

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 staff that are sick
- The number of students and staff that remain well
- Details about the students and staff who are sick, for example:
  - Full name, age and residential address
  - Home telephone number
  - Parent or carers name
  - Vaccination status
  - If any unwell students/staff have recently travelled overseas
- Date and time of onset of the first case and of subsequent cases
- What action has been taken by the school 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
- 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 Health website*.

5. Communications

5.1 Communication with employees: Workplace managers need to communicate with staff and keep them informed of any outbreaks of infectious diseases. The staff 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 Health website are often useful.

It is important to notify the regional OHS Liaison Manager 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.

5.2 Communication with students and parents and 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, TAFE newsletters, classroom announcements, school assemblies, or email to the parent/carer, as appropriate. Confidentiality should be maintained for infected or exposed students and content should be age-appropriate and not generate undue anxiety. Consult the regional student welfare consultant 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
DET Infection Control Policy

DET First Aid Guidelines

WorkCover
OHS Regulation 2001

Infection control posters for the workplace

- Cough etiquette
  http://www.industry.gov.au/Pandemic_Business_Continuity/Documents/Cough%20etiquette20070201154010.pdf
- How to wash and dry hands with soap and water
  http://www.industry.gov.au/Pandemic_Business_Continuity/Documents/Wash%20hands20070201154443.pdf
- How to clean hands using an alcohol-based liquid or hand rub
  http://www.industry.gov.au/Pandemic_Business_Continuity/Documents/Clean%20Hands20070201154830.pdf

- How to fit and remove protective gloves http://www.industry.gov.au/Pandemic_Business_Continuity/Documents/Protective%20gloves20070201155023.pdf
- Travel health http://www.industry.gov.au/Pandemic_Business_Continuity/Documents/Travel%20Health20070201155620.pdf

NSW Health

- Fact Sheets: The NSW Health infectious diseases website http://www.health.nsw.gov.au/infect/
- Immunisation - NSW Health immunisation website. http://www.health.nsw.gov.au/living/immunisation/index.html
- National Health and Medical Research Council. (2003) Australian Immunisation Handbook, 8th edition. http://www9.health.gov.au/immhandbook/pdf/handbook.pdf
- The exclusion of students with infectious diseases from schools. The National Health and Medical Research Council. (2001) Recommended minimum periods of exclusion from school, pre-school and child care centres for cases of and contact with infectious diseases. http://www.nhmrc.gov.au/publications/fullhtml/excluson.htm

Appendices

Appendix A - Standard Precautions for Infection Control

Appendix B - Procedures for contact with blood or body fluids

Appendix C - Procedures for spills of blood and other body substances

Appendix D - Procedures for sharps handling and disposal

Appendix E - Procedures for food handling

Appendix F - Department Vaccination guidelines

Appendix G – Infectious Disease Fact Sheets (links)

Appendix H – NSW Public Health Units

NEW SOUTH WALES DEPARTMENT OF EDUCATION AND TRAINING

Appendix A

Standard Precautions for Infection Control

Standard Precautions for Infection Control should be used by all staff, students, visitors, volunteers and contractors 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 eg 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 ie 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.

Appendix B

Procedures for contact with blood or body fluids procedures

If a member of staff 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:

- 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
- If the eyes are contaminated, rinse eyes while opened with tap water or a saline solution
- If blood gets into the mouth, spit it out and then repeatedly rinse with running water
- After carrying out the appropriate first aid measures outlined above, the incident should be reported to the workplace manager
- Staff members should be referred immediately to a doctor or hospital for risk assessment and if necessary, appropriate testing, treatment and skilled counselling
- 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 staff and/or students.
- Consideration is to be given as to whether the incident is reportable to WorkCover (refer to the DET Intranet - Safe Working and Learning, Incident Management)

Appendix C

Procedures for 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 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 staff 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
- Protective eyewear may only be reused after cleaning with soap and water
- Mops used to clean up body fluids should be cleaned in bucket or similar container (not a kitchen sink), rinsed with a disinfecting solution and dried
- Ensure contaminated clothing is hot laundered (minimum 60ºC) i.e. for blood stains, soak in luke warm water to remove the stain first, then hot launder.

Appendix D

Procedures for sharps handling and disposal

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

Department staff 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 a 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 principal 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 are recommended in all circumstances and not just for “hands on” situations. If hands are used, NSW 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 staff member 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

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

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 staff members 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 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).

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
- Sharps containers should be stored so they are not easily accessed by students, staff or visitors
- 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 located at:

  https://detwww.det.nsw.edu.au/adminandmanage/ohands/forms/index.htm

Appendix E

Procedures for food handling

Food handlers must take special care when handling foods 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, 1991. 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 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 staff/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.

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).

Appendix F

Department vaccination guidelines

NSW Health recommends that staff 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: Pre-schools and primary schools must keep accurate records of their students' vaccination status under section 42B of the Public Health Act 1991. 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)).

Immunisation of staff against Hepatitis and reimbursement of costs

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

Government schools
Some staff are eligible to be reimbursed for the cost of hepatitis A & B immunisation. Eligible staff 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 staff with a lower level of contact with people who may have hepatitis A or hepatitis B may wish to be immunised at their own expense.

School based staff seeking to be immunised at the Department's expense should approach their principal, who will make a recommendation to the School Education Director (SED) or regional Occupational Health and Safety Liaison Manager (OHSLM). 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: 6069.0100.5431
Secondary staff: 6069.0300.5431

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

TAFE staff who may be at risk of contracting hepatitis A or B include staff providing first aid; plumbers; staff such as biological sciences laboratory staff 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 staff involved in toileting of students (e.g. staff in TAFE NSW Student Centres).

TAFE staff 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.

Regional office staff seeking to be immunised at the Department's expense should approach their School Education Director.

State office staff seeking to be immunised at the Department's expense should approach their Director.

Note: Once approved, immunisation is generally organised by the individual, unless a group immunisation is organised. School, TAFE, regional and state office staff 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.

Appendix G

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

Anthrax
Avian Flu
Barmah Forest virus infection
Boils and Impetigo
Chickenpox and Shingles
Childhood infectious diseases
Chlamydia
Cholera (see Immunisation Handbook index)
Cryptosporidiosis
Diphtheria (see Immunisation Handbook index)
Foodborne diseases
Gastroenteritis
Gastroenteritis (controlling outbreaks)
Giardiasis
Hand, foot and mouth disease
Hepatitis A
Hepatitis B
Hepatitis C
HIV and AIDS
Influenza
Influenza (outbreaks in travel groups)
Legionnaires disease
Leptospirosis
Measles
Meningococcal disease
Methicillin Resistant Staphylococcus Aureus
Murray Valley Encephalitis
Parvovirus B19 and Fifth disease
Pneumococcal disease
Psittacosis
Q fever
Rabies and Bat Lyssavirus
Rubella
Salmonellosis
Severe Acute Respiratory Syndrome (SARS)
Shigellosis
Smallpox
Tuberculosis
Typhoid (see Immunisation Handbook index)
Whooping cough (Pertussis)

Appendix H

NSW Public Health Units

Infection Control - Local Public Health Units in NSW

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 1837
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
Camperdown: 02 9515 9420
Liverpool: 02 9515 9420

Hunter/New England
Newcastle: 02 4924 6477
Tamworth: 02 6767 8630

Sydney West
Penrith: 02 4734 2022
Parramatta: 02 9840 3603

North Coast
Port Macquarie: 02 6588 2750
Lismore: 02 6620 7500

Justice Health Service
Matraville: 02 9311 2707

NSW Department of Health
North Sydney: 02 9391 9000