

 Department of Education and Early Childhood Development		Procedure No. DEE EHU-27-4-3
Title: Guidelines for Hepatitis		Authorised By: Manager EHU
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1. Scope

These guidelines apply to all Department of Education and Early Childhood Development (DEECD) workplaces including schools and central and regional offices.

2. Definition

Hepatitis is a term that describes inflammation of the liver. It may be caused by viruses, alcohol, drugs and other toxins, or less commonly by a breakdown in a person's immune system. Inflammation is a natural reaction of the body to injury and often causes swelling and tenderness.

3. Responsibilities

Workplace Managers and/or Management OHS Nominees are responsible for the following areas:

- Education of employees and students on hepatitis (refer to section 4.3 of these guidelines);
- Adherence to appropriate exclusion provisions as specified in the *Public Health and Wellbeing Regulations 2009* (refer to section 4.6 of these guidelines);
- Implementation of infection prevention and control measures (*School Policy and Advisory Guide – Student Health*);
- Correct handling of blood spills including the use of Standard Precautions and Personal Protective Equipment (PPE) e.g. provision of gloves (refer to *First Aid and Infection Control Procedure* and *School Policy and Advisory Guide – Student Health*);
- Correct procedures for disposing of needles and syringes (refer to *First Aid and Infection Control Procedure*);
- Maintenance of appropriate first aid supplies and PPE (refer to *First Aid and Infection Control Procedure*);
- Access for eligible groups to the hepatitis A and B immunisation (refer to section 4.4 of these guidelines); and
- Access to hand hygiene products for employees and students including provision of soap and paper towels and/or hand dryers in the toilets.

Health and Safety Representative (HSR):

The function of the **Health and Safety Representative (HSR)** can include:

- Reporting any issues or concerns raised by employees in their Designated Work Group (DWG) or students in relation to an infectious disease to the Workplace Manager and/or Management OHS Nominee for resolution.

First Aid Officers are responsible for:

- Using appropriate standard precautions e.g. use of PPE such as gloves and infection control procedures when providing first aid to students or employees (refer to *First Aid and Infection Control Procedure*);
- Adopting recommended hygiene practices (refer to *First Aid and Infection Control Procedure*);
- Treating all students and employees regardless of their status; and
- Attending education sessions to ensure their skills and knowledge are updated regularly.

Employees are responsible for:

- Following the recommended infection control procedures for prevention of the transmission of infectious diseases, e.g. standard precautions and use of PPE;
- Attending appropriate awareness education in order to implement these guidelines; and
- Ensuring non discriminatory practices and confidentiality requirements are maintained where an

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employee is aware of a student's or fellow employee's status.

Parents and Guardians are responsible for:

- Informing the Principal or person in charge of the school or childcare centre as soon as practicable if the child is infected with hepatitis A, B or C; or the child has been in contact with a person who is infected with hepatitis A, B or C (refer to Part 9, Division 4 of the *Public Health and Wellbeing Regulations 2009*);
- In the case of hepatitis A, providing a medical certificate to the Principal or person in charge stating that the child is in the acute phase of the infection and keeping the child away from the school until the acute phase has passed;
- In the case of hepatitis A, presenting a medical certificate to the Workplace Manager and/or Management OHS Nominee (e.g. Principal) stating that the acute phase has passed before the child re-enters the school; and
- Educating the child regarding the prevention of any transmission.

4. Hepatitis Prevention and Control

4.1 Preventing Infection

Incidents that may pose a risk to employees include:

- Needle stick injury or cuts with contaminated sharp objects (bottles, glass);
- Contamination of an employee's cuts/abrasions with another person's blood and/or bodily fluids; and
- Contamination of an employee's eyes and/or mouth with another person's blood and/or bodily fluids.

Adequate infection control must be practiced at all times when administering first aid. The following infection control procedures must **always** be adhered to:

- Wash hands after direct contact with injured person;
 - Wear protective gloves when contacting bodily fluids, non-intact skin and mucous membranes;
 - Wear a mask, eye protection and a gown if blood or other bodily fluids might splash;
 - Cover cuts and abrasions;
 - Clean up spills of blood and other bodily fluids;
 - Items that can be re-used i.e. scissors and tweezers must be decontaminated based on an assessment of the use the item was put to (e.g. alcohol swab for biological contamination);
 - Dispose of contaminated waste through appropriate biohazard containers; and
 - Dispose of sharps in the sharps container provided (all sharps containers must be compliant with AS 4031: Non-reusable containers for the collection of sharp medical items used in health care areas).
- Any occurrences or potential exposures to infection are to be recorded in **eduSafe**. Employees who potentially may have been exposed are to be offered medical services as part of the incident reporting process (see **Hazard, Incident Reporting and Investigation Procedure**). Counselling is also available through DEECD's Employee Assistance Program by calling **1800 337 068** and should be offered to affected employees.

4.2 Evaluation of Infection

Where possible, it is ideal practice that the source person (the person whose blood or bodily fluids are the source of the exposure) is evaluated for infection with hepatitis A, B, C, D and E. If the status of the source person is unknown, the person should be tested at the time of injury for hepatitis A, B, C, D and E.

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The source person needs to be informed of the incident and their consent sought. If the exposure relates to a student, consent from the parent or guardian may be necessary to test for these viruses, with appropriate pre and post test counselling.

If an exposure has occurred where the source person is unknown, appropriate follow-up and assessment should be determined on an individual basis depending on:

- Type of exposure;
- Likelihood of the source/object being positive for a blood pathogen; and
- Prevalence of infectious disease in the adjacent community.

4.3 Education of Infection Control

Employees and students should be educated about hepatitis. Student education should be provided in the context of a comprehensive health education program. Appropriate education should include:

- How hepatitis is contracted, prevention measures including recommended student behaviour to minimise the risk of transmission;
- Confidentiality and non discrimination of students; and
- Where further information and resources can be obtained.

4.4 Immunisation for employees

Currently there is only a vaccination against hepatitis A and B. However prevention of hepatitis B infection with the hepatitis B vaccine prevents infection with hepatitis D.

Immunisation against hepatitis A involves a course of 2 injections over six to twelve months and is highly effective in providing protection against this disease.

For adults over 20 years of age, hepatitis B vaccination comprises of 3 adult doses. There should be an interval of 1 month between the 1st and 2nd dose with the 3rd dose 2-5 months after the second dose. Hepatitis A and hepatitis B vaccinations can be combined in a single course to reduce the total number of injections.

It is recommended that the following categories of DEECD employees receive the hepatitis A vaccination:

- Children's Services employees;
- All integration aides and employees in specialist school settings; and
- Employees that work in rural and remote Indigenous communities.

It is recommended that the following categories of DEECD employees receive the hepatitis B vaccination:

- Children's Services employees;
- All integration aides and employees in specialist school settings;
- School nurses employed by schools; and
- Certified first aid officers with current Level II certificates that are likely to have contact with blood or bodily fluids.

Where a school believes that other categories of employees should be immunised, the school council may decide to fund employee immunisation or as part of a local workplace health and wellbeing program.

A combined vaccination is available for employees who are eligible for hepatitis A and/or

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hepatitis B vaccinations.

Note: the above recommended categories are based on recommendations from the Australian Immunisation Handbook 9th edition.

Immunisation process for employee immunisation against hepatitis A and B:

Step 1: Using the 'Hepatitis Guidelines' and 'Provision of Hepatitis A and B Immunisation' information above, the Principal or Workplace Manager decides which employees are eligible for immunisation.

Step 2: Principal or Workplace Manager organises immunisation through the local council. A list of local councils that provide immunisation services can be accessed via the following link http://www.health.vic.gov.au/immunisation/resources/local_councils

Step 3: Employees attend local council for vaccination.

Step 4: Once immunisation is completed and paid for by the school or DEECD workplace, a General Expenses Claim Form for reimbursement of the vaccine cost and any freight charges incurred and return to:

Administration Officer
Employee Health Unit
Department of Education & Early Childhood Development
GPO Box 4367, MELBOURNE 3001

If an employee is not eligible for vaccination as per the recommended categories immunisation can be arranged by:

- contacting the local council or shire office;
http://www.health.vic.gov.au/immunisation/resources/local_councils or
- through their General Practitioner (GP).

4.4.1 Immunisation for students

Currently child immunisation for hepatitis is provided for children in certain circumstances through the Department of Human Services (DHS). Refer to section 4.1.2.3 and 4.5.6.2.1 of the VGSRG for further information on student immunisation.

4.4.2 Immunity Checks

The Australian Immunisation Handbook recommends that the following groups be screened for pre-existing immunity to hepatitis A:

- those born before 1950;
- those who spent their early childhood in endemic areas; and
- those with an unexplained previous episode of hepatitis or jaundice.

Note: There is no pre screening for natural immunity for hepatitis B

Post vaccination serological testing 4 to 8 weeks after completion of the primary course is recommended only for those in the following categories:

- Those at significant occupational risk (e.g. health care workers whose work involves frequent exposure to blood and bodily fluids);
- Those at risk of severe or complicated disease (e.g. people with impaired immunity and Individuals with pre-existing liver disease not related to hepatitis B);
- Those for whom a poor response to hepatitis B vaccination is expected (e.g. Haemodialysis patients); and
- Sexual partners and household contacts of recently notified hepatitis B carriers.

Note: There is no post vaccination test in place for hepatitis A

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4.4.3 Records Management

The school or workplace should have a procedure to ensure that all new employees that meet the criteria for vaccination are covered and that vaccination records are kept on employee files (refer to DEECD's HR Web for further information on records management).

4.5 Notification to Department of Human Services

Under the *Public Health and Wellbeing Regulations 2009*, doctors and laboratories are required by law to notify DHS of diagnoses of specified infectious diseases. This is a legislative requirement designed to identify causes and risk factors for infectious diseases and to protect public health and safety. In the case of hepatitis A, B, C, D or E occurring, DHS must be notified in writing within 5 days of a confirmed diagnosis.

Under the *Public Health and Wellbeing Regulations 2009*, the parent or guardian of a child attending school or children's services centre must inform the Workplace Manager and/or Management OHS Nominee or person in charge as soon as practicable if:

- the child is infected with hepatitis A, B or C; or
- the child has been in contact with a person who is infected with hepatitis A, B or C (refer to Division 4 of the above mentioned Regulations).

There is no requirement to report hepatitis D and E under the Regulations if the above has occurred.

The *Health Records Act 2001 (HRA)* protects the privacy of an individual's health information and how this information is managed. The *HRA* requires doctors to inform patients that this information will be provided to DHS.

4.6 Exclusion

The following table indicates the minimum period of exclusion from schools and children's service centres required for infectious diseases cases and contacts as prescribed in the *Public Health and Wellbeing Regulations 2009 – Schedule 7*. In this Schedule 'medical certificate' means a certificate of a registered medical practitioner.

Disease or Condition	Exclusion of Cases	Exclusion of Contacts
Hepatitis A	Exclude until a medical certificate of recovery is received, but not before 7 days after the onset of jaundice or illness.	Not excluded.

Exclusion of cases and contacts is **not** required for hepatitis B, C, D or E.

Prior to exclusion, the Communicable Disease Control Section in DHS should be contacted on **1300 651 160** to obtain information on the disease and ensure any exclusions are made based on firm medical evidence of the diagnosis of a vaccine preventable disease.

5. Privacy

Under the *Privacy Act (1988)* employees and students have a basic right to privacy which should apply to both verbal and written information pertaining to hepatitis (refer to DEECD's Privacy Policy).

5.1 Privacy Exceptions

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“Personal and health information can be disclosed for a purpose other than for which it was collected and without the person’s consent when the disclosure is:

- necessary to lessen or prevent a serious and imminent threat to a person’s life, health or safety, or to public health, safety or welfare;
- required, authorised or permitted by law or for law enforcement purposes; or
- to be used for research or the compilation of statistics in the public interest, in certain limited circumstances. Any research in schools must first be approved by the Office of School Education. (VGSRG section 6.2.8.7).

5.2 Confidentiality

If a parent, guardian, student or employee chooses to notify the school or workplace of his/her hepatitis status (e.g. that the child or employee is a carrier) then the workplace manager or person in charge of the workplace is responsible for ensuring that information is kept confidential to avoid any form of discrimination, and to protect the students’ and employees’ right to privacy.

5.3 Discrimination

Apart from the exclusion and notification requirements of the *Public Health and Wellbeing Regulations 2009*, at no other times must a student or employee be discriminated against on the basis of a hepatitis infection. Acts of discrimination could include exclusion from normal school activities like excursions.

6. Resources

- [eduSafe](#)
- [First Aid and Infection Control Procedure](#)
- [Hazard, Incident Reporting and Investigation Procedure](#)
- [Blue Book - Guidelines for the Control of Infectious Diseases](#)
- [School Exclusion Table](#)
- [Public Health and Wellbeing Act 2008](#)
- [Public Health and Wellbeing Regulations 2009](#)
- [Australian Immunisation Handbook 9th Edition](#)
- [School Policy and Advisory Guide](#)