



BLOOD BORNE VIRUSES POLICY 2018

Willaura Primary School Outside School Hours Care Service (Willaura PS OSHC Service) provides this policy for children, families and educators infected with a blood-borne virus, with regard to participation and access, disclosures, infection control, confidentiality of records and anti-discrimination practices.

No employee, prospective employee, family or child will be discriminated against on the grounds of having, or being assumed to have, HIV/AIDS, hepatitis B, hepatitis C or viral hemorrhagic fevers. There is no evidence that HIV/AIDS, hepatitis B or hepatitis C are spread by insects, food, water, coughing, toilets, swimming pools, sweat, shared eating and drinking utensils, or casual person-to-person contact, such as sitting next to an infected person.

Participation and access to Willaura PS OSHC Service and the management of blood-borne viruses is based on the following two principles:

- People who are chronic carriers of one of these viruses, but are otherwise healthy, and who pose no risk of infection to other people, should not be treated any differently from any other worker or child (i.e. isolate the infectious organism, not the person).
- People who are carriers have a responsibility to their fellow workers/children to act in ways that do not expose them to the risk of infection.

Following medical advice, it can be expected that parents would consult with the OSHC Coordinator if their child has HIV infection. Such children are more likely to have severe infections than others, and more consideration and care must be given to their immunisation with common vaccines. It can also be expected for families to disclose that their child is infected with hepatitis – and in the case of hepatitis C, to protect the liver from further viral infections, it is important that the child be vaccinated against hepatitis A and hepatitis B, if they are not already vaccinated or immune.

Information regarding the HIV/AIDS or hepatitis B or C status of any child, parent, or staff member will remain confidential, and all reasonable steps will be taken to protect the privacy of that person.

Unlike HIV/AIDS, hepatitis is a notifiable disease under the Health Act, and hence parents are obliged to inform Willaura PS OSHC Service if their child is infected.

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Definitions

Blood-borne - A virus or disease that can be spread through contamination by blood. The most common examples are HIV, hepatitis B, hepatitis C and viral hemorrhagic fevers.

Prevention at Willaura PS OSHC Service

The prevention of HIV/AIDS and hepatitis B and C infection at Willaura PS OSHC Service is based on the universal application of work practices that prevent the introduction of other people's blood, body fluids and tissues into the body. These include work procedures incorporating the handling and disposal of potentially infected waste, and the use of the appropriate equipment when necessary. Staff in Willaura PS OSHC Service must utilise universal precautions as outlined in this policy.

Hepatitis B can be transmitted via urine, tears, saliva (and, thus, possibly through sneezing) and possibly in faeces. These are listed in decreasing order of infectivity and none are as high risk as blood-blood contact. The Director will ensure that at all times first aid equipment will include material for protection against risk from HIV/AIDS or hepatitis B.

Exclusion

HIV/AIDS – Exclusion is not necessary. Children who have developed impairment of immunity should remain away from Willaura PS OSHC Service during outbreaks of serious contagious diseases such as measles or chickenpox. Children with HIV are more susceptible to such infections.

Hepatitis B & C – Exclusion is not necessary. A child who is unwell may need to stay away until they are feeling well.

Occupational Exposure to Blood-borne Virus or Disease

Where there has been potential exposure to blood-borne viruses, the following procedure must be followed:

- If the incident involves a break in the skin through which infectious body fluids may have entered, bleeding should be encouraged and the area washed immediately with soap and water. Dilution by water and soap of any virus is a very effective safety measure. For eyes, irrigate both eyes with copious amounts of water.
- The incident should be referred to a doctor. High-risk exposures may require intervention, such as post-exposure to the hepatitis B vaccination and hepatitis B immunoglobulin, or AZT. (Instances of biting or scratching are not considered high-risk exposures.)

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- The Coordinator, with the School's **Health & Safety Representative**, should investigate the incident and take immediate action to reduce the likelihood of a similar occurrence.
- All instances of exposure should be reported and recorded in the **Staff Accident Record**.

Procedures for dealing with body fluids/hazardous materials

- Staff must use disposable gloves provided when dealing with body fluids (i.e. blood).
- The hands and any other surfaces of the body splashed with blood or other body fluids must be washed with soap and water as soon as possible.
- Soiled equipment must be cleaned with cold water and detergent and then washed with 1:10 dilution of bleach.

Cleaning blood spills

Standard infection control practices should be employed in all situations dealing with blood-contaminated items, regardless of whether or not it is known that a child has a blood-borne virus.

Educators must:

- where possible, isolate the area
- wear gloves and apply absorbent paper to soak up blood, then discarding it immediately into double plastic bag
- cover the area with freshly prepared bleach dilution for 10 minutes
- wipe the area with bleach, and then wipe with warm water and detergent (hot water makes the blood stick to the surface)
- dry the area so that it is not slippery
- place gloves and all disposable paper towels in a double plastic bag, tightly sealing the bag before disposing of it
- wash their hands thoroughly.

Cleaning spills of other body fluids

Body fluids spills (for example, urine or faeces) can be cleaned with detergent, unless blood is visible (to the naked eye), in which case bleach should be used.

Educators must:

- wear gloves, and apply absorbent paper to soak up substance
- clean the surface with detergent and warm to hot water
- dry the area and place all gloves and paper in two plastic bags
- seal and dispose of the bags, then wash their hands thoroughly
- all re-useable materials used to clean body fluids (e.g. for nappy changes) are to be soaked in hot soapy water for at least 12 hours, and then washed in hot water, and dried in the

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clothes drier or on a clothesline

- any clothing or linen soiled with blood or other body fluids must be handled with gloves
- open cuts or sores on children and staff must be covered with a waterproof dressing.

Any potentially hazardous materials such as glass and syringes should be collected using the 'sharps tongs' and placed in the 'sharps container'. These are located in the storeroom.

General Information

Human Immunodeficiency Virus

HIV is a virus carried in blood and body fluids. It damages the immune system of the person infected to the extent that the person becomes susceptible to a variety of common and rare diseases. HIV infection is called AIDS (Acquired Immune Deficiency Syndrome) when it becomes fully developed in the body. People with AIDS contract repeated infections with unusual organisms and cancers that do not normally affect people with healthy immune systems.

There is no evidence that HIV is spread from child to child in child care, preschool or school through normal social contact. HIV is not transmitted through air or water, the sharing of plates, cups or cutlery, swimming pools, toilets, kissing, coughing, sneezing or spitting. There is no evidence that HIV can be spread by mosquitoes or other biting insects, as the virus dies rapidly outside the human body.

HIV can be spread by:

- unprotected sexual intercourse (anal or vaginal) with an infected person
- sharing of injecting drug equipment
- infection passing from mother to child just before or during birth, or through breast milk (In Australia there have been very few cases of children being infected before, during or after birth when born to HIV infected mothers. From 2001 to 2004, 96,131 children were exposed to HIV before, during or after birth, and two were subsequently found to be infected.)
- penetration of the skin by infected blood.

Hepatitis B

Hepatitis B infection is caused by the hepatitis B virus, which is spread through direct contact with infected blood and blood products, and through saliva, semen and vaginal fluids. It can also be spread from an infectious mother to her baby at the time of birth. Although the virus has been

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isolated in urine and faeces, it has not been proved to be infectious in these products. It is not spread through food or water or through ordinary social contact.

Women who have this disease during pregnancy may transmit it to their newborn babies. Many of these babies become long-term carriers of the virus.

Effective vaccines are available, and are now routinely given at birth, two, four and six months of age. A course of three injections over six months can be given at other ages for people who have not previously been vaccinated. Completion of a full course of vaccine will give protection against hepatitis B infection in over 90% of people.

Hepatitis B immunoglobulin is offered to non-immune people having close contact with a person known to be infected with hepatitis B in the following situations:

- after birth
- after needle sharing or needle-stick injury
- after sexual exposure.

Hepatitis C

Hepatitis C infection is caused by the hepatitis C virus, which is carried in the blood and causes damage to the liver. The virus is found in the blood of an infected person. Transmission only occurs via blood-to-blood contact, where the blood of an infected person gets into the bloodstream of another person. People most at risk are those with a history of injecting drug use, tattoos, body piercing, blood transfusion or haemophilia treatment before 1990.

Hepatitis C is not transmitted through air or water, the sharing of plates, cups or cutlery, swimming pools, toilets, kissing, coughing, sneezing or spitting.

Out of four people found to be infected with the hepatitis C virus:

- one person will eliminate the virus from their bodies spontaneously within the first six to 12 months of infection
- three people will go on to develop chronic hepatitis C infection; and some will develop liver damage.

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Sources

National Health and Medical Research Council 2005, *Staying Healthy in Child care. Preventing infectious diseases in child care (5th Edition)*, NHMRC Publications Unit, www.nhmrc.gov.au/files_nhmrc/publications/attachments/ch55_staying_healthy_childcare_5th_edition_0.pdf

<i>Education & Care Services National Law Act 2010 (Vic) – 167 (1) (2) and (3), 175 (1)</i>
<i>Education & Care Services National Regulations (2011) – Regulations 4, 90, 91, 95, 168, 177, 181, 183 & 184</i>
<i>My Time, Our Place, Framework for School Age Care in Australia</i>
<i>National Quality Standard for Early Childhood Education and Care & School Age Care (2010) – Standards 4.1, Elements 2.1.1, 2.1.4, 2.3.2, & 7.3.5</i>
<i>Information Privacy Act 2000 (Vic) – Management of personal information</i>
<i>A New Tax System Act 2000 (Cwlth) – Family Assistance Administration</i>
<i>Privacy Act 1988 (Cwlth) – Information Privacy Principles</i>
<i>Health Records Act 2001 (Vic) – Personal Information</i>
<i>Disability Discrimination Act 1992 (Cwlth) – Aims to ensure that people with disabilities have the same human rights as all members of the Australian community</i>
<i>Equal Opportunity Act 2010 (Vic) – Covers discrimination in education, among other things. It does not assume everyone is the same and it does not mean treating everyone the same</i>
<i>Victorian Charter of Human Rights & Responsibilities 2011 – Sets out the rights, freedoms and responsibilities that are shared by all Victorians and protected by law.</i>
<i>Occupational Health & Safety Act 2004 – Providing a safe environment</i>
<i>Public Health & Wellbeing Regulations 2009 – Immunisation & Exclusion</i>

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