### Guidelines for Hepatitis

### Scope

These guidelines apply to all Department of Education and Training (the Department) workplaces including schools and central and regional offices.

## Definition

Hepatitis is a term that describes inflammation of the liver, and can be caused by a virus or other non-viral causes. Inflammation is a natural reaction of the body to injury and often causes swelling and tenderness.

The main cause worldwide is by viruses. Other causes include heavy alcohol use, drug use and other toxins, or less commonly by a breakdown in a person’s immune system. There are five main types of viral hepatitis: type, A, B, C, D and E. The main difference between the viruses is how they are spread and the effects they have on health.

Hepatitis A and E are mainly spread by contaminated food and water. Hepatitis B is mainly sexually transmitted, but may also be passed from mother to baby during pregnancy or childbirth.Both hepatitis B and hepatitis C can be spread through infected blood such as may occur during needle sharing by intravenous drug users or being exposed to inadequately sterilised instruments (such as those used for tattooing and body piercing). Hepatitis D can only infect people already infected with hepatitis B. Hepatitis A, B and D are preventable with immunisation.

## Responsibilities

## Workplace Managers / Management OHS Nominees

**Workplace Managers** and/or **Management OHS Nominees** are responsible for:

* educating employees and students on hepatitis (refer to section 4.2 of these guidelines)
* adhering to appropriate exclusion provisions as specified in the *Public Health and Wellbeing Regulations 2009* (refer to section 8. of these guidelines)
* implementing infection prevention and control measures, see *First Aid and Infection Prevention and Control Procedure*
* disposing of needles, syringes and any biohazard waste as per section 3.7 of the *First Aid and Infection Prevention and Control Procedure*
* maintaining adequate first aid supplies and Personal Protective Equipment (PPE) e.g. gloves
* providing access for eligible groups to hepatitis A and B immunisation (refer to section 5. of these guidelines)
* providing access to hand hygiene products for employees and students including provision of soap and paper towels and/or hand dryers in toilets.

## Health and Safety Representatives (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

**First Aid Officers** are responsible for:

* using appropriate infection prevention controls when providing first aid to students or employees
* adopting recommended hygiene practices
* treating all students and employees regardless of their health status
* attending educational sessions to ensure their skills and knowledge are updated regularly.

## Employees

**Employees** are responsible for:

* following the recommended infection prevention and control procedures for prevention of the transmission of infectious diseases, e.g. standard precautions and use of PPE
* attending appropriate awareness education/training courses in order to implement these guidelines
* ensuring non-discriminatory practices and confidentiality requirements are maintained where an employee is aware of a student’s or fellow employee’s health status.

## Parents and Guardians

**Parents** and **Guardians** are responsible for 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
* presenting a medical certificate to the **Workplace Manager** and/or **Management OHS Nominee** stating that the acute phase of Hepatitis A has passed before the child re-enters the school
* educating the child regarding the prevention of transmission.

## 4. Hepatitis Prevention and Control

## 4.1 Preventing Infection and Cleaning and Sanitising

Adequate infection prevention and control must be practiced at all times when administering first aid and cleaning up blood or bodily fluids. See, *First Aid and Infection Prevention and Control Procedure.*

## 4.2 Education of Infection Control

Employees and students should be educated about hepatitis. 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
* where further information and resources can be obtained.

Student education should be provided in the context of a comprehensive health education program.

## 5. Provision of Hepatitis A and B Immunisation

## 5.1 Immunisation for Employees

Currently there are combined and separate vaccines for hepatitis A and hepatitis B. The below categories of employees are based on recommendations from the *Australian Immunisation Handbook 10th edition:*

## 5.1.1 Provision of Hepatitis A Immunisation

Immunisation against hepatitis A involves a course of two injections over six to twelve months and is highly effective in providing protection against this disease. It is recommended that the following categories of Department employees receive the hepatitis A vaccination:

* All employees and integration aids in specialist school settings
* Children’s Services employees
* Employees that work in rural and remote Indigenous communities

## 5.1.2 Provision of Hepatitis B Immunisation

For adults over twenty years of age, hepatitis B vaccination comprises of three adult doses. There should be an interval of one month between the first and second dose with the third dose given two to five months after the second dose. It is recommended that the following categories of Department employees receive the hepatitis B vaccination:

* All employees and integration aides in specialist school settings
* Children’s Services employees
* Certified first aid officers with current Level 2 certificates that are likely to have contact with

blood or body fluids.

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

## 5.1.3 Employee Immunisation and Reimbursement Process against Hepatitis A and B

The **Workplace Manager** can only seek reimbursement from the Employee Health, Safety and Wellbeing Branch for certified first aid officers with current Level II certificates who are in specialist settings or employees who work in rural and remote Indigenous communities due to the nature of their work.

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. For eligible employees please see reimbursement process below:

**Step 1:** Using the ‘Hepatitis Guidelines’ and ‘Provision of Hepatitis A and B Immunisation’ information above, the **Principal** and/or **Workplace Manager** is to decide which employees are eligible for immunisation using section 5.1 as a guide.

**Step 2:** The **Workplace Manager** and/or **Management OHS Nominee** can organise employee 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.htm.](http://www.health.vic.gov.au/immunisation/resources/local-councils.htm" \o "List of local councils that provide immunisation services)

**Step 3:** Once immunisation is completed and paid for by the school or Department workplace, a General Expenses Claim Form for the reimbursement of the vaccine cost and any freight charges incurred is to be completed and returned to:

**Administration Officer**

Employee, Health, Safety and Wellbeing Division

Department of Education and Training

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.htm> or
* through their General Practitioner (GP).

## 5.2 Immunisation for students

Currently immunisation for children against hepatitis is provided in certain circumstances through the Department of Health and Human Services (DHHS). Refer to the [*School Policy and Advisory Guide – Student Health*](http://www.education.vic.gov.au/school/principals/spag/health/pages/infectiousdiseases.aspx) for further information on student immunisation.

## 5.3 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
* Those with an unexplained previous episode of hepatitis or jaundice.

**NB:** There is no pre-screening for natural immunity for hepatitis B

## 6. Records Management

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

## 7. Evaluation of Infection

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

The source person needs to be informed 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
* prevalence of infectious disease in the adjacent community.

## 8. Exclusion

The following table indicates the minimum period of exclusion from schools and children’s service centers required for infectious diseases cases and contacts as prescribed in the *Public Health and Wellbeing Regulations 2009* – *Schedule 7*. In this Schedule, a ‘medical certificate’ means a certificate from 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 seven days after the onset of jaundice or illness. | Not excluded. |

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

Prior to exclusion, Communicable Disease Prevention and Control in DHHS 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.

## 9. Medical Advice and Counseling

Employees who may have potentially been exposed to an infectious disease are to be offered medical services. Counselling should also be offered to affected employees through the Department’s Employee Assistance Program by calling **1300 361 008.**

## 10. Incident Reporting & Notification

## 10.1 Employee and Incident Student Reporting

Any occurrences or potential exposures to infection are to be recorded in eduSafe Plus for employees and CASES21 for students as per the *Hazard and Incident Reporting and Investigation Procedure.*

## 10.2 Notification to the Department of Health and Human Services

Under the *Public Health and Wellbeing Regulations 2009*, doctors and laboratories are required by law to notify Department of Health and Human Services 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 and E occurring, the medical officer must notify the DHHS in writing within five days of a confirmed diagnosis.

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 DHHS.

## 11. Privacy

Under the *Information Privacy Act 2000* employees and students have a basic right to privacy which should apply to both verbal and written information pertaining to hepatitis (refer to the Department’s Privacy Policy).

## 11.1 Privacy Exceptions

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 as referenced in the [School Policy and Advisory Guide: Information Privacy](http://www.education.vic.gov.au/school/principals/spag/governance/pages/privacy.aspx) when:

* necessary to lessen or prevent a threat life, health or safety required, authorised or permitted by law or for law enforcement purposes
* used for research or the compilation of statistics in the public interest, in certain limited circumstances
* any research conducted in schools must first be approved by the Department (refer to [School Policy and Advisory Guide – Conducting Research](http://www.education.vic.gov.au/school/principals/spag/management/pages/research.aspx)).

## 11.2 Confidentiality

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

## 11.3 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.

## 12. Related Legislation

[*Blue Book – Guidelines for the Control of Infectious Diseases*](https://www2.health.vic.gov.au/about/publications/researchandreports/The-blue-book)

*Health Records Act 2001*

*Information Privacy Act 2000*

*Public Health and Wellbeing Act 2008*

*Public Health and Wellbeing Regulations 2009*

*National Code of Practice for the Control of Work Related Exposure to Hepatitis and HIV (blood borne) viruses*

[*The Australian Immunisation Handbook 10th Edition*](http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home)

## 13. Related Documentation

*First Aid and Infection Prevention and Control Procedure*

*Hazard and Incident Reporting and Investigation Procedure.*

## 14 Further assistance

If further advice or assistance is required in relation this Guide, please contact the OHS Advisory Service on 1300 074 715 or e-mail [safety@edumail.vic.gov.au](mailto:safety@edumail.vic.gov.au).