Blood-Borne Viruses: HIV/AIDS & Hepatitis B/C

Purpose

To provide a policy for children, families and educators infected with a blood-borne virus with regard to participation and access to John Street, disclosures, infection control, confidentiality of records and anti-discrimination practices.

Objective

To ensure that participation and access to John Street and the management of blood-borne viruses is based on the following two principles:

1. People who are chronic carriers of either virus, 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).

2. 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.

Definitions

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

Scope of Policy

This policy applies to all children, families, educators and the community at John Street.

Policy Statement

No employee, prospective employee, family or child will be discriminated against on the grounds of
having, or being assumed to have, HIV/AIDS or Hepatitis B, Hepatitis C or viral hemorrhagic fevers.

At John Street, disease transmission means, for all practical purposes, accidents where the skin is punctured or, less commonly, accidents where the infected matter is splashed into the eyes, mouth, or onto an open wound. There is no evidence that HIV/AIDS or 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.

Information regarding the HIV/AIDS or Hepatitis B/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 John Street if their child is infected.

Procedures

References for this section include AIDS and the Workplace, Staying Healthy in Childcare, a National Health and Medical Research Council publication, and Kindergarten Parents Victoria guidelines on blood-borne diseases.

The prevention of HIV/AIDS and Hepatitis B and C infection at John Street 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 John Street 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 on’blood contact. The Director will ensure that at all times first aid equipment will include material for protection against risk of HIV/AIDS or Hepatitis B.

Exclusion

**HIV/AIDS** - Exclusion is not necessary. Children who have developed impairment of immunity should remain away from John Street 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.
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. Discard 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. (Don’t use hot water as it 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 seal the bag and dispose of it.
- Wash 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 hands thoroughly.
- All re-useable materials used to clean body fluids (i.e. 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 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 cleaning room.
Occupational Exposure to Blood-Borne Virus/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 Hepatitis B vaccination and Hepatitis B immunoglobulin, or AZT. (Instances of biting or scratching are not considered high-risk exposures.)
- The Director with the Health & Safety Representative should investigate the incident and take immediate action to reduce the likelihood of similar occurrence.
- All instances of exposure should be reported and recorded in the Staff Accident Book.

Responsibility

Responsibilities of the Board, the Director and the educators- If the Board, the Director and/or educators are informed that a child has HIV, or Hepatitis B or C, confidentiality must be maintained.

Responsibilities of families - Following medical advice, it can be expected that parents would consult with the Director 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.

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 childcare, pre-school 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. However, in Australia there have been very few cases of children being infected before, during or after birth when born to HIV infected mothers. In Australia, from 2001 – 2004 96131 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. The Hepatitis B virus 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 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, 2, 4 and 6 months of age. A course of 3 injections over 6 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 of Hepatitis C 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 though air or water, the sharing of plates, cups or cutlery, swimming pools toilets, kissing, coughing, sneezing or spitting.

Out of 4 people found to be infected with the hepatitis C virus:

- 1 person will eliminate the virus from their bodies spontaneously within the first 6–12 months of infection; and
- 3 people will go on to develop chronic hepatitis C infection, and some will develop liver damage.

Legislative Provisions

Education and Care Services National Law Act – 167 (1) (2) and (3), 175 (1)

Education and Care services National Regulations:

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<th>R.4</th>
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<td>– registered medical practitioner</td>
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| R. 90 | Medical Conditions Policy |

| R. 91 | Medical Conditions Policy to be provided to parents |

| R. 95 | Procedure for administration of medication |

| R.168 | Education and Care Services Must have policies and procedures |
| (2) (d) | – policies and procedures are required in relation to dealing with medical conditions in children, including matters set out in regulation 90 |

| R.177 | Prescribed enrolment and other documents to be kept by approved provider |
| (b) | – an incident, injury, trauma and illness record as set out in regulation 87 |
| (c) | – a medication record as set out in regulation 90 |

| R.181 | Confidentiality of records kept by approved provider |

| R.183 | Storage of records and other documents |

| R.184 | Storage of records after service approval transferred |

National Quality Standard for Early Childhood Education and Care & School Age Care

| Element 2.1.1 | Each child’s health needs are supported |
| Element 2.1.4 | Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines |
| Element 2.3.2 | Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury |
| Standard 4.1 | Staffing arrangements enhance children’s learning and development and ensure their safety and wellbeing |
| Element 7.3.5 | Service practices are based on effectively documented policies and procedures that are available at the service and reviewed regularly. |
Background Legislation

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<th>Information Privacy Act 2000 (Vic)</th>
<th>Management of personal information</th>
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<tr>
<td>A New Tax System Act 2000 (Cth.)</td>
<td>Family Assistance Administration</td>
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<td>Privacy Act 1988 (Cth.)</td>
<td>Information Privacy Principles</td>
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<tr>
<td>Health Records Act 2001 (Vic)</td>
<td>Personal Information</td>
</tr>
<tr>
<td>Disability Discrimination Act 1992 (Cth.)</td>
<td>Aims to ensure that people with disabilities have the same human rights as all members of the Australian community</td>
</tr>
<tr>
<td>Equal Opportunity Act 2010 (Vic)</td>
<td>Covers discrimination in education, amongst other things. It does not assume everyone is the same and it does not mean treating everyone the same</td>
</tr>
<tr>
<td>Victorian Charter of Human Rights &amp; Responsibilities 2011</td>
<td>Sets out the rights, freedoms and responsibilities that are shared by all Victorians and protected by law.</td>
</tr>
<tr>
<td>Occupational Health &amp; Safety Act 2004</td>
<td>Providing a safe environment</td>
</tr>
<tr>
<td>Public Health &amp; Wellbeing Regulations 2009</td>
<td>Immunisation &amp; Exclusion</td>
</tr>
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</table>

Sources


Worksafe Australia. (1989) AIDS and the Workplace. ANU:Canberra

Related John Street Policies, Procedures and Guidelines

<table>
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<tr>
<th>Policies</th>
<th>Enrolment, Orientation &amp; Custody Arrangements; Confidentiality &amp; Records Management; Dealing with Medical Conditions &amp; Medication; Dealing with Illness &amp; Infections; Occupational Health &amp; Safety; Health of Educators; Health of Children; Equity, Diversity and the Children’s Program; Inclusion of Children with Additional Needs;</th>
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<tr>
<td>Appendices</td>
<td>Hazard Report; Enrolment Form; Authority to Disclose Personal Information; Ambulance Contact Card; Accident Plan; Special Health Needs Support Plan</td>
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Authorisation & Review

The Board, through the Centre Director, will ensure the way in which blood-borne viruses are managed promotes community health, safety and wellbeing, is in the best interests of all stakeholders, and complies with relevant legislation including Occupational Health and Safety Laws.

The review and development of policies and procedures will be completed by the Grants and Policy sub-committee of the Board, in collaboration with John Street’s Director. Drafts will be circulated to seek input from staff and feedback from families, before final approval from the Board.

In accordance with R. 172 of the Education and Care Services National Regulations, John Street will ensure that families of children enrolled at John Street are notified at least 14 days before making any change to a policy or procedure that may have significant impact on: John Street’s provision of
education and care to any child enrolled at the service; a family’s ability to utilise the service; or the fees charged or the way in which fees are collected.

To ensure that John Street is compliant, and maintains collaborative approaches with the community, John Street will notify all families of children enrolled at least 14 days before making ANY policy change, unless this time period would pose risk to the safety, health or wellbeing of any child enrolled in the service, in which case John Street will act to adjust any policies and/or procedures to ensure the safety, health and wellbeing of all children at the service, and will notify families as soon as practicable after making the necessary change(s).

The Board authorises this policy and welcomes the opportunity to discuss any aspect with stakeholders. We appreciate your support while we strive to provide a quality education and care service for children and families in our community.

Date approved: __________________________

Signed: ________________________________

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<tr>
<th>Date Reviewed</th>
<th>Details of Change</th>
<th>Date of next Review</th>
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<tbody>
<tr>
<td>October 2006</td>
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<td>July 2007</td>
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<tr>
<td>February 2012</td>
<td>Redeveloped to include Hepatitis C, exclusions, and general information.</td>
<td>December 2013</td>
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<td>December 2014</td>
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