

Intereach Out of School Hours

Illness and Infectious Disease Procedure



Applies to	Intereach Out of School Hours (OOSH)				
Policy	NQS Two: Children's Health and Safety Policy				
Version	1.0	Date approved	25/07/2025	Next review date	24/07/2028

1. Background

Under the Education and Care Services National Regulations, an approved provider must ensure that policies and procedures are in place in relation to dealing with infectious diseases (regulation 168) and take reasonable steps to ensure those policies and procedures are followed (regulation 170)

Exclusion of infectious children significantly reduces the risk of the spread of diseases to other healthy children, staff and educators. Exclusion periods are recommended by the National Health and Medical Research Council (NHMRC), based on the time a child is infectious to others. Contacts of certain infectious diseases may, at the discretion of the local Public Health Unit, be excluded for their safety. There are circumstances where a child is too ill to attend childcare and needs to stay home for treatment and recovery. There are several diseases that are notifiable under the Public Health Act 2010 (NSW) and the Public Health and Wellbeing Regulations 2009 (Vic) to the local Public Health Unit.

2. Objective

Using standard infection control precautions will reduce the occurrence and risks of infectious disease, especially childcare, where risks of transmission of infectious disease are higher than in other work or community settings. Intereach staff and educators will minimise the spread of infectious diseases between children, other children, staff and educators, by:

- using standard infection control precautions against the transmission of infection; and,
- conforming to NHMRC requirements for exclusion of children with infectious diseases and other legislative requirements.

3. Responsibilities

It is the responsibility of the Nominated Supervisor to ensure:

- the immunisation status of children is recorded at the time of enrolment (Refer to the *Immunisation/Vaccination Procedure*);
- reasonable steps are taken to prevent the spread of the infectious disease;
- a notice is displayed stating that there has been an occurrence of an infectious disease at the at the OOSH centre or approved venue (section 172, regulation 173);
- notification requirements to the regulatory authority are met in relation to an outbreak of an infectious disease that poses a risk to the health, safety or wellbeing of children attending the service (section 174, regulation 175);
- the procedure ([Appendix 1](#)) for notifying the Public Health Unit under the NSW Public Health Act and Regulation 2010 and Victoria Public Health and Wellbeing Regulations 2009 is followed; and,
- current immunisation certificates are available for the children;

It is the responsibility of the educators and staff to:

- implement the *Illness and Infectious Disease Procedure* during an occurrence of infectious disease;
- monitor children's health, safety and wellbeing on a daily basis and manage accordingly;
- notify parents or an authorised emergency contact of children at the service of an occurrence of an infectious disease as soon as practicable;
- display a notice stating that there has been an occurrence of an infectious disease at the premises;
- role model good hygiene practices for cleaning hands, nappy changing, toileting and food handling;
- Ensure a hygienic environment is promoted and maintained
- integrate infection control awareness, hygiene and protective practices into educational programming and planning; and,
- communicate with families about infectious diseases in general and specific expectations within the service (e.g. exclusion periods);
- exclude from care and notify the Nominated Supervisor and provide details of any known or suspected person with any notifiable disease following the exclusion table set out in [Appendix 3](#);
- not work if they are unwell and contact the service as soon as possible to inform the Nominated Supervisor that they are unable to work; and,
- notify the parent/authorised emergency contact of each child of an occurrence of a notifiable disease.

It is the responsibility of parents/guardians to:

- be familiar with and follow the service's *Illness and Infectious Diseases Procedure*;
- ensure children are immunised against infectious diseases as recommended by recognised authorities and provide immunisation documentation upon enrolment and as immunisations are administered (Refer to the *Enrolment and Orientation Procedure*);
- keep their child at home if they are unwell or have an excludable infectious disease;
- keep their child at home if there is an infectious disease at the service and their child is not fully immunised against it; and,
- inform the service if their child has an infectious disease or has been in contact with a person who has an infectious disease.
- adhere to the Service's risk minimisation strategies if their child has complex medical needs in the event of an outbreak of an infectious disease or virus

4. Procedure

4.1. Occurrences of infectious diseases or illness

- Information is provided to parents/guardians about occurrences of a significant infectious disease within the service or educator's residence in a way that does not prejudice or discriminate against individuals.
- Difficult or unresolved situations are referred to the local Public Health Unit or discussed with the child's doctor (with the parent's or legal guardian's consent), before accepting the child into care.

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- Children, staff, volunteers and visitors who have infectious diseases are excluded in accordance with the NHMRC Recommended Minimum Periods of Exclusion (refer to [Appendix 3](#)). Also, advice will be sought from the local Public Health Unit as necessary.
- As per the Food Act 2003 (NSW) and Food Act 1984 (Vic), staff or educators who have pustular infections (such as boils) of the skin that cannot be covered or who are ill from gastroenteritis or hepatitis A are excluded from food handling duties.
- An *Incident, Injury, Trauma and Illness Form* is completed if a child becomes ill while in care, as per Education and Care Services Regulation 87 (3) (b) which includes the child's details, relevant circumstances and symptoms, date and time of onset of the illness, any action that has been taken, any family contacts or medical personnel contacted, any medication administered (Refer to *the Incident, Injury, Trauma and Illness Procedure*)
- Relevant advice from the Public Health Unit that was followed is documented in the *Incident, Injury, Trauma and Illness Form*.
- Clearance from the Public Health Unit is requested for children and staff who have had diphtheria, hepatitis A, polio, tuberculosis, and typhoid or paratyphoid infection to resume attendance.
- Children are excluded from the service when they:
 - are acutely ill and may need to see a doctor;
 - are vomiting, have a high temperature (a high temperature is over 37.5) or suffering from diarrhoea;
 - are too ill to participate in typical children's activities;
 - may require extra supervision to the detriment of the care and safety of the child or other children; and/or,
 - are ill from gastroenteritis for 48 hours after last vomit or loose stool (Refer to fact sheet on <https://www.health.nsw.gov.au/Infectious/factsheets/Pages/viral-gastroenteritis.aspx>).
- If it is considered that a child, on arrival, is displaying signs or symptoms of an infectious disease, the educator is not permitted to accept the child. While it is recognised that this can cause difficulties to parents/guardians, it is essential that other children in care are not knowingly exposed to an illness or infectious disease.
- If a child becomes ill at the service, the parent/guardian contacted and requested to collect the child or make arrangements to have the child collected, as soon as possible.
- Where a parent/guardian or the emergency contact person cannot be found, medical attention may be sought for a child who is ill.
- If a child has a suspected infectious disease, the parent/guardian will be contacted and asked to remove the child from the service
- Parents/guardians should
 - inform the Nominated Supervisor or educator as soon as practicable if their child is infected with or has been exposed to certain infectious diseases (refer to [Appendix 3](#));
 - must keep their child away from the children's service for the time specified in the exclusion table (refer to [Appendix 3](#)); and,
 - get a medical diagnosis confirmed by a medical practitioner where possible.

4.2. Infection Control

Intereach educators and staff will follow the infection-control procedures as outlined in the [Staying Healthy: Preventing infectious diseases in early childhood education and care publication](#), including the following guidelines:

- be aware that transmission of infectious disease, especially respiratory and diarrhoeal infections, occurs more frequently in the children service environments because of the close contact between groups of children;
- have an understanding that Aboriginal and Torres Strait Islander children are more at risk of some infectious diseases, especially respiratory, diarrhoeal and ear infections;
- ensure children, staff and visitors wash hands correctly;
- ensure additional barriers, such as disposable gloves are used where appropriate;
- regularly clean the indoor environment using pH-neutral detergent and water;
- regularly wash and clean toys and play equipment;
- launder all soiled linen, towels, facecloths and clothing as needed
- ensure a fresh supply of towels and facecloths are available daily;
- ensure children do not share brushes, combs, toothbrushes, bottles, dummies, towels, facecloths and handkerchiefs;
- ensure safe storage, disposal or laundering of soiled nappies;
- where possible, separate acutely ill children from healthy children until they can be picked up by their family or emergency contact;
- where an outbreak of a vaccine-preventable disease occurs at a service, exclude children who are not immunised or are too young to have been immunised on advice from the local health authority;
- exclude and advise the family to seek medical advice for any child of which there are health concerns, e.g. potential serious or infectious disease, unwell and unable to participate in regular activities of the service;
- exclude children who have a respiratory infection, diarrhoea, any vaccine-preventable disease, a transmissible skin infection not yet being treated, or any other infectious disease;
- clean (as per the *Children's Services Contact with Blood and Fluids Procedure*) any contact with spills of blood or body fluids; and,
- be aware of the HIV/AIDS Guidelines (see [Appendix 2](#)).

5. Monitoring, evaluation and review

This procedure will be reviewed every three years and incorporate feedback and suggestions from children, families, educators, co-ordinators, volunteers and students or when there is a legislative change.

6. National Quality Framework

Element	Concept	Description
2.1	Health	Each child's health and physical activity is supported and promoted.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.

Element	Concept	Description
2.1.3	Healthy lifestyle	Healthy eating and physical activity are promoted and appropriate for each child.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented

7. Procedure context: this procedure relates to	
7.1. Standards or other external requirements	<p>Australian Children's Education and Care Quality Authority (2017), National Quality Standards</p> <p>Australian Children's Education and Care Quality Authority (2017), Guide to the National Quality Framework</p> <p>Department of Education, Employment and Workplace Relations, Childcare Service Handbook, 2017 - 2018</p> <p>Immunisation Enrolment Toolkit – For Early Childhood Education and Care Services 2017, Accessed July 2023 from http://www.health.nsw.gov.au</p> <p>NHMRC. (2013), <i>The Australian Immunisation Handbook</i>. (10th ed.), Accessed July 2023 from https://www.health.gov.au/topics/immunisation</p> <p>National Health and Medical Research Council 2024 (6th Ed), Staying Healthy: Preventing infectious diseases in early childhood education and care services https://www.nhmrc.gov.au</p>
7.2. Legislation or other requirements	<p>Education and Care Services National Regulations consolidated 2017</p> <p>Education and Care Services National Law Act 2010</p> <p>NSW Public Health Act 2010</p> <p>Public Health Amendment (Review) Bill 2017</p> <p>Victoria Public Health and Wellbeing Regulation 2009</p> <p>Food Act 2003 (NSW)</p> <p>Food Act 1984 (Vic)</p> <p>Occupational Health and Safety Act 2000 and Regulation 2001 (NSW)</p> <p>No Jab No Play, No Jab No Pay – National and state legislation in relation to immunisation requirements for childcare</p>
7.3. Internal Documentation	<p>Contact with Blood and Fluids Procedure</p> <p>Immunisation / Vaccination Procedure</p> <p>Enrolment and Orientation Procedure</p> <p>Incident, Injury, Trauma and Illness Procedure</p> <p>Incident, Injury, Trauma and Illness Form</p>

8. Document control			
Version	Date approved	Approved by	Next review date
1.0	2/12/2019	R. Phillips - Acting Senior Manager, Children and Family Services	2/12/2022
2.0	29/09/2020	Sam Hall – General Manager, Operations	29/09/2023
3.0	16/8/2023	M. Piffero – General Manager, Operations	16/8/2026
1.0	25/07/2025	The Children's Services procedure separated to be a standalone procedure for OOSH and approved by: N Brown – Compliance, Safety & Risk Manager	24/07/2028

Appendix 1

Procedure for notifying the public health unit of notifiable diseases

New South Wales

Under the Public Health Act 2010, exclude from care and notify the service Nominated Supervisor and provide details of any known or suspected person with any of the following vaccine-preventable diseases: (<https://www.health.nsw.gov.au>)

- Diphtheria;
- Measles;
- Mumps;
- Pertussis (Whooping cough);
- Haemophilus influenza Type b (Hib);
- Meningococcal disease;
- Poliomyelitis;
- Rubella (German measles); and,
- Tetanus.

According to NSW Health, Nominated Supervisors of Children's Services must notify the local Public Health Unit of the above-listed illnesses.

In addition to the above illnesses, the Public Health Unit will be notified by the Nominated Supervisor if two or more cases of the following illnesses occur in the centre:

- Cryptosporidiosis;
- Gastroenteritis;
- Giardiasis;
- Norovirus;
- Rotavirus;
- Salmonellosis; and,
- Shigellosis.

Contact:

Department of Health

Telephone 1300 066 055

Victoria

Children's services have a responsibility under Part 8 of the Public Health and Wellbeing Act 2008 and Public Health and Wellbeing Regulations 2009 to manage the following infectious diseases: (<https://www.health.vic.gov.au/infectious-diseases>)

- Whooping cough (pertussis);
- Polio;
- Measles;
- Mumps;
- Rubella (German measles); and,
- Meningococcal disease.

If a child becomes ill while in service, educators will:

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- isolate children who became unwell during the day from other children and send the unwell child home as soon as possible;
- exclude the unwell child;
- notify the department immediately if a child is suspected of having one of the six infectious diseases listed above; please call the department even if you believe a doctor has already done so; and,
- defer any action, such as alerting parents, excluding unwell children or displaying signage, until directed to do so by the department.

Note: Parents of children enrolled in a service should ensure that unwell children do not attend, as per national guidelines (Staying healthy: preventing infectious diseases in early childhood education and care services, 5th edition).

Depending on the results of the department's investigation, possible actions which the department may advise could include:

- communicating with staff or parents/guardians – for example, through letters, signage, emails or phone calls.
- excluding, for a specified period, children considered by the department as being at risk of infection – for example, unimmunised children or children whose immunisation status is unknown.

Contact:

Department of Health and Human Services

Telephone 1300 651 160

Fax 1300 651 170

Online via <https://www2.health.vic.gov.au/public-health/infectious-diseases/notify-condition-now>

Note: Family Day Care staff and educators must keep a record of all cases of illnesses/infectious diseases.

Appendix 2

HIV/AIDS GUIDELINES

How does it spread?

HIV spreads through direct contact with infected blood and body fluids, usually through needle puncture, broken skin or a break in the mucous membranes. In Australia, most HIV infections are caused by:

- unprotected sex;
- sharing drug-injecting equipment;
- spread of the virus from mother to infant during either pregnancy, birth or breastfeeding; and,
- receiving blood or blood products before screening was introduced in 1985.

HIV does not spread through social contact in schools, at home or in the workplace. It does not spread through air or water; swimming pools or toilets; sharing of plates, cups or cutlery; or kissing, coughing, sneezing or spitting. HIV is not spread by mosquitoes or other biting insects.

Responsibilities of educators and other staff

- maintain confidentiality if a child has HIV;
- if it is considered that the Nominated Supervisor should be informed, this can only occur with the consent of the HIV infected person or the parents/guardians of the child concerned;
- if parents/guardians, staff or educators request that information remains confidential, and this request is breached, legal action could ensue;
- practise standard precautions for handling blood and other body fluids at all times, because you may not know if people are carrying the virus; and,
- ensure that open wounds are covered with a waterproof dressing.

Responsibilities of parents

- parents may tell educators or other staff if their child has HIV, but they do not have to;
- children with HIV are more likely to have severe infections than others, and more consideration and care must be given to their immunisation with common vaccines;
- keep children with HIV at home during outbreaks of infectious diseases in the education and care service;
- ensure that open wounds are covered with a waterproof dressing. Controlling the spread of infection;
- practise standard precautions for handling blood and other body fluids at all times for all people; and,
- ensure that open wounds are covered with a waterproof dressing.

Note: In all States and Territories of Australia, only medical practitioners have to notify AIDS cases to the relevant State Health Department.

Anti-Discrimination

Staff, educators, members of educator's families, parents/guardians and children shall not be discriminated against on the grounds of having or being assumed to have HIV infection or AIDS. This policy reflects the law in NSW and Victoria, which makes such discrimination unlawful.

APPENDIX 3

Recommended minimum exclusion periods for common or concerning conditions:

These are 20 of the more common or concerning conditions seen in care services.
For the full list of exclusion based on conditions, see the *Staying Healthy* guidelines.



CONDITION	EXCLUSION OF DIAGNOSED PERSON
Chickenpox (varicella)	Exclude until all blisters have dried – this is usually at least 5 days after the rash first appeared in non-immunised children, and less in vaccinated children See the guidelines for contact exclusions
Conjunctivitis or eye discharge	Exclude until discharge from the eyes has stopped (unless a doctor has diagnosed non-infectious conjunctivitis)
Ear infection	Not excluded unless they also have concerning symptoms (fever, rash, tiredness, pain, poor feeding)
Fever	Exclude until the temperature remains normal, unless the fever has a known non-infectious cause If the child has gone home from the service with a fever but their temperature is normal the next morning, they can return to the service If the child wakes in the morning with a fever, they should stay home until their temperature remains normal If a doctor later diagnoses the cause of the child's fever, follow the exclusion guidance for that disease
Gastroenteritis ('gastro') • <i>Campylobacter</i> infection • <i>Cryptosporidiosis</i> • <i>Giardia</i> infection (giardiasis) • Rotavirus infection • <i>Salmonella</i> infection (salmonellosis) • <i>Shigella</i> infection (shigellosis)	Exclude until there has not been any diarrhoea or vomiting for at least 24 hours Staff members with these symptoms should not handle food until they have not vomited or had diarrhoea for at least 48 hours (they can be assigned to other duties after at least 24 hours, or stay away from the service for at least 48 hours) Check if your state or territory has different requirements for gastroenteritis
• Norovirus infection	Exclude until there has not been any diarrhoea or vomiting for at least 48 hours
Hand, foot and mouth disease	Exclude until all blisters have dried
Head lice	Not excluded, as long as effective treatment begins before the next attendance at the service The child does not need to be sent home immediately if head lice are detected
Hib (<i>Haemophilus influenzae</i> type b)	Exclude until the person has received treatment for at least 4 days
Measles	Exclude for at least 4 days after the rash appeared See the guidelines for contact exclusions
Meningitis (viral)	Exclude until person is well
Meningococcal infection	Exclude until the person has completed antibiotic treatment
Mumps	Exclude for at least 9 days or until swelling goes down (whichever is sooner)
Pneumococcal disease	Exclude until person has received antibiotic treatment for at least 24 hours and feels well
Rash	Not excluded unless combined with other concerning symptoms (fever, tiredness, pain, poor feeding)
Respiratory conditions and infections • Bronchitis and bronchiolitis • Common cold • COVID-19 (also refer to state or territory advice) • Croup • Flu (influenza) • Human metapneumovirus • Pneumonia • RSV (respiratory syncytial virus)	If a person has respiratory symptoms (cough, sneezing, runny or blocked nose, sore throat), exclude them only if: • the respiratory symptoms are severe, or • the respiratory symptoms are getting worse (more frequent or severe), or • they also have concerning symptoms (fever, rash, tiredness, pain, poor feeding) <u>Otherwise do not exclude.</u> A person can often have an ongoing cough after they have recovered from a respiratory infection. If their other symptoms have gone and they are feeling well, they can return to the service
Shingles (zoster infection)	Exclude children until blisters have dried and crusted Adults who can cover the blisters are not excluded (they are excluded if blisters cannot be covered) See the guidelines for contact exclusions
Skin-related infections • Cold sores (herpes simplex)	Not excluded if the person can maintain hygiene practices to minimise the risk of transmission If the person cannot maintain these practices (for example, because they are too young), exclude until the sores are dry Cover sores with a dressing, if possible
• Fungal infections of the skin or scalp (ringworm, tinea, athlete's foot) • Impetigo (school sores) • Scabies and other mites causing skin disease	Exclude until the day after starting treatment For impetigo, cover any sores on exposed skin with a watertight dressing
• Warts	Not excluded
Strep throat	Exclude until the person has received antibiotic treatment for at least 24 hours and feels well
Whooping cough (pertussis)	Exclude until at least 5 days after starting antibiotic treatment, or for at least 21 days from the onset of coughing if the person does not receive antibiotics See the guidelines for contact exclusions
Worms	Not excluded



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Table 1.1 Recommended minimum exclusion periods

Condition	Exclusion of case	Exclusion of contacts^a
<i>Campylobacter</i> infection	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Candidiasis (thrush)	Not excluded	Not excluded
Cytomegalovirus (CMV) infection	Not excluded	Not excluded
Conjunctivitis	Exclude until discharge from the eyes has stopped, unless a doctor has diagnosed non-infectious conjunctivitis	Not excluded
<i>Cryptosporidium</i>	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Diarrhoea (no organism identified)	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Fungal infections of the skin or nails (e.g. ringworm, tinea)	Exclude until the day after starting appropriate antifungal treatment	Not excluded
Giardiasis	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Glandular fever (mononucleosis, Epstein–Barr virus [EBV] infection)	Not excluded	Not excluded
Hand, foot and mouth disease	Exclude until all blisters have dried	Not excluded
<i>Haemophilus influenzae</i> type b (Hib)	Exclude until the person has received appropriate antibiotic treatment for at least 4 days	Not excluded Contact a public health unit for specialist advice
Head lice (pediculosis)	Not excluded if effective treatment begins before the next day at the education and care service The child does not need to be sent home immediately if head lice are detected	Not excluded
Hepatitis A	Exclude until a medical certificate of recovery is received and until at least 7 days after the onset of jaundice	Not excluded Contact a public health unit for specialist advice about vaccinating or treating children in the same room or group
Hepatitis B	Not excluded	Not excluded
Hepatitis C	Not excluded	Not excluded
Herpes simplex (cold sores, fever blisters)	Not excluded if the person can maintain hygiene practices to minimise the risk of transmission If the person cannot comply with these practices (e.g. because they are too young), they should be excluded until the sores are dry Sores should be covered with a dressing, where possible	Not excluded
Human immunodeficiency virus (HIV)	Not excluded If the person is severely immune compromised, they will be vulnerable to other people's illnesses	Not excluded
Human parvovirus B19 (fifth disease, erythema infectiosum, slapped cheek syndrome)	Not excluded	Not excluded

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Condition	Exclusion of case	Exclusion of contacts^a
Hydatid disease	Not excluded	Not excluded
Impetigo	Exclude until appropriate antibiotic treatment has started Any sores on exposed skin should be covered with a watertight dressing	Not excluded
Influenza and influenza-like illnesses	Exclude until person is well	Not excluded
Listeriosis	Not excluded	Not excluded
Measles	Exclude for 4 days after the onset of the rash	Immunised and immune contacts are not excluded For non-immunised contacts, contact a public health unit for specialist advice All immunocompromised children should be excluded until 14 days after the appearance of the rash in the last case
Meningitis (viral)	Exclude until person is well	Not excluded
Meningococcal infection	Exclude until appropriate antibiotic treatment has been completed	Not excluded Contact a public health unit for specialist advice about antibiotics and/or vaccination for people who were in the same room as the case
Molluscum contagiosum	Not excluded	Not excluded
Mumps	Exclude for 9 days or until swelling goes down (whichever is sooner)	Not excluded
Norovirus	Exclude until there has not been a loose bowel motion or vomiting for 48 hours	Not excluded
Pertussis (whooping cough)	Exclude until 5 days after starting appropriate antibiotic treatment, or for 21 days from the onset of coughing	Contact a public health unit for specialist advice about excluding non-vaccinated contacts, or antibiotics
Pneumococcal disease	Exclude until person is well	Not excluded
Roseola	Not excluded	Not excluded
Ross River virus	Not excluded	Not excluded
Rotavirus infection	Exclude until there has not been a loose bowel motion or vomiting for 24 hours ^b	Not excluded
Rubella (German measles)	Exclude until the person has fully recovered or for at least 4 days after the onset of the rash	Not excluded
Salmonellosis	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Scabies	Exclude until the day after starting appropriate treatment	Not excluded
Shigellosis	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Streptococcal sore throat (including scarlet fever)	Exclude until the person has received antibiotic treatment for at least 24 hours and feels well	Not excluded
Toxoplasmosis	Not excluded	Not excluded

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Condition	Exclusion of case	Exclusion of contacts^a
Tuberculosis (TB)	Exclude until medical certificate is produced from the appropriate health authority	Not excluded Contact a public health unit for specialist advice about screening, antibiotics or specialist TB clinics
Varicella (chickenpox)	Exclude until all blisters have dried—this is usually at least 5 days after the rash first appeared in non-immunised children, and less in immunised children	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection as they are at high risk of developing severe disease Otherwise, not excluded
Viral gastroenteritis (viral diarrhoea)	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Worms	Exclude if loose bowel motions are occurring Exclusion is not necessary if treatment has occurred	Not excluded

a The definition of 'contacts' will vary according to the disease—refer to the specific fact sheet for more information.

b If the cause is unknown, possible exclusion for 48 hours until the cause is identified. However, educators and other staff who have a food handling role should always be excluded until there has not been a loose bowel motion for 48 hours. Adapted from SA Health Communicable Disease Control Branch <http://www.dh.sa.gov.au/pehs/ygw/index.htm>. Note that exclusion advice is consistent with the Communicable Diseases Network Australia Series of National Guidelines (SoNGs), where available.

Some diseases—such as pertussis, typhoid, tuberculosis, meningococcal disease and hepatitis A—can cause concern among parents and sometimes interest from the media. Education and care services should consult their local public health unit, which can provide support and education in the event of a concerning disease.

Taken from the National Health and Medical Research Council (2013). Staying Healthy Preventing infectious diseases in early childhood education and care services (6th Ed - 2024.)