

Intereach Children's Services

Illness and Infectious Disease Procedure



Applies to	Intereach Family Day Care (FDC)				
Policy	NQS Two: Children's Health and Safety Policy				
Version	1.0	Date approved	02/07/2025	Next review date	02/07/2028

1. Objective

Intereach, as the Approved Provider, is committed to supporting the health and safety of all children by ensuring appropriate responses to illness and infectious disease within its Family Day Care services.

The purpose of this procedure is to provide clear guidelines for identifying, managing, and responding to cases of illness and infectious diseases in children. This is to ensure the well-being of all children, educators, and families, while minimising the risk of transmission and maintaining a safe and healthy environment.

This procedure aims to reduce the spread of infection, support timely and appropriate care for unwell children, and ensure continuity of education and care in alignment with public health advice and best practice.

2. 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)

3. Responsibilities

It is the responsibility of the Nominated Supervisor to:

- take reasonable steps to ensure that staff and educators adhere to the Illness and infectious disease procedure
- ensure that each child's immunisation status is accurately recorded at the time of enrolment and comply with relevant legislative requirements regarding the enrolment and attendance of children who are not up to date with their scheduled vaccinations, including any applicable exclusion periods during outbreaks of vaccine-preventable diseases (Refer to the *Immunisation/Vaccination Procedure*);
- take reasonable steps are to prevent the spread of the infectious disease;
- ensure educators are aware of their responsibility to display a notice stating that there has been an occurrence of an infectious disease at the FDC residence or approved venue (section 172, regulation 173)
- ensure 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); and,
- notify the Public Health Unit under the NSW Public Health Act and Regulation 2010 and Victoria Public Health and Wellbeing Regulations 2009 when required.

It is the responsibility of the educators and staff to:

- implement the *Illness and Infectious Disease Procedure*
- not provide education and care if they, or any member of their household, are unwell or have an excludable infectious disease
- monitor children's health, safety and wellbeing daily and manage accordingly;
- notify parents or an authorised emergency contact of children at the family day care (FDC) residence 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 FDC residence;
- role model good hygiene practices for cleaning hands, nappy changing, toileting and food handling;
- integrate infection control awareness, hygiene and protective practices into educational programming and planning, routines and rituals; and,
- communicate with families about infectious diseases in general and specific expectations within the service (e.g. exclusion periods);
- exclude from care, 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 1](#);

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;
- not administer medication to their child to reduce fever prior to their arrival. Keep child home, if they wake with a fever
- keep their child at home if there is an infectious disease at the service and their child is not fully immunised against it; and,
- when requested, collect child as soon as practical when they become unwell at the service.
- inform the service (educator) if their child has an infectious disease or has been in contact with a person who has an infectious disease.
- notify the educator/ coordination unit if they have sought further medical attention for an illness, and
- when requested, provide a medical clearance for your child when returning to education and care after illness.

4. Procedures

4.1. Child becomes unwell during care

To ensure the health, safety, and wellbeing of all children, educators will follow the procedure below when a child becomes unwell during care.

To form a reasonable suspicion that a child is unwell, educators will:

- utilise their professional knowledge of common childhood illnesses and their associated signs and symptoms.
- apply their understanding of the child's typical behaviour and demeanour.

- refer to guidance provided in the *Staying Healthy – Preventing infectious diseases in early childhood education and care services (6th Edition)*.
- Consider the following:
 - what is the child's overall presentation and demeanour? are they behaving normally for them?
 - what information has been shared by the child's parent or guardian (e.g. teething, lack of sleep, known family illness)?
 - does the child have a known medical condition?
 - are other children displaying similar symptoms?

When a child appears unwell, educators will:

- closely monitor the child and provide comfort and appropriate care.
 - where possible, keep the child separated from other children within the approved premises in a safe, comfortable, and supervised location.
 - if the child has a known medical condition, implement their medical management plan as required.
- promptly contact the child's parent/guardian (or authorised emergency contact) and request that the child be collected as soon as possible.
- complete an Incident, Illness, Injury and Trauma Record
- on collection, provide the parent/guardian or emergency contact with a verbal summary of the child's signs and symptoms, the completed incident report for review and signature. A copy is to be provided if requested.
- inform the parent/guardian that the child must not return to care until:
 - they have completed the appropriate exclusion period if diagnosed with an infectious illness, and
 - they are well enough to fully participate in the educational program,
 - they no longer require extra supervision to the detriment of the care and safety of the child or other children

If more than one child presents with similar signs or symptoms of illness:

- notify all enrolled families while maintaining the confidentiality of individual children.
- communication may be shared via verbal communication, text, or approved online platforms using messages such as:

"Some children have become unwell and are presenting with the following symptoms: [insert symptoms]. To help reduce the spread of illness, please keep your child at home if they are unwell and notify the service of any symptoms they may be experiencing."

Note: *If the unwell child is later hospitalised, the educator must notify the Nominated Supervisor, who will complete the required regulatory authority notification process in accordance with the Education and Care Services National Regulations.*

4.2. Child develops a fever while in care

Educators are responsible for responding promptly and appropriately when a child develops a fever during Family Day Care. It is important to note that a child's body temperature may rise temporarily above 38°C due to factors such as waking from sleep, physical activity, or exposure to warm environments. These situations do not necessarily indicate illness or infection.

To determine whether a child is unwell with a fever, educators will assess:

- the child's overall demeanour and behaviour, in conjunction with measuring their temperature.
- observations for signs of illness, such as being hot to the touch, lethargy, sweating, shivering, muscle aches, or complaints of a headache

4.3. Steps to take when a child presents with a fever

If a child appears unwell, educators will:

- take the child's temperature using a reliable thermometer:
 - if the temperature is between **37.5°C and 38°C**, retest after 30 minutes.
 - if the child's temperature is **above 38°C**, this is considered a fever.
- notify the parent/guardian or authorised emergency contact immediately and request they collect the child as soon as possible.
- provide comfort and appropriate care while waiting for the child to be collected:
 - monitor the child closely and keep them in a safe, supervised, and comfortable area within the approved premises, preferably separated from other children.
 - offer frequent small drinks of water to prevent dehydration.
 - wipe the child's forehead with a face washer soaked in slightly warm water. do not use cold baths or showers, as these may cause the child to become too cold.
 - dress the child appropriately—ensure they are not overdressed or underdressed. if the child is shivering, add a light blanket or extra layer until they are warm.
 - if the child has a known medical condition, follow their Medical Management Plan.
- on collection, provide the parent/guardian or emergency contact with a verbal summary of the child's signs and symptoms, the completed incident, injury, illness and trauma report for review and signature. a copy is to be provided if requested
- inform the parent/guardian the child must not return to care until all the following conditions are met:
 - the child is no longer experiencing a fever (temperature has remained below 38°C without medication),
 - the child is well and able to fully participate in the family day care program,
 - they no longer require extra supervision to the detriment of the care and safety of the child or other children, and
 - if diagnosed with an illness, the child has completed the required exclusion period, in line with the *staying healthy – 6th edition* guidelines.

Important: As per *Staying Healthy 6thth Edition*, if a child wakes with a fever in the morning, they should remain at home until their temperature is normal and they are well. If a medical practitioner diagnoses the cause of the fever, the child must complete the specified exclusion period before returning to care.

4.4. When a child has been diagnosed with an infectious illness

If a child is diagnosed with an infectious illness by a registered medical practitioner, the following steps will be taken to ensure the health and safety of all children, educators, and families:

- inform the parent/guardian that their child must not return to care until they have:
 - completed the required exclusion period for the diagnosed illness, as specified in the *staying healthy – preventing infectious diseases in early childhood education and care services (6th edition)*, and

- are well and able to fully participate in the family day care program without requiring additional care.
- they no longer require extra supervision to the detriment of the care and safety of the child or other children

To help minimise the risk of transmission, the educator will, as soon as practical and without compromising the confidentiality of the unwell child, notify all enrolled families by:

- display a notice stating that there has been an occurrence of an infectious disease in a prominent, visible location within the Family Day Care environment (e.g. entrance, communication board).
- provide families with the relevant fact sheet from *Staying Healthy – 6th edition* that outlines information about the diagnosed infectious illness, including symptoms, transmission, and prevention
- Notify the coordination of the infectious disease notification

4.5. Outbreak of an infectious illness

For the purposes of this procedure, an outbreak of an infectious illness is defined as:

- one or more cases of a vaccine-preventable illness (e.g. measles, whooping cough)
- two or more cases of diagnosed gastroenteritis occurring within a 1–3 day period,
- more than one case of the same illness, with confirmation from the local public health unit that an outbreak is occurring in the area.
- educators must notify the nominated supervisor as soon as reasonably practicable of any of the above

In the event of a confirmed or suspected outbreak, the Nominated Supervisor will:

- confirm and/or notify the local Public Health Unit (PHU) to report the suspected or confirmed outbreak as per *Staying Healthy* in childcare 6th edition Contact details are:

NSW Contact:

Department of Health
Telephone 1300 066 055

Victoria 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>

- follow all directions provided by the PHU, which may include:
 - distribute health alerts or official communication to families and educators.
 - implementing enhanced hygiene practices and infection control measures (e.g. additional cleaning, hand hygiene reinforcement).
 - enforce temporary exclusions where required by the PHU.
- submit a report through the National Quality Agenda IT System (NQAITS) as a serious incident, in accordance with the *Education and Care Services National Regulations*.
- Keep a record a record of all cases of illnesses/infectious diseases.

4.6. Medical Clearances

While medical clearances are not routinely required for a child to return to care after being unwell, there are circumstances where a clearance may be necessary to ensure the health and safety of all children and educators.

- It is at the discretion of the educator with support from the coordination unit staff to request a medical clearance prior to a child returning to care.
Please note if a child has undergone surgery/hospitalisation a medical clearance **MUST** be provided
- In most cases, a medical clearance is not required for a child who has been unwell to return, provided:
 - The child is no longer displaying symptoms,
 - The child has completed any applicable exclusion periods, and
 - The child is well and able to fully participate in the program, and
 - They no longer require extra supervision to the detriment of the care and safety of the child or other children
- During an outbreak of an infectious illness, the Public Health Unit (PHU) may direct or recommend that medical clearances be obtained before a child can return to care.
- When a medical clearance is requested, the certificate must be:
 - issued by a registered medical practitioner,
- Include the child's full name and the date of assessment,
 - Clearly state that the child is:
 - Not suffering from an infectious illness or
 - No longer infectious, and
 - Is fit to return to and participate in the Family Day Care program.

4.7. Preventing Infection

The most important actions to break the chain of infection and stop the spread of diseases are: Intereach educators and staff will follow the Preventing infection and healthy environment actions as outlined in the [Staying Healthy: Preventing infectious diseases in early childhood education and care](#), including:

Personal Strategies

- Immunisation
- Hand hygiene
- Respiratory hygiene
- Wearing gloves and masks
- Hygiene during Nappy changing and toileting
- Safety dealing with wounds and body fluids
- Taking care with animals
- Taking additional precautions to Protect pregnant staff and visitors

Environmental Strategies

- Ventilation
- Cleaning, and
- Food safety

Exclusion

- Action to limit infection sources

In addition to the infection prevention and control measures outlined, educators and staff will refrain from kissing children. This practice helps to minimise the potential spread of infectious illnesses through close contact and is in line with best practice guidelines for reducing the transmission of respiratory and other contagious infections.

Physical affection and comfort can still be offered in safe, nurturing ways that support children's emotional wellbeing while protecting the health of all individuals in the care environment.

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.
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. Context

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. (10th ed.)</i>, 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>
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7.2. Legislation or other requirements	<p>Education and Care Services National Regulations consolidated 2017 Education and Care Services National Law Act 2010 NSW Public Health Act 2010 Public Health Amendment (Review) Bill 2017 Victoria Public Health and Wellbeing Regulation 2009 Food Act 2003 (NSW) Food Act 1984 (Vic) Occupational Health and Safety Act 2000 and Regulation 2001 (NSW) No Jab No Play, No Jab No Pay – National and state legislation in relation to immunisation requirements for child care</p>
7.3. Internal Documentation	<p>Contact with Blood and Fluids Procedure Immunisation / Vaccination Procedure Enrolment and Orientation Procedure Incident, Injury, Trauma and Illness Procedure Incident, Injury, Trauma and Illness Form</p>

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	02/07/2025	The Children's Services procedure separated to be a standalone procedure for FDC and approved by: J Farrow - Manager Education and Care	02/07/2028

APPENDIX 1

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

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.)