



# Dealing with Infectious Diseases Policy

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National Quality Area		
QA2	2.1.2	Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.
National Regulations		
Regs	77	Health, hygiene and safe food practices
	85	Incident, injury, trauma and illness policies and procedures
	86	Notification to parents of incident, injury, trauma and illness
	87	Incident, injury, trauma and illness record
	88	Infectious diseases
	90	Medical conditions policy
	162	Health information to be kept in enrolment record

## Aim

To minimise the spread of infectious diseases and maintain a healthy and safe environment by:

- early identification of illness
- following exclusion periods
- notifying families and authorities where required
- maintaining hygiene and infection-control practices
- ensuring all decisions prioritise child safety and wellbeing

## Related Policies

Enrolment Policy

Food Nutrition and Beverage Policy

Health, Hygiene and Safe Food Policy

Incident, Injury, Trauma and Illness Policy

Medical Conditions Policy

Privacy and Confidentiality Policy



# Implementation

## Dealing with Infectious Diseases

Role	Responsibilities
Approved Provider /Nominated Supervisor	<ul style="list-style-type: none"> <li>• Ensure educators implement hygiene and infection-control practices</li> <li>• Exclude children who show symptoms of infectious illness</li> <li>• Follow the <b>NHMRC Recommended Minimum Exclusion Periods</b></li> <li>• Notify the NSW Public Health Unit of <b>notifiable diseases within 24 hours</b></li> <li>• Inform families of infectious diseases present in the service (without naming the child)</li> <li>• Maintain confidentiality of health information</li> <li>• Ensure educators who become sick do not attend work</li> <li>• Arrange relief educators as needed</li> <li>• Ensure all staff receive induction on illness and exclusion processes</li> </ul>
Educators	<ul style="list-style-type: none"> <li>• Monitor children for symptoms of illness</li> <li>• Exclude children with suspected infectious disease until a medical certificate clearance is provided</li> <li>• Inform the nominated supervisor immediately if they themselves become ill</li> <li>• Implement isolation, hygiene and cleaning procedures</li> <li>• Complete illness documentation as required</li> <li>• Communicate with families respectfully and clearly</li> <li>• Always protect privacy</li> <li>• Follow direction from NSW Health during outbreaks</li> </ul>
Families	<ul style="list-style-type: none"> <li>• Keep unwell children at home</li> <li>• Advise educators of any symptoms or medication given within the last 48 hours</li> <li>• Pick up their child within one hour when contacted</li> <li>• Provide medical clearance when requested</li> <li>• Notify the service if the child has been exposed to an infectious disease</li> </ul>



## Fevers

A fever is defined as **38°C or higher**.

When a child develops a fever:

- notify parents immediately
- request urgent collection
- apply first aid following service procedures
- offer fluids and ensure comfortable clothing
- administer paracetamol only with written authorisation
- call an ambulance if serious symptoms appear (rash, lethargy, vomiting, breathing difficulty)

Children must not return until fully well and fever-free.

## Head Lice (Pediculosis)

Head lice are a common communicable condition in children and do not pose a serious health risk. They spread primarily through direct head-to-head contact. Consistent with NSW Health guidance, the service follows the procedures below to manage head lice respectfully and effectively.

### Identification and Notification

- If educators reasonably suspect a child has head lice or eggs (nits), they may discreetly check the child's hair in a manner that protects the child's privacy and dignity.
- If identified, families will be notified as soon as possible.
- An incident report will be completed.
- A general notification will be provided to families without identifying the affected child.

### Attendance and Exclusion

- Children may remain at the service for the rest of the day unless educators believe it is not possible to prevent head-to-head contact. In this case, families will be asked to collect the child.
- Children may return the next day once appropriate treatment has commenced and no live lice are present.
- If live lice are observed when the child arrives or noticed again during the day, the family will be asked to take the child home for further treatment.



Role	Responsibilities
Families will	<ul style="list-style-type: none"> <li>• Begin treatment as soon as head lice are detected and check other household members.</li> <li>• Inform the nominated supervisor if their child is diagnosed with head lice, so other families can be notified promptly.</li> </ul>
Staff and volunteers	<ul style="list-style-type: none"> <li>• Must not attend the service if they themselves have live lice and should commence treatment before returning.</li> </ul>
The service will	<ul style="list-style-type: none"> <li>• Provide families with information from NSW Health about identifying and treating head lice.</li> </ul>

## Notifiable Infectious Diseases

The Nominated Supervisor must notify the **Local Public Health Unit within 24 hours** if a child or educator contracts:

- Diphtheria
- Hib
- Measles
- Mumps
- Meningococcal disease
- Pertussis (Whooping cough)
- Poliomyelitis
- Rubella
- Tetanus
- Gastroenteritis outbreak (2+ cases in 48 hours)

PHU phone: **1300 066 055**

Website: NSW Health Public Health Units

All instructions from NSW Health will be followed.



## Exclusion Periods

The service will use the **NHMRC Staying Healthy: 5th Edition** “Recommended Minimum Exclusion Periods” for:

- viral infections
- gastrointestinal infections
- respiratory infections
- vaccine-preventable diseases
- skin infections
- parasitic infections

Families will be provided access to this table on request or via the service display area.

Children who are unwell **must stay home**, even if the condition is non-excludable.

Parents are responsible for payment of fees while their child is excluded.

## Hygiene, Cleaning and Control Measures

Educators will:

- maintain high standards of hygiene
- wash hands frequently and support children to do the same
- clean and disinfect surfaces and toys regularly
- wash linen separately and dry in sunlight when possible
- separate eating utensils and sanitise after use

## Privacy and Confidentiality

The service will:

- maintain confidentiality of all health and illness records
- only disclose personal information as required by law
- handle records in accordance with the Privacy and Confidentiality Policy



## Immunisation Records

Parents who wish to enrol their child are required to provide at the time of enrolment evidence about the immunisation status of the child unless the evidence is provided by another education and care Service.

The Approved Provider/Nominated Supervisor will ask a parent of a child at the Service to provide updated evidence about the child's immunisation status when a child reaches the age for a specified vaccine.

Parents may provide copies of Certificates instead of the originals, including copies of an Immunisation History Statement provided by the Australian Immunisation Register (AIR). The AIR maintains immunisation records for children up until their 20th birthday and can be contacted on 1800 653 809.

Parents/guardians should provide the Service with an updated copy of their child's immunisation record when the child receives a vaccine which is on the National or State immunisation schedule. We will regularly remind parents to do this via newsletters, emails or letters.

The parents of any child who is not enrolled in a primary school must provide, at the time of enrolment, an immunisation history statement by the Australian Immunisation Register showing that the child is fully immunised.

### Immunisation Register

Our service will keep an Immunisation Register which:

- records the immunisation status of each child enrolled at the Service and
- contains immunisation certificates and other certificates provided by parents.

## Catering for Children with Overseas Immunisation Records

Overseas immunisation records must not be accepted. They often differ from the schedule recommended in Australia and a child may require extra vaccinations to be up to date with the Australian schedule. Parents are responsible for having their child's overseas immunisation record transcribed onto the AIR. A medical practitioner, registered nurse, registered midwife, enrolled nurse, or a person authorised by the state/territory Health Officer may transcribe overseas immunisation records.

## Immunisations for Educators and Staff

It is important that educators remain up to date with their vaccinations to protect themselves as well as children in their care. The National Health and Medical Research Council (NHMRC) recommend that educators should be immunised against -

- Hepatitis A
- Measles-Mumps-Rubella (MMR)



Educators born during or since 1966 who do not have vaccination records of two doses of MMR, or do not have antibodies for rubella, require vaccination

- Varicella if they have not previously been infected with chickenpox
- Pertussis (whooping cough). An adult booster dose is especially important for those educators caring for the youngest children who are not fully vaccinated
- Influenza (annually)
- Hepatitis B if caring for unimmunised children with intellectual disabilities (although the risk is low).

The Nominated Supervisor will:

- regularly provide educators and staff with information about diseases that can be prevented by immunisation through in-service training sessions, fact sheets and the Staying Healthy in Childcare publication
- regularly advise educators and staff that some infectious diseases may injure an unborn child if the mother is infected while pregnant through in-service training sessions, fact sheets and the Staying Healthy in Childcare publication. These infections include chickenpox, cytomegalovirus and rubella (German measles)
- ask new employees to confirm in writing that we have provided this information during their induction.
- ensure pregnant educators and staff follow good infection control and hygiene procedures.

## **Immunisation Related Payments for Parents - Child Care Subsidy**

Families are eligible for Child care Subsidy if their child is fully immunised, on an approved catch-up schedule or has an approved exemption from immunisation. Approved exemptions include a general practitioner has certified the child can't receive one or more vaccine(s) for medical reasons or the child has a natural immunity, but do not include conscientious objection.

This initiative reminds parents about the importance of immunising their children at each of the milestones. Further information is available at <http://www.humanservices.gov.au/>



## Sources

- Education and Care Services National Law and Regulations
- National Quality Standard
- Department of Health and Ageing: National Immunisation Program Schedule  
NHMRC. Staying Healthy Preventing infectious diseases in early childhood education and care services 5th edition
- Medicare Australia
- Public Health Act 2010 (as amended by Public Health Amendment (Vaccination of Children Attending Child Care Facilities) Act 2013)
- Public Health Regulation 2012
- Public Health Amendment (Vaccination of Children Attending Child Care Facilities) Regulation 2013
- No Jab No Pay legislation Federal Government

## Review & Approval

This policy will be reviewed annually, when regulations change, or after any incident that highlights a need for policy revision.

Approved	Next Review	Approved By
18/11/2025	18/11/2026	Splash Management