

Dealing with Infectious Diseases (2D)

Related Guidelines, Standards, Frameworks

National Quality Framework

Quality Area 2 –
Children’s Health and Safety
2.1, 2.1.1, 2.1.2, 2.2

Quality Area 6 –
Collaborative Partnerships with Families and Communities
6.2,6.3

Early Years Learning Framework 2009

Principles

1. Secure, respectful and reciprocal relationships
2. Partnerships
3. High Expectations and Equity
5. Ongoing learning and reflective practice

Outcomes

3. Children’s physical health and wellbeing

Policy Statement

Mt Warning Community Preschool is committed to providing a safe and healthy environment for all children, staff and any other persons attending the service by:

- Holistically responding to the needs of the child or adult who presents with symptoms of an infectious disease or infestation while attending the service;
- Complying with current exclusion schedules and guidelines set by the Department of Health and Department of Education;
- Providing up-to date information, professional development opportunities and resources, regarding protection of all children from infectious diseases and blood-borne viruses, management of infestations and immunisation programs for families and staff;
- Respecting the primary role of families- their values and expectations will be considered when assessing risk and making decisions about infection control and other health issues;
- Acknowledging children’s sense of agency in that children are vulnerable, yet capable- children will be taught to care for their own and others’ health; and
- Ensuring the commitment to child health and safety is clear and shared by all.

Goals – What are we going to do?

Our interactions in education and care services can allow diseases to quickly spread in a variety of ways. Whilst it is not possible to prevent the spread of all infections and diseases, minimising the risk is enhanced through:

- effective hand hygiene;
- wearing masks, when appropriate- such as in severe pandemics;
- provide good ventilation in indoor environments and increasing use of our outdoor environment;
- temporary exclusion of ill children, families, educators and other staff from being on site; and
- promoting immunisation as best practice.

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Relevant Legislation

Education and Care Services National Regulations 2011

Regulation 78 - 80
Food and Beverages

Education and Care Services National Law Act 2010:

Sections 167

Work Health and Safety Act 2011

Public Health Regulation 2012

Public Health Act 2010

The Health Records and Information Privacy Act 2002 (HRIP Act)

Australian New Zealand Food Standards Code (FSANZ)

Public Health Act NSW 2010

Strategies – How will it be done?

Effective Hygiene.

Mt Warning Community Preschool will maintain and promote effective hygiene practices, including:

- Actively promote handwashing and other hygiene practices with children, staff and families;
- Fostering trusting relationships with children, families and staff to build authentic awareness and responsible attitudes towards infectious diseases;
- Using standard precautions and procedures when handling blood, all body fluids, secretions and excretions, dried blood and other body substances;
- Consistent and daily cleaning of resources, furniture and fittings;
- Raking sandpits often and/or securely covering them when not in use;
- Disposing of soiled items in a container that is inaccessible to children; and
- Developing programs that promote our outdoor environment for quality ventilation; and
- Ensuring relevant resources and professional development opportunities are available to support all in effective hygiene practices.

Cleaning

Staff are bound by their Duty of Care to those in their care, as well as their obligations to uphold the Code of Ethics (Early Childhood Australia). Staff will strive to maintain a sanitary physical environment. Infectious diseases spread can be limited when effective and consistent cleaning is in place.

The Approved Provider/Management Committee and Staff will:

- Ensure any cleaning products align with our policies and procedures;
- Consider any environmental concerns;
- Ensure products used and areas clean consider the health and wellbeing of all in the service, e.g. allergies cleaning products, exposure to cleaning products.
- Regularly clean high touch areas with a Methylated Spirit/Water mixture
- Implement a checklist for cleaning.
- Ensure all staff, particularly in induction, are aware of their responsibilities and requirement of their daily practice in maintaining the cleanliness of the physical environment.
- Ensure staff are completing the daily cleaning list .

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Related Policies

QA2 – Children’s Health and Safety

2E - Immunisation Policy
 2L - Incident, Injury, Trauma and Illness Policy
 2M - Notification of Death of Child Policy
 2V – Health and Hygiene Policy

QA5 – Relationships with Children

5B – Inclusion, Anti-Bias, and Cultural Diversity Policy

QA6 – Collaborative Partnerships with Families and Communities

6A – Orientation Policy

QA7 - Leadership and Service Management

7A - Statement of Philosophy
 7C - Enrolment Policy
 7G – Continuous Improvement Policy
 7H – Policies Review Policy

Relevant Forms

Enrolment Form 2017
 Staff Record
 Incident, Injury, Trauma and Illness Record
 Attachment – Infectious Diseases of Childhood

Strategies – How will it be done? Cont.

Exclusion of Children, Educators and Other Staff

Infectious Diseases:

To prevent the spread of infectious diseases through interpersonal contact, Mt Warning Community Preschool will adhere to the exclusion period table, published by the NSW Department of Health (see Attachment).

Fever:

In children, a temperature over 38°C indicates a fever.

A fever is usually caused by an infection somewhere in the body. Some types of infections that lead to fever include:

- Viral (caused by a virus) – around nine out of ten children with a fever will have a viral illness, such as cold, flu or gastroenteritis
- Bacterial (caused by bacteria) – such as some ear infections.

To prevent the spread of infection, and ensure the emotional and physical wellbeing of the child, children with a temperature above 38°C will be excluded from the service.

Immunisation:

The NSW Government Immunisation Toolkit for early childhood education and care services guides our practice and provides resources and information to support family’s access information regarding immunisation.

Under the Public Health Act 2010 (amd 2017), education and care services cannot enrol a child unless approved documentation has been provided that shows the child:

- is fully vaccinated for their age, or;
- has a medical reason not to be vaccinated, or;
- on a recognised catch-up schedule.

To enrol in our service, families must provide a copy of one or more of the following documents:

- AIR Immunisation History Statement which shows that the child is up to date with their scheduled vaccinations; or
- Medicare Immunisation History Form (IMMU13)** on which the immunisation provider has certified that the child is on a recognised catch-up schedule; or

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Sources

Immunisation Toolkit

<https://www.health.nsw.gov.au/immunisation/Pages/immunisation-enrolment-toolkit.aspx>

NSW Immunisation Schedule

www.health.nsw.gov.au

Staying Healthy: Preventing Infectious Diseases in Early Childhood Education and Care Services 5th Edition 2012

National Health Medical and Research Council

www.nhmrc.gov.au

National Centre for Immunisation and Surveillance Research

[https://www.ncirs.org.au/sites/default/files/2021-09/NCIRS%20NSW%20Schools%20COVID Summary 8%20September%2021 Final.pdf](https://www.ncirs.org.au/sites/default/files/2021-09/NCIRS%20NSW%20Schools%20COVID%20Summary%208%20September%2021%20Final.pdf)

Strategies – How will it be done? Cont.

Exclusion of Ill Children, Educators and Other Staff Cont.

- Medicare Immunisation Exemption - Medical Contraindication Form (IMMU11)* which has been certified by an immunisation provider.

Immunisation for staff

Mt Warning Community Preschool is required to comply with current exclusion schedules and guidelines set by the Department of Health and Department of Education.

The current Australian Government's National Immunisation Program [NIP] Schedule is not a requirement of employment for ECEC staff, volunteers or contractors.

Immunisation Exempt Children and Staff

Non immunised children will be added to the service's *Non Immunised Register*. When a vaccine-preventable disease is present, or suspected at the service, children/staff for whom the centre does not have a completed immunisation record will be treated as unimmunised. Staff are not legally required to show vaccination status of the current *Australian NIP Immunisation Schedule*.

Non-immune children and staff will be excluded from the service when there is an outbreak of a vaccine-preventable illness and required to remain away until the service is deemed clear of the illness and the minimum exclusion period has passed (see NHMRC)

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Roles and Responsibilities

Role	Authority/Responsibility For
<p>Approved Provider/Management Committee</p>	<p>Ensure the service operates in line with the Education and Care Services National Law and National Regulations 2011, and other relevant state and federal legislation including:</p> <ul style="list-style-type: none"> ▪ Where there is an occurrence of an infectious disease at the service, reasonable steps are taken to prevent the spread of that infectious disease (Regulation 88(1)). ▪ Where there is an occurrence of an infectious disease at the service, a parent/carer, or authorised emergency contact, of each child at the service is notified of the occurrence as soon as is practicable (Regulation 88(2)). ▪ Information from the Department of Health about the recommended minimum exclusion periods is displayed at the service, is available to all stakeholders and is adhered to in the event of an outbreak of an infectious disease (as designated by the Department of Health). ▪ Notifying staff, families and the Local Health Unit are informed within 24 hours of becoming aware that an enrolled child is suffering from: <ul style="list-style-type: none"> ○ Pertussis, or ○ Poliomyelitis, or ○ Measles, or ○ Mumps, or ○ Rubella, or ○ Meningococcal C ○ Novel Coronavirus COVID19 ▪ Provide current and relevant policy updates and legislation/regulation/mandates to all staff and families. ▪ Ensuring that all children/staff who are not immunised, or have not provided their immunisation status against a vaccine-preventable disease, do not attend the service when an infectious disease is diagnosed and do not return until there are no more occurrences of that disease at the service and the recommended minimum exclusion period (see NHMRC) (Regulation 85(2) of the Public Health and Wellbeing Regulations 2009). ▪ Notifying the Regulatory Authority within 24 hours of a serious incident including when a child/staff member becomes ill at the service or medical attention is sought while the child is attending the service. ▪ Ensuring that appropriate and current information and resources are provided to staff and parents/carers regarding the identification and management of infectious diseases, blood-borne viruses and infestations. ▪ Keeping informed about current legislation, information, research and best practice.

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| | <ul style="list-style-type: none">▪ Ensuring that any changes to the exclusion table or immunisation schedule are communicated to staff and parents/carers in a timely manner. |
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Roles and Responsibilities Cont.

Role	Authority/ Responsibility For
Director/Nominated Supervisor/ Nominated Supervisor	<ul style="list-style-type: none"> ▪ Contacting the parents/carers of a child suspected of suffering from an infectious or vaccine- preventable disease, or of a child not immunised against a vaccine preventable disease that has been detected at the service, and requesting the child be collected as soon as possible. ▪ Notifying a parent/carer, or authorised emergency contact person, when a symptom of an excludable infectious illness or disease has been observed. ▪ Ensuring that a minimum of one staff with current approved first aid qualifications is in attendance and immediately available at all times the service is in operation. ▪ Establishing good hygiene and infection control procedures and ensuring that they are adhered to by everyone at the service. ▪ Ensuring the exclusion requirements for infectious diseases are adhered to as per the recommended minimum exclusion periods (refer to Definitions), notifying the Approved Provider/Management Committee, parents/carers and staff of any outbreak of infectious disease at the service, and displaying this information in a prominent position. ▪ Advising parents/carers on enrolment that the recommended minimum exclusion periods will be observed regarding the outbreak of any infectious diseases or infestations. ▪ Advising staff and the parents/carers of a child who is not fully immunised on induction/enrolment that they will be required to stay home/keep their child at home when an infectious disease is diagnosed at the service, and until there are no more occurrences of that disease and the exclusion period has ceased. ▪ Requesting that parents/carers notify the service if their child has, or is suspected of having, an infectious disease or infestation. ▪ Providing information and resources to families to assist in the identification and management of infectious diseases and infestations. ▪ Maintaining confidentiality at all times. ▪ Provide relevant sourced materials to families. ▪ Ensuring that an “Incident, Injury, Trauma and Illness” record is completed as soon as practicable, <i>no later than 24 hours of the illness occurring.</i>

Role	Authority/ Responsibility For
Early Childhood Educators and Staff	<ul style="list-style-type: none"> ▪ Ensure that any children that are suspected of having an infectious illness are always responded to and their health and emotional needs supported. ▪ Implement appropriate health and safety procedures, when tending to ill children. ▪ Ensure that families are aware of the need to collect their children as soon as practicable to ensure the child's comfort. ▪ Maintain their own immunisation status and advise the Approved Provider/Management Committee/Nominated Supervisor of any updates to their immunisation status. ▪ Provide varied opportunities for children to engage in hygiene practices, including routine opportunities, and intentional practice. ▪ Observing signs and symptoms of children who may appear unwell and informing the Nominated Supervisor. ▪ Providing access to information and resources for parents/ guardians to assist in the identification and management of infectious diseases and infestations. ▪ Monitoring any symptoms in children that may indicate the presence of an infectious disease. ▪ Maintaining confidentiality at all times.
Families	<ul style="list-style-type: none"> ▪ Providing Immunisation documentation upon enrolment and as administered. ▪ Keep their children at home if they are unwell or have an excludable infectious disease. ▪ Keep their children at home when an infectious disease has been diagnosed at the service and their child is not fully immunised against that infectious disease, until there are no more occurrences of that disease and the exclusion period has ceased. ▪ Inform the service if their child has an infectious disease or has been in contact with a person who has an infectious disease.

Monitoring, Evaluation and Review

This policy will be monitored to ensure compliance with legislative requirements and unless deemed necessary through the identification of practice gaps, the service will review this Policy every 24 months. Families and staff are essential stakeholders in the policy review process and will be given opportunity and encouragement to be actively involved.

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

Approved by Management Committee Name:	Signature:
Date Approved:	Date of Review:
Date Adopted:	Review Cycle: Bi-annual

Attachment – Infectious Diseases in Childhood

Children are at increased risk of some infectious diseases because they have not yet developed immunity to them, they tend to gather in groups, and they may have difficulty with some aspects of hygiene.

Chicken Pox	
Time from exposure to illness	10 to 21 days, usually 14 to 16 days.
Symptoms	Slight fever, runny nose, and a rash that begins as raised pink spots that blister and scab.
Do I need to keep my child home?	Yes, for 5 days from the onset of the rash and the blisters have dried.
How can I prevent spread?	Immunise your child at 18 months of age. Immunisation is recommended for children at 12 years if they are not immune.

Conjunctivitis	
Time from exposure to illness	1-3 days.
Symptoms	The eye feels scratchy, is red and may water. Lids may stick together on waking.
Do I need to keep my child home?	Yes, while there is discharge from the eye.
How can I prevent spread?	Careful hand washing; avoid sharing towels. Antibiotics may be needed.

Gastroenteritis	
Time from exposure to illness	Depends on the cause: several hours to several days.
Symptoms	A combination of frequent loose or watery stools, vomiting, fever, stomach cramps, headaches.
Do I need to keep my child home?	Yes, at least for 24 hours after diarrhoea stops.
How can I prevent spread?	Careful hand washing with soap and water after using the toilet or handling nappies and before touching food.

German Measles (Rubella)	
Time from exposure to illness	14 to 21 days.
Symptoms	Often mild or no symptoms: mild fever, runny nose, swollen nodes, pink blotchy rash that lasts a short time. Can cause birth defects if pregnant women are infected.
Do I need to keep my child home?	Yes, for at least 4 days after the rash appears.
How can I prevent spread?	Immunisation (MMR) at 12 months and 4 years of age.

Glandular Fever	
Time from exposure to illness	4 to 6 weeks.
Symptoms	Fever, headache, sore throat, tiredness, swollen nodes.
Do I need to keep my child home?	No, unless sick.
How can I prevent spread?	Careful hand washing, avoid sharing drinks, food and utensils, and kissing.

Hand Foot and Mouth Disease	
Time from exposure to illness	3 to 5 days.
Symptoms	Mild illness, perhaps with a fever, blisters around the mouth, on the hands and feet, and perhaps the nappy area.
Do I need to keep my child home?	Yes, until the blisters have dried.
How can I prevent spread?	Careful hand washing especially after wiping nose, using the toilet and changing nappies.

Attachment – Infectious Diseases in Childhood Cont.

Hepatitis A	
Time from exposure to illness	About 4 weeks (can range from 2 to 7 weeks).
Symptoms	Often none in small children; sudden fever, loss of appetite, nausea, vomiting, jaundice (yellowing of skin and eyes), dark urine, pale stools.
Do I need to keep my child home?	Yes, for 2 weeks after first symptoms or 1 week after onset of jaundice.
How can I prevent spread?	Careful hand washing; those that have had close contact with an infected child may need to have an injection of immunoglobulin; immunisation is recommended for some people.

Impetigo (school sores)	
Time from exposure to illness	1 to 3 days.
Symptoms	Small red spots change into blisters that fill up with pus and become crusted; usually on the face, hands or scalp.
Do I need to keep my child home?	Yes, until antibiotic treatment starts. Sores should be covered with watertight dressings.
How can I prevent spread?	Careful hand washing.

Influenza	
Time from exposure to illness	1 to 3 days.
Symptoms	Sudden onset fever, runny nose, sore throat, cough, muscle aches and headaches.
Do I need to keep my child home?	Yes, until they look and feel better.
How can I prevent spread?	Careful hand washing, especially after coughing, sneezing or wiping your nose. Immunisation, is recommended for children with chronic illnesses.

Measles	
Time from exposure to illness	About 10 to 12 days until first symptoms, and 14 days until the rash develops.
Symptoms	Fever, tiredness, runny nose, cough and sore red eyes for a few days followed by a red blotchy rash that starts on the face and spreads down the body and lasts 4 to 7 days.
Do I need to keep my child home?	Yes, for at least 4 days after the rash appears.
How can I prevent spread?	Immunisation (MMR) at 12 months and 4 years. Childcare/school attendees who are not immune may be excluded for 14 days after onset in the last case at the facility.

Attachment – Infectious Diseases in Childhood Cont.

Meningococcal Disease	
Time from exposure to illness	Usually 3 to 4 days (can range from 2 to 10 days).
Symptoms	Sudden onset of fever and a combination of headache, neck, stiffness, nausea, vomiting, drowsiness or rash.
Do I need to keep my child home?	Seek medical attention immediately.
How can I prevent spread?	Individuals who have had close contact with the infected child should see their doctors urgently if symptoms develop and may need to have a special antibiotic. Immunisation with Meningococcal C vaccine at 12 months of age.

Molluscum Contagiosum	
Time from exposure to illness	7 days to 6 months.
Symptoms	Multiple small lumps (2-5mm) on the skin that are smooth, firm and round, with dimples in the middle. Lumps in children are mostly on the face, trunk, and upper arms and legs. Symptoms can last 6 months to 2 years without treatment.
Do I need to keep my child home?	No.
How can I prevent spread?	Avoid contact sports when a child has uncovered lumps

Mumps	
Time from exposure to illness	Usually 16 to 18 days (can range from 12 to 25 days).
Symptoms	Fever, swollen and tender glands around the jaw.
Do I need to keep my child home?	Yes, for 9 days after onset of swelling.
How can I prevent spread?	Immunisation (MMR) at 12 months and 4 years of age.

Ringworm	
Time from exposure to illness	Varies (may be several days).
Symptoms	Small scaly patch on the skin surrounded by a pink ring.
Do I need to keep my child home?	Yes, until the day after fungal treatment has begun.
How can I prevent spread?	Careful hand washing.

Scabies	
Time from exposure to illness	New infections: 2 to 6 weeks; reinfection: 1 to 4 days.
Symptoms	Itchy skin, worse at night. Worse around wrists, armpits, buttocks, groin and between fingers and toes.
Do I need to keep my child home?	Yes, until the day after the treatment has begun.
How can I prevent spread?	Individuals who have had close contact with the infected child should be examined for infestation and be treated if necessary. Wash linen, towels and clothing worn in the past 2 days in hot water and detergent.

Scarlet Fever	
Time from exposure to illness	1 to 3 days.

Symptoms	Sudden onset sore throat, high fever and vomiting, followed by a rash in 12 to 36 hours.
Do I need to keep my child home?	Yes, until at least 24 hours of treatment has begun and the child is feeling better.
How can I prevent spread?	Careful hand washing. Sick contacts should see their doctor.

Attachment – Infectious Diseases in Childhood Cont.

Slapped Cheek	
Time from exposure to illness	1 to 2 weeks.
Symptoms	Mild fever, red cheeks, itchy lace-like rash, and possibly cough, sore throat or runny nose. Can cause foetal disease in pregnant women if they have not been previously infected.
Do I need to keep my child home?	No as it is most infectious before the rash appears.
How can I prevent spread?	Careful hand washing; avoid sharing drinks.

Whooping Cough	
Time from exposure to illness	Usually 9 to 10 days (can range from 6 to 20 days).
Symptoms	Starts with a running nose, followed by persistent cough that comes in bouts. Bouts maybe followed by vomiting and a whooping sound as the child gasps for air.
Do I need to keep my child home?	Yes, until the first 5 days of a special antibiotic have been taken.
How can I prevent spread?	Immunisation at 2, 4, 6 months and 4 years of age. A particular antibiotic can be given for the patient and those that have been in close contact. The infected child should be excluded from childcare and school until 5 days after treatment begins. Unimmunised childcare attendees may be excluded from childcare unless they take the antibiotics.

Related links

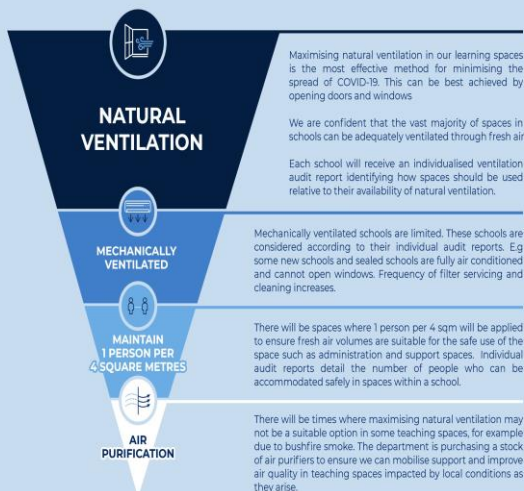
[Staying Healthy in Child Care - Preventing infectious diseases in child care \(5th Ed\)](#)

For further information please call your local Public Health Unit on 1300 066 055

Maximising ventilation and COVID-safe school operations

The NSW Department of Education's ventilation and asset use recommendations are informed by:

- NSW Health advice
- Independent expert advice from Steensen Varming
- Research from the Doherty Institute
- Research from the World Health Organisation



COVID-safe school operations use a range of infection and control measures.

These apply for all settings and work alongside ventilation, air circulation and asset use recommendations:

- vaccinations
- use of masks
- how teaching might be conducted in smaller groups
- maintain 1 person per 4 square metres
- outdoor teaching
- additional hygiene supplies
- continuation of enhanced cleaning
- servicing and cleaning of air conditioning systems

For more information on how we are keeping schools safe, visit www.schoolinfrastructure.nsw.gov.au



Recommended minimum exclusion periods

ADAPTED FROM STAYING HEALTHY | 5TH EDITION | 2013

Condition	Exclusion of case	Exclusion of contacts ¹
Carbuncle infection	Exclude until there has not been a new lesion for 24 hours ²	Not excluded
Ceratitis (Whitish)	Not excluded	Not excluded
Cytomegalovirus (CMV) infection	Not excluded	Not excluded
Conjunctivitis	Exclude until discharge from the eye has stopped, unless a doctor has diagnosed non-infectious conjunctivitis	Not excluded
Cryptosporidium	Exclude until there has not been a new lesion for 24 hours ²	Not excluded
Diphtheria	Exclude until there has not been a new lesion for 24 hours ²	Not excluded
Pharyngitis (sore throat)	Exclude until there has not been a new lesion for 24 hours ²	Not excluded
Fungal infections of the skin or nails (e.g. impetigo, ringworm)	Exclude until the case after starting appropriate antifungal treatment	Not excluded
Gonorrhoea	Exclude until there has not been a new lesion for 24 hours ²	Not excluded
Gonorrhoea (eye, conjunctivitis, epididymitis, urethritis)	Not excluded	Not excluded
Head lice (pediculosis)	Exclude until all lice are dead	Not excluded
Herpes simplex 1 (cold sores, blisters)	Exclude until the person has received appropriate antibiotic treatment for a case of 4 days	Not excluded. Contact a public health unit for specialist advice
Head lice (pediculosis)	Not excluded. If effective treatment begins before the start of school and no service, the child does not need to be excluded immediately if no lice are detected	Not excluded
Hepatitis A	Exclude until medical certificate necessary is received and still at least 7 days after the onset of jaundice	Not excluded. Contact a public health unit for specialist advice about screening or treating children in the same room or group
Hepatitis B	Not excluded	Not excluded
Hepatitis C	Not excluded	Not excluded
Herpes simplex 2 (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 immunocompromised, they will be susceptible to other serious illnesses	Not excluded
Human parvovirus B19 (fifth disease, erythema infectiosum)	Not excluded	Not excluded
Measles	Not excluded	Not excluded
Impetigo	Exclude until appropriate antibiotic treatment has started. If sores on exposed skin should be covered with a watertight dressing	Not excluded
Influenza or influenza-like illnesses	Exclude until 7 days after the onset of illness	Not excluded
Listeriosis	Not excluded	Not excluded
Mumps	Exclude for 5 days after the onset of the rash	Minimised 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 case
Mononucleosis	Exclude until 7 days after the onset of illness	Not excluded
Scarlet fever	Exclude until appropriate antibiotic treatment has been completed	Not excluded. Contact a public health unit for specialist advice about screening and vaccination for those who were in the same room as the case
Shingles (herpes zoster)	Not excluded	Not excluded
Strep throat	Exclude for 3 days or until swelling goes down and fever is gone	Not excluded
Strep throat	Exclude until there has not been a new lesion for 24 hours ²	Not excluded
Strep throat (scarlet fever)	Exclude until 5 days after starting appropriate antibiotic treatment or for 2 weeks from the onset of scabbing	Contact a public health unit for specialist advice about screening and vaccination and immunology-associated contacts, or antibiotics
Streptococcal disease	Exclude until 7 days after the onset of illness	Not excluded
Trachoma	Not excluded	Not excluded
Rocky Mountain spotted fever	Exclude until there has not been a new lesion for 24 hours ²	Not excluded
Scarlet fever	Exclude until fully recovered or for at least 4 days after the onset of the rash	Not excluded
Scarlet fever	Exclude until there has not been a new lesion for 24 hours ²	Not excluded
Scabies	Exclude until the case after starting appropriate treatment	Not excluded
Shingles	Exclude until there has not been a new lesion for 24 hours ²	Not excluded
Staphylococcal infection (including severe skin infections)	Exclude until the person has received antibiotic treatment for at least 24 hours and received medical certificate	Not excluded
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 or treating children in the same room or group
Varicella (chickenpox)	Exclude until all blisters have dried. This is usually at least 5 days after the rash first appeared and no new lesions are forming, unless in immunised children	Any child with an immune deficiency, immunosuppression or receiving chemotherapy should be excluded for their own protection. Otherwise, not excluded
Viral gastroenteritis (stomach bug)	Exclude until there has not been a new lesion for 24 hours ²	Not excluded
Worms	Exclude if base bowel returns to country. Exclusion is not necessary if treatment has occurred	Not excluded



¹ The definition of 'contacts' will vary according to the disease and the specific situation in the institution.
² If the case is severely immunocompromised, they will be susceptible to other serious illnesses.
³ For more information on how we are keeping schools safe, visit www.schoolinfrastructure.nsw.gov.au

