

Illness Policy (Including Exclusion of Sick Children Requirements)

Parent and Staff Obligations Summary

This policy uses the term 'parent' generically to encompass parents and/or guardians.

1. Parents are asked to inform Heritage if their child is absent due to illness and the specifics of the illness as required by the ACT Regulatory Authority.
2. Parents are advised to obtain a medical certificate from a doctor, which should be given to Heritage, therefore preventing those sick days from being deducted from the allowable days as per the Child Care Benefit guidelines.
3. Staff are not responsible for decisions about the primary health care of sick children. Sick children need to be in the care of their parents so that the parents can make these important decisions.
4. Heritage strongly recommends parents have their child/ren **immunised** on a non-Heritage day or keep them at home following an immunisation for the rest of the day. If that is not possible, a late afternoon appointment would be preferable in the interests of the child. Children may suffer pain, swelling around the injection site, fever, vomiting/diarrhoea and irritability after immunisation.
5. If a child is deemed to be not coping in the Heritage environment or unwell while at Heritage, parents will be contacted and asked to collect their child within **1 hour** from the time person-to-person contact is made. (See Policy item 2. *Identifying Signs and Symptoms of Illnesses*, Policy item 3. *High Temperatures and Fever* and Policy item 4. *Common Colds and Immunisations*.)
6. Parents are sometimes not contactable for one reason or another. However, Heritage **must** be able to contact either a parent or a nominated emergency contact person at all times. If parents and emergency contact persons **cannot be contacted** and a child is sufficiently ill or distressed because of illness, an ambulance will be called to take the child to hospital. (See Policy item 2. *Identifying Signs and Symptoms of Illnesses – Assessing when an Illness is an Emergency and/or Requires Medical Attention*.)
7. If parents or emergency contact persons are not able to be contacted, Heritage's Non-Compliance Procedures may commence. This involves a verbal warning, a first and final written warning and, finally, a notice of termination of the child's placement at Heritage. In addition, monetary penalties may be incurred if relief staff need to be called in to enable one-on-one supervision of an ill/contagious child. (See Policy item 7. *Notifying Parents or Emergency Contact Persons when an Illness is Present*.)
8. The Director or next most senior staff member on site has the final say on whether a child is coping at Heritage and can also override a doctor's certificate permitting attendance if the child is deemed not to be coping.
9. Children are not permitted to attend Heritage within **24 hours of commencing antibiotics**.
10. It is the responsibility of parents to advise the Room Leader if they have administered **Panadol** or any other over the counter medication such as **cold/flu remedies or decongestants**, to their child before coming to Heritage. Should medication be required in an emergency, staff need to know the last time the child was medicated and the combination of medications they have taken.
11. Children are not permitted to attend Heritage until **36 hours after the last episode of vomiting or the last episode of diarrhoea**. (See Appendix A. *Exclusion of Sick Children*) If three or more children are affected by vomiting or by diarrhoea in the same day then the exclusion period automatically increases to **48 hours** for all of the children who have vomited or had diarrhoea.
12. Children will be excluded if live head lice are detected until effective treatment has commenced and all eggs have been removed.
13. Heritage must be notified immediately if a child has contracted an **infectious illness**. There are specific quarantine periods for infectious illnesses which are listed in *Appendix A Exclusion of Sick Children*.
14. Heritage Staff will complete an Illness Report Form, the Illness Register and Medication Form (if required), as soon as possible after the onset of an illness and within 24 hours.
15. The Director will notify ACT Health where necessary of an outbreak of an infectious disease and notices will be displayed on the front door and on room doors for all parents.

Illness Policy (Including Exclusion of Sick Children Requirements)

Policy Number: 2008/01

Approved by: Heritage Management Committee – 9 July 2008; 12 March 2012

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Policy Statement

Heritage has a duty of care to ensure that the Heritage community is provided with a high level of protection during the hours of operation of the service. The purpose of this policy is to guide the Heritage community on how to manage health issues, illness and prevent the spread of infectious diseases.

It can be difficult for families to know when their child is sick enough to need to stay home from Heritage. In addition, families can experience problems when trying to take time off work or study to care for an ill child at home. Obtaining paid leave from work and facing negative attitudes about leave in the workplace can cause stress for families. They can also experience guilt when taking time off work or study to care for a sick child or if they send a child to care who is not well.

However, it is important that families maintain a focus not only on the wellbeing of their own child but also upon the wellbeing of other children and the education and care professionals in Heritage. Although it can be difficult for working families to care for ill children, in the interests of all children's health, it is important that they follow the Heritage policy for the exclusion of ill children.

Rationale

In meeting Heritage's duty of care, it is a requirement under the ACT Work Safety Act, 2008 that management and staff implement and endorse Heritage's Illness Policy and Procedures. In addition, the Heritage Illness Policy and Procedures have been developed to comply with:

- The *Education and Care Services National Law (ACT) Act, 2010*
- The *Education and Care Services National Regulations, 2011*
- The *National Quality Standard for Early Childhood Education and Care and School Age Care, 2011*.

Policy Aims

This policy and associated procedures have been developed to ensure that parents, staff and visitors understand what must occur in the event that child or staff member becomes ill during their time at Heritage. The policy aims to assist Heritage management and staff to:

- meet children's needs when they are unwell;
- develop individual health plans (where required);
- identify symptoms of illness;
- monitor and document the progress of an illness;
- know how to act when symptoms change;
- notify parents or emergency contact persons when a symptom of an infectious illness, disease or medical condition has been observed;
- notify stakeholders when an infectious illness has been confirmed by a doctor;
- assess when an illness is an emergency, ie, is life threatening;
- assess when an illness requires immediate medical attention, ie is potentially serious;
- assess when an illness requires medical advice, ie is potentially infectious;
- identify exclusion guidelines and timeframes;
- identify when an illness is no longer infectious.

Refer to: the National Health and Medical Research Council's (2006) publication: *Staying Healthy in Child Care – Preventing Infectious Disease in Child Care* (4th ed), Canberra.

Scope

This policy and related procedures applies to all children, staff, parents/carers and visitors to Heritage. It is understood by staff, children and families that there is a shared responsibility between Heritage and other stakeholders that the Illness Policy and Procedures are accepted as a high priority. Failure to comply with this policy may result in the commencement of Heritage's Non-Compliance Procedures.

Strategies and Practices

Heritage has adopted ACT Health's recommendations regarding the exclusion of children from Heritage because of illness. The publication *Staying Healthy in Child Care – Preventing Infectious Diseases in Child Care (Fourth Edition, 2006)*, developed by the National Health Medical Research Council, will be consulted as a means to give up-to-date information to parents and staff regarding specific illnesses and ways to minimise the spread of infection within Heritage.

Please note that Heritage exclusion times may override ACT Health guidelines and that the Director or Responsible Person in Charge has the final say on whether a child is able to stay at Heritage, as well as the authority to override a doctor's certificate permitting attendance, if it is deemed that a child is not coping in the Heritage education and care setting.

Practices

1. Supporting Children's Individual Health Needs

At enrolment and orientation, Heritage will discuss with families their children's general and current health and behaviour status. This information will be documented on the enrolment form. **Refer to:** Enrolment, Orientation and Settling Policy and Procedures; Meeting Individual Needs Policy; Enrolment Form.

Heritage will develop individual Health Management Plans for children with allergies or other medical conditions such as anaphylaxis or asthma. These plans further assist staff when observing and monitoring children's health and behaviour needs. **Refer to:** Allergy and Anaphylaxis Policy; Asthma Policy; Asthma Management Plan; Allergy and Anaphylaxis Management Plan; Medical Condition Management Plan.

2. Identifying Signs and Symptoms of Illness

Staff are **not** health care professionals and are unable to diagnose an illness – this is primarily the responsibility of medical practitioners. To ensure that symptoms are not infectious and to minimise the spread of an infection, medical advice should always be sought by parents.

Heritage will ensure that educators are trained to be aware of the symptoms which may indicate a possible infection or serious medical illness or condition (see list below). Please note, symptoms of illness can occur in isolation or in conjunction with others. For example, there are a number of symptoms of meningitis, which can occur singularly or in combination, and have proven to be fatal.

Symptoms indicating an illness may include:

- behaviour that is unusual for the individual child, such as child who is normally active and who suddenly becomes lethargic or drowsy
- high temperature or fever (38°C and above measured in the ear)
- loose bowels
- faeces which is grey, pale or contains blood
- vomiting
- discharge from the eye or ear
- skin that displays rashes, blisters, spots, crusty or weeping sores
- loss of appetite
- dark urine
- headaches
- stiff neck or other muscular and joint pain
- continuous scratching of scalp or skin
- difficulty in swallowing or complaining of a sore throat
- persistent, prolonged or severe coughing;
- difficulty in breathing.

(Source: Staying Healthy in Child Care, NHMRC, 2006, p 18)

Assessing an Infectious Illness

Staff will assess whether the symptoms fit an illness with an exclusion period (see the recommended minimum periods of exclusion for illness in Appendix A).

Assessing when an Illness is an Emergency

An illness is considered an emergency when the child is exhibiting respiratory or circulatory (shock) failure and/or is unconscious.

1. Staff will commence first aid.
2. An ambulance will be called immediately.
3. Parents and/or emergency contact persons will be notified as soon as possible.

Assessing When an Illness Requires Immediate Medical Intervention

For the purpose of this policy, 'immediate medical attention' is when the symptoms may indicate that the illness is potentially serious, for example, a child complains or displays symptoms of intense abdominal pain.

1. Staff will commence first aid.
2. Parents and/or emergency contact persons will be notified and requested to take their child to a hospital or doctor immediately.
3. If parents and/or emergency contact persons cannot be reached an ambulance will be called.

Assessing When an Illness Requires Medical Advice

For the purpose of this policy, 'medical advice' is defined as when symptoms may indicate that the illness is potentially infectious, for example, continuous, 'sticky' eye discharge.

1. Staff will provide first aid where necessary.
2. Parents and/or emergency contact persons will be notified and instructed to collect their child immediately.
3. Depending on the nature of the illness, the child will only be able to return to Heritage following presentation to the Director of a medical certificate stating that the child is well enough to attend as set out in Appendix A.

Refer to: First Aid Policy

3. Managing High Temperatures or Fevers

A high temperature or fever is one of the most common reasons why children visit a medical practitioner (*Staying Healthy in Child Care*, 2005, p. 21) and is generally considered to be a mechanism that indicates the body is experiencing an infection.

Various recognised authorities define a child's normal temperature within a range of 36.5°C to 37.5°C (measured in the ear), and this depends on the age of the child and the time of day.

Any child with a high fever of **39°C and above should not attend Heritage**. They should be examined by a medical practitioner carefully to exclude serious infections such as meningitis, urinary tract infection or pneumonia.

Procedures When a Child has a High Temperature

1. Parents will always be alerted as soon as possible when a child registers a temperature of **37.5°C** or above. The child does not need to be collected from Heritage at this point.
2. Staff will note any other symptoms that may develop with the high temperature (for example, a rash or vomiting). If this is the case, a parent or emergency contact person will be asked to collect the child.
3. When a child registers a temperature of **38°C** or above as measured in the ear (or underarm for small babies), a parent or emergency contact person will be notified as soon as possible and requested to collect their child as soon as possible (**within 1 hour**). The child will not be permitted to return to Heritage for a further **24 hours** following a fever of **38°C or above** when measured in the ear.
4. Staff will attempt to reduce a child's fever by the following:
 - encouraging the child to drink plenty of water unless there are reasons why the child is only allowed limited fluids;
 - removing excessive clothing;
 - sponging lukewarm water on the child's forehead, back of neck and exposed areas of skin, such as arms or legs;
 - administer Panadol if requested by a parent or emergency contact person, or if staff feel it is needed and permission has been given on the child's Enrolment Form to administer Panadol.
 - Heritage staff may administer Paracetamol (Panadol or Tempera) in an attempt to bring the temperature down, however, a parent or emergency contact person **must still collect the child** even if the fever reduces. The child's temperature, time, medication, dosage and the staff member's name will be recorded in the Medication Book, and the parent asked to sign the Medication Book on arrival.
Refer to: Heritage First Aid Policy; Medication Policy.

Procedures When a Fever Requires Immediate Medical Attention (39°C and above)

There are several indicators or factors that define when a fever requires immediate medical attention. These include where the child:

- registers a temperature of 39°C or above (when measured in the ear);
- is less than 6 months old;
- has an earache;
- has difficulty swallowing;
- is breathing rapidly;
- has a rash;
- is vomiting;
- has a stiff neck;
- has bulging of the fontanelle (the soft spot on the head in babies);
- is very sleepy or drowsy.

(Source: *The Children's Hospital at Westmead*, 2005)

If any above conditions are met, staff will:

1. commence first aid;
2. notify parents and/or emergency contact persons as soon as possible and request they take their child to a hospital or doctor immediately;
3. call an ambulance if parents and/or emergency contact persons cannot be reached.

4. Managing Common Colds and Immunisations - Caring for a Child who is Feeling Unwell

Viral upper respiratory tract infections – the common cold - are very common in children occurring 6-8 times a year on average. Children may show symptoms including coughing, runny nose and a slight temperature however do not display symptoms of an infectious illness that requires exclusion. In addition, when a child has an immunisation, they may suffer pain, swelling around the injection site, fever, vomiting or diarrhoea, and irritability.

In cases like these an assessment needs to be made by the Room Leader (Level 4) in conjunction with the Director **to determine if the child is 'coping' in the education and care setting** or if the child requires one-on-one parental care.

Heritage aims to support the family's need for education and care, however a child that is not feeling well will require continuous one-on-one attention. Where educators have to provide this attention, the educator-to-child ratio requirements are compromised as well as neglecting the education and care needs of other children. **Refer to:** Immunisation Policy.

5. Monitoring and Documenting an Illness

Documenting symptoms is crucial to the success of monitoring an illness, especially when the conditions change and the child becomes increasingly unwell. Daily records are an important way of communicating to a family how their child's illness has developed or been managed by educators.

Paramedics, medical practitioners and hospitals also may use the information collected from education and care staff diagnose an illness. For example, **documenting a child's temperature every 15 minutes** assists Heritage to determine how quickly the temperature is rising and the possible severity of the illness. Similarly, documenting the frequency and condition of unusual loose bowel movements may assist a medical practitioner to diagnose diarrhoea.

Procedures

- Each room must maintain an **Illness Register** stating the child's name, the symptoms observed, the time and the action taken by staff members. Any medication administered must be recorded in a separate **Medication Book** which must be signed by the parents upon collection of the child.
- Should the situation be one that requires medical attention and/or the child needs to be collected from Heritage, **this decision must be made by the Room Leader in conjunction with the Director after examining each case on its own merits.**
- Each attempt made to contact a parent or emergency contact person must be recorded on the Illness Report Form and the time noted.
- The Director will inform ACT Health of an infectious illness if required and will put a notice on the Front Entrance to inform the Heritage Community.
- In line with the National Education and Care Regulations, 2011, information will be recorded as soon as possible after the onset of the illness and within 24 hours. In addition, Heritage will confidentially store illness records until the child is 25 years old.

Refer to: Medication Policy; Attachments: Illness Report Form, Illness Register, Medication Form. **Refer also to:** Enrolment Form; Incident and Trauma Report Form; Accident and Injury Report Form; Asthma Management Plan, Allergy and Anaphylaxis Management Plan; Medical Condition Management Form.

The ACT Regulatory Authority will be contacted in the event of:

- The death of a child at Heritage or following an illness, injury, incident or trauma while attending Heritage;
- Any illness, injury, accident or trauma where medical attention was sought or where emergency services attended or should have attended.

Refer to: Emergency Policy; Privacy and Confidentiality Policy

6. Guidelines for Managing an Infectious Illness

1. Staff will apply first aid as needed.
2. Staff will isolate the child under supervision if a contagious condition is suspected.
3. Staff will inform the Director of the suspected condition.
4. Staff or the Director will notify a parent or emergency contact person of the child's condition.
5. The child must be collected from Heritage immediately (within **1 hour**) to ensure any infection is contained as much as possible.
6. An educator or the Director will advise the parent/s or emergency contact person/s when the child may return to Heritage as per the Exclusion of Sick Children table (Appendix A).
7. The Director will inform ACT Health if required.
8. The Director will put a notice on the Front Entrance to inform the Heritage Community if required.

7. Notifying Parents or Emergency Contact Persons when an Illness is Present

It is the parents' responsibility to ensure all contact details on their child's Enrolment Form are kept up to date. Parents are made aware of these procedures and the importance of being able to reach a parent or emergency contact person at any time. Parents have agreed to this at the time of enrolling their child.

A minimum of two emergency contact people is required for each child (for example, mother, father, grandmother). The emergency contact person must be able to either drive the child home or stay with them at Heritage until a parent can be contacted. Heritage will confirm contact details with parents every **6 months** at Parent Interviews or in person.

Procedures

1. When a child displays symptoms of an illness, parents will be contacted as soon as possible in the first instance.
2. Heritage will always endeavour to contact parents listed on the child's enrolment form prior to proceeding to the emergency contact persons.
3. When a child needs to be excluded from Heritage, parents will be contacted and requested to collect the child immediately (within **1 hour**). If they are unable to be reached, the emergency contact person will be called. If the emergency contact person cannot be reached, the child will continue to be isolated (and supervised) until such times as a contact is reached.
4. When the parents and emergency contact persons are unable to be contacted in an emergency or where immediate medical intervention is required, Heritage will proceed with the steps outlined in the relevant section above. This may involve calling an ambulance or medical practitioner (at a cost to the parent) to seek assistance and intervention.
5. **Penalty:** Heritage's Non-Compliance Procedures will commence against the parents where they and the emergency contact persons for their child are unable to be contacted or are unable to collect the child in the required time. In addition, should a Heritage staff member be required to supervise the child for longer than one hour due to parents and emergency contact persons being out of contact, relief personnel will be called in to assist in the care of other children in that room to whom Heritage owes a duty of care. Any charges for relief personnel will be charged in its entirety **to the parent**. Please note, Dial an Angel's nanny service charges a minimum of four hours on call out so a parent could expect a large bill.

Medications

It is the responsibility of parents to advise the Room Leader if they have administered **Panadol** or any other over the counter medication such as **cold/flu remedies or decongestants**, to their child before coming to Heritage. Should medication be required in an emergency, staff need to know the last time the child was medicated and the **combination of medications** they have taken. **Please refer to:** Heritage Medication Policy.

Excursions

Should a child fall ill while on an excursion, the Illness Policy and Procedures will apply as if they were on the Heritage premises.

Related Policies

Name	Location
Allergy and Anaphylaxis Policy	Office, Policy and Procedures Manual
Asthma Policy	Office, Policy and Procedures Manual
Emergency Policy	Office, Policy and Procedures Manual
Enrolment and Graduating Rooms Policy	Office, Policy and Procedures Manual
First Aid Policy	Office, Policy and Procedures Manual
Hygiene and Infection Control Policy	Office, Policy and Procedures Manual
Immunisation Policy	Office, Policy and Procedures Manual
Medication Policy	Office, Policy and Procedures Manual
Supporting Children's Individual Needs Policy	Office, Policy and Procedures Manual
Privacy and Confidentiality Policy	Office, Policy and Procedures Manual

References

Name	Location
Staying Healthy in Child Care – Preventing Infectious Diseases in Child Care, Fourth Edition (2006) Currently being updated.	National Health Medical Research Council website at: http://www.nhmrc.gov.au/publications/synopses/_files/ch43.pdf
Health Protection Service, Communicable Disease Control	ACT Health website at: http://www.health.act.gov.au/c/health?a=&did=10130299
National Childcare Accreditation Council Archive	http://www.acecqa.gov.au/links-and-resources/ncac-archive/
The Children's Hospital at Westmead	Fever, Retrieved May 23, 2012, from http://kidshealth.chw.edu.au/fact-sheets/fever

Useful Websites

- ACT Health - <http://www.health.act.gov.au/c/health>
- Anaphylaxis Australia - <http://www.allergyfacts.org.au/news-and-food-alerts/119>
- Asthma Australia - <http://www.asthmaaustralia.org.au/intro/index.php>
- Royal Children's Hospital Melbourne - <http://www.rch.org.au/rch/home.cfm>
- HealthInsite - <http://www.healthinsite.gov.au/>
- Immunise Australia Program - www.immunise.health.gov.au
- National Health and Medical Research Council - www.nhmrc.gov.au
- NSW Multicultural Health Communication Service - www.mhcs.health.nsw.gov.au
- Raising Children Network - www.raisingchildren.net.au

Useful Fact Sheets for Parents

- Staying Healthy in Child Care – Part 2 has fact sheets relating to all illnesses <http://www.nhmrc.gov.au/publications/synopses/ch43syn.htm>
- National Health Medical Research Council Fact Sheets - www.nhmrc.gov.au/publications
National Childcare Accreditation Council Archive - <http://www.acecqa.gov.au/links-and-resources/ncac-archive/>

Version Control and Change History

Version Number	Approval Date	Approved by	Amendment
1	September 2002	HECC Management Committee	
2	May 2008		<p>Adopted and amended the National Childcare Accreditation Council's policy on Illness to incorporate Health Policy and Exclusion of Sick Children Policy.</p> <p>Updated list of Minimum Exclusion Period from National Health Medical Research Council website.</p> <p>Updated exclusion periods of any diarrhoea condition to a standard 36 hours across Heritage.</p> <p>Introduced a monetary penalty clause in cases where parents and/or emergency contact persons are not able to be contacted (see section 7 – <i>Notifying Parents</i>).</p>
3	August 2008	HECC Management Committee	Change exclusion of vomiting to 36 hours
4	11 August 2009	HECC Management Committee	<p>Added two clauses to the Parent/Staff Obligations Summary page relating to immunisation and notification of use of Panadol by the parent.</p> <p>Updated Exclusions table to reflect immunisation information.</p>
5	March 2012	HECC Management Committee	<p>Reviewed in light of the new Education and Care Services National Regulations, 2011, including the National Quality Standard.</p> <p>Minor editorial amendments.</p>

Appendix A. Minimum Exclusion Periods for Infectious Conditions

Most Common Exclusions:

Common cold	Exclude while the child is unwell or has a high temperature, particularly if secretion from the nose is yellow/green in colour.
Diarrhoea	Exclude until 36 hours after last loose bowel motion.
Roseola	Exclude until rash and fever disappears

Condition	Exclusion of Case	Exclusion of Contacts
Amoebiasis (Entamoeba histolytica)	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded.
Antibiotics	Exclude for 24 hours after commencement.	Not excluded.
Bronchiolitis or Bronchitis	Excluded for 24 hours after appropriate medical treatment has commenced.	Not excluded.
Campylobacter	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded.
Candidiasis	See 'Genital Thrush'	
Chickenpox (Varicella)	Exclude until all blisters have dried. This is usually at least 5 days after the rash first appeared in unimmunised children and less in immunised children.	Any child or staff with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise, not excluded.
Cold sores (Herpes Simplex, Virus – HSV)	Exclude all Babies and Toddlers until fully recovered. Parents and staff with cold sores will be allowed in all areas with the exception of the Nursery provided that they take the necessary precautions in their contact with children, that is, keep lesions covered; do not kiss the children; do not use communal cups, cutlery, etc.	Not excluded.
Conjunctivitis	Exclude until the discharge and redness from the eyes has stopped, including discharge on waking. It is recommended that the full course of treatment be completed.	Not excluded.
Coughs and colds	Exclude for a full 24 hours after commencing antibiotics and/or is considered by Director in conjunction with Room Leader to be too unwell to attend (for example, ongoing runny noses).	Not excluded.
Croup	A child considered well enough to attend must be accompanied by a certificate of non-infectiousness from their doctor.	Not excluded.
Diarrhoea (See also Giardiasis, Rotavirus, Salmonella, Shigella)	Exclude for a full 36 hours after last loose bowel motion and has returned to a normal diet.	Not excluded.
Diphtheria	Exclude until medical certificate of recovery is received.	Exclude household contacts.
Ear infections	Exclude for a full 24 hours after commencing antibiotics and they are considered well enough to attend.	Not excluded.
Fever/High temperature (non-specific)	Exclude if temperature is at or above 38°C measured in the ear or mouth (or 37°C measured under the arm).	Not excluded.
Genital thrush	Exclude until production of proof that appropriate medical treatment has commenced. Children currently being toilet trained will be reviewed individually.	Not excluded.
German measles	See 'Rubella'	

Condition	Exclusion of Case	Exclusion of Contacts
Giardiasis	Exclude until there has not been a loose bowel motion for 24 hours and a medical certificate of recovery is produced.	Not excluded.
Glandular fever (Mononucleosis, EBV infection)	Excluded until a medical certificate of recovery is produced.	Not excluded.
Hand, foot and mouth disease	Exclude until all blisters have dried	Not excluded.
Haemophilus influenzae type b (Hib)	Exclude until the person has completed the appropriate antibiotic treatment and a medical certificate of recovery is produced.	Not excluded.
Head lice (Pediculosis)	Excluded until the day after effective treatment has commenced and all eggs have been removed.	Not excluded.
Hepatitis A	Exclude until a medical certificate of recovery is produced, but not before seven days after the onset of jaundice.	Not excluded.
Hepatitis B	Exclude until they are well enough to attend.	Not excluded.
Hepatitis C	Exclude until they are well enough to attend.	Not excluded.
Human Immunodeficiency Virus (HIV/AIDS)	Exclude until they are well enough to attend. If the person is severely immunocompromised, they will be vulnerable to other people's illnesses.	Not excluded.
Immunisation	Not excluded however Heritage strongly recommends children be immunised on non-Heritage days or if that is not appropriate, that a late afternoon appointment is obtained. Parents must notify the Room Leader on the day of immunisation so that staff are alert to any signs of adverse reactions or distress.	Not excluded.
Impetigo (school sores)	Exclude until appropriate antibiotic treatment has commenced and until all sores have healed.	Not excluded.
Influenza and influenza-like illnesses	Exclude until well enough to attend.	Not excluded.
Measles	Exclude for at least four days after the onset of the rash or until a medical certificate of recovery is produced.	Immunised and immune contacts are not excluded. Non-immunised contacts are to be excluded from child care until 14 days after the first day of appearance of rash in the last case, unless immunised within 72 hours of first contact during the infectious period with the first case.
Meningitis (bacterial)	Exclude until has received appropriate antibiotics and a medical certificate of recovery is produced.	Not excluded.
Meningitis (viral)	Exclude until well enough to attend.	Not excluded.
Meningococcal infection	Exclude until appropriate antibiotic treatment has been completed and a medical certificate of recovery is produced.	Not excluded.
Mumps	Exclude for nine days after onset of swelling.	Not excluded.
Norovirus	Exclude until there has not been a loose bowel motion or vomiting for 48 hours.	Not excluded.
Parvovirus infection (fifth disease, erythema infectiosum, slapped cheek syndrome)	Exclude until rash disappears.	Not excluded.
Pertussis	See 'Whooping Cough'	
Ringworm/tinea	Exclude until the day after appropriate antifungal treatment has commenced.	Not excluded.
Roseola	Exclude until rash and fever disappears	Not excluded.
Ross River virus	Exclusion is NOT necessary	Not excluded.
Rotavirus infection	Exclude until there has not been a loose bowel motion or vomiting for 36 hours.	Not excluded.

Condition	Exclusion of Case	Exclusion of Contacts
Rubella (German measles)	Exclude until fully recovered or for at least four days after the onset of the rash.	Not excluded.
Salmonella infection	Exclude until there has not been a loose bowel motion for 36 hours.	Not excluded.
Scabies	Exclude until the day after appropriate treatment has commenced.	Not excluded.
Scarlet fever	See 'Streptococcal sore throat'	
School sores	See 'Impetigo'	
Shigella infection	Exclude until there has not been a loose bowel motion for 36 hours	Not excluded
Slapped Cheek Syndrome	Exclude until rash disappears.	Not excluded.
Streptococcal sore throat (including scarlet fever)	Exclude until has received antibiotic treatment for at least 24 hours and feels well.	Not excluded.
Temperature	See 'Fever/High temperature'	
Typhoid, Paratyphoid	Exclude until medical certificate is produced from appropriate health authority	Not excluded unless considered necessary by public health authorities.
Vaccination	See Immunisation.	
Varicella	See 'Chickenpox'	
Viral gastroenteritis (viral diarrhoea)	Children are to be excluded from the centre until there has not been a loose bowel motion or vomiting for 36 hours.	Not excluded.
Warts	Exclusion is NOT necessary	Not excluded
Whooping cough (pertussis)	Exclude until five days after starting appropriate antibiotic treatment or for 21 days from the onset of coughing.	Contacts that live in the same house as the case and have received less than three doses of pertussis vaccine are to be excluded from Heritage until they have had five days of an appropriate course of antibiotics. If antibiotics have not been taken, these contacts must be excluded for 21 days after their last exposure to the case while the person was infectious.
Worms	Exclusion not necessary if treatment has occurred.	Not excluded

Source: *Staying Healthy in Child Care – Prevention of Infectious Diseases* (fourth edition, 2006) pp 7–9

National Health Medical Research Council, <http://www.nhmrc.gov.au/publications/synopses/files/ch43.pdf>

Note: Exclusion periods include Heritage requirements beyond health department recommendations.