Dealing with Infectious Diseases Policy

PURPOSE AND BACKGROUND

(1) To set out how we manage and reduce the risk of transmission of infectious diseases at our service

(2) This policy is a requirement under the *Education and Care Services National Regulations*. The approved provider must ensure that policies and procedures are in place for dealing with infectious diseases (s 168), including procedures to prevent infectious diseases from spreading at the service (s 88)

(3) This policy helps us to comply with the *Work Health and Safety Act 2020* and Western Australian public health requirements

POLICY STATEMENT

Guidance from our public health unit

(4) Staff are aware that they can contact our local WA Department of Health - Public health unit for support and resources on managing infectious diseases

(5) Staff should always contact our public health unit for advice on: hepatitis A; Hib; measles; meningococcal disease; tuberculosis; typhoid; paratyphoid infection; whooping cough; and outbreaks of gastroenteritis

A safe environment for children, staff and visitors

(6) We take our duty of care under work health and safety laws toward children, staff and visitors seriously

(7) We take all possible measures to manage health and safety risks at our service, including by implementing and communicating to children, staff, families and visitors our best practice policies and procedures for dealing with infectious diseases

(8) We conduct regular workplace health and safety (WHS) risk assessments, which identify the hazards/risks of infectious diseases

(9) We stay informed of advice and guidance from the WA Department of Health

(10) We keep our emergency contact details in the NQA IT System up to date in case we need to be contacted after hours about a public health issue

(11) We have a pool of casual staff available for absences due to infectious diseases

Immunisation

(12) We promote the important role vaccines play in preventing the spread of diseases and protecting staff and children against serious illnesses

(13) Our Immunisation Policy sets out the recommendations and requirements concerning immunisation for children and staff at our service

Health and hygiene practices – preventing the spread of infectious diseases

(14) The approved provider is required to take reasonable steps to prevent the spread of infectious diseases (*National Regulations* s 88)

(15) We meet this requirement, in part, by implementing and communicating health and hygiene policies and procedures that are informed by public health laws and guidelines (as follows)

Hand hygiene

(16) We promote regular hand hygiene for staff and children as an effective way to help prevent germs being transferred from hands to other people and surfaces

(17) Staff must follow our hand hygiene procedure (in our Health, Hygiene and Cleaning Policy)

Respiratory hygiene

(18) We promote respiratory hygiene as an effective way to limit other people's exposure to germs via coughing, sneezing, mucus and breath

(19) Staff must follow our respiratory hygiene procedure (in our Health, Hygiene and Cleaning Policy)

Gloves and masks

(20) We encourage and promote using gloves and masks in certain situations to prevent the spread of germs

(21) Our service supports staff who prefer to wear masks to protect themselves and others against airborne diseases, particularly when they are indoors or when they cannot physically

distance themselves from others, and when there are high levels of respiratory illnesses in the community

(22) We encourage masks for anyone who needs to attend the service while they have cold or flu symptoms (e.g., when sick parents need to deliver/collect their child)

(23) Staff must follow our gloves and masks procedure (in our Health, Hygiene and Cleaning Policy) to ensure their correct use, including for dealing with bodily fluids

Toileting and nappy changing hygiene

(24) We have strict toileting and nappy hygiene practices to prevent the spread of germs through faeces and urine

(25) Staff must follow our nappy and toileting hygiene procedure and our nappy changing hygiene procedure (in our Health, Hygiene and Cleaning Policy)

Dealing with wounds and body fluids

(26) We have hygienic practices to deal with wounds and spills of body fluids – urine, faeces, mucus, saliva, vomit, blood and breastmilk – to minimise the risk of infectious diseases spreading

(27) Staff must follow our body fluids spills procedure (in our Health, Hygiene and Cleaning Policy)

Contact with animals

(28) To minimise health risks, we implement good hygiene practices where children and staff have contact with animals we keep at the service or during activities that involve animals (e.g., excursions to farms or zoos, animal displays, incursions)

(29) Staff must follow our animal hygiene procedure (in our Animal and Pet Policy)

Ventilation and filtration

(30) Indoor spaces are kept well-ventilated for the safety and wellbeing of children (*Regulations* s 110), staff and visitors

(31) We promote ventilation (open windows, doors, outdoor spaces, air conditioners that bring outdoor air to indoor spaces) and filtration of air (e.g., HEPA filters, in HVAC systems) as easy and effective ways to reduce the spread of infectious diseases

(32) Staff must follow our ventilation and filtration procedure (in our Health, Hygiene and Cleaning Policy)

Cleaning and sanitising

(33) We have detailed cleaning and sanitising routines that help prevent the spread of infectious diseases

(34) Staff must follow our cleaning procedures (in our Health, Hygiene Policy and Procedures) which covers how and when to clean the various areas, spaces and items in our service

(35) Staff also must follow our cleaning procedures to ensure food safety (in our Food Safety Policy)

(36) If there is a disease outbreak at the service, the nominated supervisor/approved provider contacts our local public health unit for advice on cleaning processes

Food safety

(37) We have strict food handling procedures to reduce the risk of spreading infectious diseases

(38) Staff must follow our safe food procedures, which comply with food safety standards (in our Food Safety Policy)

Protecting vulnerable people, including pregnant staff and visitors

Immunocompromised and high-risk children and adults

(39) If a child has a medical condition or health need that puts them at greater risk of infectious diseases (e.g., immunocompromised children or children with respiratory issues), this will be recorded in their medical management, risk-minimisation and communication plans (see our Medical Conditions Policy and Procedures) (*Regulations* s 90)

(40) Babies also have a higher risk of severe disease in some cases (e.g., whooping cough, COVID-19, RSV, flu, measles, Herpes Simplex Virus etc)

(41) Staff must follow a child's individual plans and public health guidelines for immunocompromised or high-risk children. For example, we may require or recommend that the child does not attend the service during outbreaks or that they seek advice from their doctor about taking extra precautions

(42) The nominated supervisor/approved provider must give special consideration to staff members who are more susceptible to infections or at risk of severe disease**.** They will enquire about new staff members' health needs at induction, and make reasonable adjustments to reduce the risks to vulnerable staff members (e.g., limiting exposure, changing duties, increasing ventilation of rooms, wearing masks)

Pregnant staff and visitors

(43) The following common infectious diseases pose a greater risk of harm to pregnant women and unborn children:

- Chickenpox (varicella)
- COVID-19
- Cytomegalovirus (CMV)
- Fifth disease (slapped cheek syndrome, erythema infectiosum, human parvovirus B19)
- Flu (influenza)
- Hand, foot and mouth disease
- Measles
- Rubella (German measles**)**
- Toxoplasmosis
- Whooping cough (pertussis)

(44) If any of the above diseases occur at our service, the nominated supervisor will:

- Follow the exclusion periods for infectious diseases and contact our local public health unit for help, if needed
- Alert pregnant staff and visitors so that they can take precautions
- Provide information and fact sheets for pregnant staff and all families
- Advise pregnant staff and visitors to seek medical advice, where it is recommended or if they have concerns
- Ensure that our infection control procedures are being carried and that necessary adjustments are made to the work of pregnant staff

(45) Pregnant staff and visitors should be vaccinated according to their doctor's recommendations

Managing sickness at the service

(46) Parents must inform us as soon as possible if their child has or may have an infectious disease, or if their child needs to be excluded as a contact

(47) If a staff member suspects or is aware that they have an infectious disease, or if they need to be excluded because they are a contact, they must tell their room leader and the nominated supervisor or approved provider as soon as possible

Sick children and staff must not attend the service

(48) Children or staff who have a suspected or diagnosed infectious disease must stay at home, even if they only have mild symptoms

(49) Parents should inform an educator (a) if medication has been administered to their child in the past 24 hours to treat the symptoms of what might be an infectious disease, and (b) of the cause of the symptoms, if it is known**.** This information should be communicated the first time the child attends the service after the medication has been administered

We follow our procedures if someone becomes sick at the service

(50) If a child becomes sick while they are at our service, we follow our infectious diseases procedures (attached) and our procedures in our Incident, Injury, Trauma and Illness Policy

(51) The child's educator must contact the child's parent or emergency contact by phone as soon as possible

(52) Sick children should be picked up from our service by their parent or an authorised nominee as soon as possible and within one hour

(53) Staff who become sick at work should tell their supervisor/nominated supervisor and go home as soon as possible

(54) Sick children and staff who are waiting to be collected should isolate from others and follow our hand and respiratory hygiene procedures (in our Health, Hygiene and Cleaning Policy)

(55) We follow the appropriate cleaning and hygiene procedures (in our Health, Hygiene and Cleaning Policy) if anyone has been unwell at our service

(56) Staff call an ambulance (000) if a child or adult at our service has serious symptoms

Exclusion from the service

We enforce exclusion periods for sick children and staff

(57) Children and staff who have a suspected or diagnosed infectious disease may be excluded from our service (i.e., not allowed to attend) for the required period of time set out in Western Australian public health guidelines and NHMRC's Staying Healthy Guidelines (6th Edition 2024) (see infectious diseases exclusion periods table attached)

(58) Fees are still payable during exclusion periods

(59) Staff must follow our exclusion of children and staff procedure (attached) if:

- A child or a staff member has or may have an infectious disease, or
- If a child or staff member needs to be excluded because they are a contact

(60) In most cases, exclusion is based on symptoms, not a formal medical diagnosis. Parents and educators will use their best judgement to assess whether a child is probably infectious and therefore must be excluded according to our procedures

(61) When a child has been excluded, we communicate with their parents about why the child has been excluded, for how long the child is excluded, and when the child can return to the service

(62) In some cases, a child or staff member who has been sick may need to provide a medical certificate before returning to the service. The certificate must confirm that they are no longer infectious from the illness they had.

(63) If there is disagreement about exclusion or returning to the service after illness, the nominated supervisor will consult with our local health unit when deciding an outcome

(64) Additional public health recommendations and exclusion periods may apply for some diseases and outbreaks

(65) We may be compelled to report to a relevant authority any enrolled child who has or might have contracted a vaccine preventable notifiable disease

Excluding contacts

(66) Contacts of individuals with infectious diseases are usually not excluded. However, the exclusion of contacts may be required or recommended for some diseases in certain cases (such as when a contact is non-immunised, immunocompromised or pregnant – see also our Immunisation Policy)

(67) The nominated supervisor/approved provider will refer to the exclusion periods for contacts and follow advice from our public health unit

Dealing with outbreaks

(68) If a disease outbreak occurs or is suspected at our service, we should contact our local public health unit for advice

(69) We must notify our local public health unit if we have a suspected outbreak of gastroenteritis (see below 'Notifications - notifiable diseases' section)

(70) Depending on the situation, during outbreaks we may need to:

- Be more stringent with exclusion periods and criteria
- Clean more thoroughly and/or more often
- Close our service for a short time to stop the spread of infection

(71) Outbreaks that pose a risk to the health, safety or wellbeing of children must be reported to the regulatory authority (see below section 'Notifications')

(72) We may need to exclude non-immunised children during outbreaks of vaccine preventable diseases (see our Immunisation Policy)

(73) We may be directed by the government to close part or whole of our service during an outbreak

COVID-19 requirements in Western Australia

(74) To prevent the spread of COVID-19 at our service, staff, families and visitors are reminded to stay and home if they are unwell and show symptoms, get tested for COVID-19, and practice good hand and respiratory hygiene

(75) If a staff member of child tests postive to COVID-19, we follow our exclusion procedure and notify the parents of other children in our service that there is a case

(76) We do not need to report positive cases to the regulatory authority if there are no risks to the health and safety of children and our service can operate as usual

Notifications (including 'notifiable diseases')

(77) Staff must follow our infectious disease notification procedure (attached)

We must notify parents if their child becomes sick at the service

(78) The approved provider must ensure that a parent of a child is notified as soon as practicable, but not later than 24 hours after the occurrence, if the child becomes ill at our service (*National Regulations* s 86), according to our Incident, Illness, Injury and Trauma Policy

We must notify parents of any occurrences of infectious diseases at the service

(79) The approved provider must ensure that the parent or an authorised emergency contact of each child at our service is notified of the occurrence of an infectious disease, as soon as practicable (*National Regulations* s 88)

(80) The approved provider must display a notice stating that there has been an occurrence of an infectious disease at the service premises (*National Regulations* s 173)

We must report 'notifiable diseases' to our local public health unit

(81) The approved provider must, as soon as possible and within 24 hours**,** notify our local public health unit an outbreak of gastroenteritis is suspected

We must report work health and safety 'notifiable incidents' to WorkSafe WA

(82) The approved provider must ensure that notifiable incidents are reported immediately to WorkSafe WA, including: a work-related death, serious illness or a potentially dangerous incident

(83) A serious illness includes those that require immediate treatment in hospital as inpatient in a hospital, and includes any illnesses related to carrying out work that involves providing treatment or care to a person, involves contact with human blood or body substances, or involves handling or contact with animals

(84) Notification of a COVID-19 case is also required if it can be reliably attributed to carrying out the type of work listed above, and the person is required to have treatment as an in-patient in hospital or the person dies

We must make necessary reports to the regulatory authority

(85) The approved provider must report to the regulatory authority via the NQA IT system within 7 days:

- **Any circumstance arising at our service that poses a risk to the health, safety or wellbeing of a child or children attending the service** (*National Regulations* ss 175, 176) (e.g., an outbreak or a child being hospitalised because of an infectious disease)
- **Any change to the hours and days of operation of our service** (*National Regulations* ss 175, 176). For example, if we need to close a room or the whole service temporarily due to an outbreak

Record keeping

(86) If a child becomes ill while they are in our care, staff make a record according to our incident, illness, injury and trauma policy and procedures (*National Regulations* s 87)

(87) If we notify the public health unit about an infectious disease, staff record when and where the notification was sent, and which staff member made the notification

(88) Health records are managed according to our record keeping, privacy and confidentiality policies

(89) We may need to disclose health records to officers from relevant authorities (such as the health department or the regulatory authority)

PRINCIPLES

(90) The safety and wellbeing of children in our care is our number one priority, so we take every reasonable measure to prevent the spread of infectious diseases

(91) Our policies and procedures are based on the latest guidelines and recommendations from health authorities, and we comply with the relevant laws, regulations and standards

(92) We communicate with staff, families, children and government authorities to manage and mitigate risks, ensuring that everyone is informed and contributing to a safe environment

(93) Staff are trained and resourced to be able to deal with infectious diseases and to role model good hygiene practices

(94) Children are helped to take increasing responsibility for their health and physical wellbeing. Infection control awareness, hygiene, and protectives practices are included in our education programming and planning

(95) We regularly review and update our policies and procedures to make sure they still reflect current best practices and address emerging health risks

POLICY COMMUNICATION, TRAINING AND MONITORING

(96) The approved provider and nominated supervisor provide information, training and other resources and support regarding the Dealing with Infectious Diseases Policy and related documents

(97) All staff (including volunteers and students) are formally inducted. They are given access to, review, understand and formally acknowledge this Dealing with Infectious Diseases Policy and related documents

(98) Roles and responsibilities are clearly defined in this policy and in individual position descriptions. They are communicated during staff inductions and in ongoing training

(99) The approved provider and nominated supervisor monitor and audit staff practices through spot checks, performance reviews, supervision sessions, compliance visits, spot checks from area managers, regular performance appraisal and address non-compliance. Breaches to this policy are taken seriously and may result in disciplinary action against a staff member

(100) At enrolment, families are given access to our Dealing with Infectious Diseases Policy and related documents

(101) Families are notified in line with our obligations under the *National Regulations* when changes are made to our policies and procedures

LEGISLATION (OVERVIEW)

Education and Care Services National Law and Regulations

Law	Description
s 167	Offence relating to protection of children from harm and hazards
s 172	Offence to fail to display prescribed information
S 174	Offence to fail to notify certain information to Regulatory Authority
Regulations	
s 77	Health, hygiene and safe food practices
s 85	Incidents, injury, trauma and illness policies and procedures
s 86	Notification to parents of incident, injury, trauma and illness
s 87	Incident, injury, trauma and illness record
s 88	Infectious diseases
s 90	Medical conditions policy
s 103	Premises, furniture and equipment to be safe, clean and in good repair
s 109	Toilet and hygiene facilities
s 110	Ventilation and natural light
s 162	Health information to be kept in enrolment record
s 168	Education and care services must have policies and procedures
s 170	Policies and procedures to be followed
s 171	Policies and procedures to be kept available
s 172	Notification of change to policies or procedures
s 173	Prescribed information to be displayed
s 175	Prescribed information to be notified to Regulatory Authority
s 176	Time to notify certain information to the Regulatory Authority
ss 181 ,183 - 184	Confidentiality and storage of records

Other applicable laws and regulations

Act / Regulation / Standard	Description
Work Health and Safety Act 2011	Describes the primary duty of care to people in the workplace
Australia New Zealand Food Standards Code	Covers food safety requirements
Privacy Act 1988	Principal act protecting the handling of personal information
Public Health Act 2016 (WA)	Covers immunisation, infectious disease management, including exclusion periods and notifiable diseases
Western Australia food safety laws	Covers the safe handling of food, including the Australian Food Safety Code

National Quality Standard

Standard / 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
3.1	Design	The design of the facilities is appropriate for the operation of a service
3.1.2	Upkeep	Premises, furniture and equipment are safe, clean and well maintained

Standard / Element	Concept	Description
4.2	Professionalism	Management, educators and staff are collaborative, respectful and ethical
4.2.2	Professional standards	Professional standards guide practice, interactions and relationships
6.1	Supportive relationships with families	Respectful relationships with families are developed and maintained and families are supported in their parenting role
6.1.3	Families are supported	Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing
7.1	Governance	Governance supports the operation of a quality service
7.1.2	Management systems	Systems are in place to manage risk and enable the effective management and operation of a quality service
7.1.3	Roles and responsibilities	Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service

Early Years Learning Framework (EYLF) V2.0

EYLF Outcome	Key component
3: CHILDREN HAVE A STRONG SENSE OF WELLBEING	• Children become strong in their social, emotional and mental wellbeing • Children become strong in their physical learning and wellbeing • Children are aware of and develop strategies to support their own mental and physical health and personal safety

National Principles for Safe Organisations

Most relevant principles
Child safety and wellbeing is embedded in organisational leadership, governance and culture
Families and communities are informed and involved in promoting child safety and wellbeing
Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed

SOURCES

Education and Care Services National Law and Regulations | National Quality Standard | National Immunisation Program Schedule | NHMRC. Staying Healthy -Preventing Infectious Diseases in Early Childhood Education and Care Services 6th edition | Public Health Act 2016 | Public Health Regulations 2017 | Reducing the Risk of Infectious Diseases in Child Care Workplaces: Worksafe Western Australia Commission |WA Health Communicable Disease Guidelines

POLICY INFORMATION

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

POLICY REVIEWED	October 2026	NEXT REVIEW DATE	October 2027
MODIFICATIONS	Updated to new template		

APPENDIX A

ROLES AND RESPONSIBILITIES – Dealing with infectious diseases

Approved provider responsibilities (not limited to)
Ensure our service meets its obligations under the *Education and Care Services National Law* and *Regulations,* including to: • Take every reasonable precaution to protect children from harm and hazards likely to cause injury • Take reasonable steps to prevent the spread of infectious diseases • Notify parents or authorised emergency contacts of any occurrence of an infectious disease • and display a notice stating that there has been an occurrence of an infectious disease at the service premises
Ensure that our service's governance, management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for infectious diseases are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines
Ensure this Dealing with Infectious Diseases Policy and related procedures are in place and available for inspection
Take reasonable steps to ensure our Dealing with Infectious Diseases Policy and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)
Ensure that our premises, furniture and equipment are safe, clean and well-maintained, and that staff are following our procedures for cleaning, health and hygiene
Ensure that vulnerable children and adults (including pregnant women) are given special consideration regarding the risk of infectious diseases. Act on advice from our local health unit about exclusion recommendations for vulnerable children and staff where necessary
Ensure that parent/s are notified as soon as practicable, but not later than 24 hours after the occurrence, if their child becomes ill while at our service
Ensure staff and families are following the exclusion periods according to our obligations
Report notifiable diseases to our local health unit, notifiable incidents to our safe work agency, and prescribed information to regulatory authority
Ensure we make and store records concerning infectious diseases according to our policies and obligations, including for privacy and confidentiality

Regularly review this Dealing with Infectious Diseases Policy and related procedures in consultation with children, families, communities and staff
Notify families at least 14 days before changing this Dealing with Infectious Diseases Policy if the changes will: affect the fees the charged or the way they are collected; or significantly impact the service's education and care of children; or significantly impact the family's ability to utilise the service

Nominated supervisor / persons in day-to-day charge responsibilities (not limited to)
Ensure our service meets its obligations under the *Education and Care Services National Law* and *Regulations,* including to take every reasonable precaution to protect children from harm and hazards likely to cause injury Support the approved provider to: • take reasonable steps to prevent the spread of infectious diseases • notify parents or authorised emergency contacts of any occurrence • and display a notice stating that there has been an occurrence of an infectious disease at the service premises
Support the approved provider to ensure that our service's management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for infectious diseases are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines
Implement this Dealing with Infectious Diseases Policy and related procedures
Take reasonable steps to ensure our Dealing with Infectious Diseases Policy and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)
Notify and liaise with the approved provider, staff, health authorities and parents about the occurrence of infectious diseases at our service, where necessary
Enforce exclusion periods for staff and children according to this policy and our obligations
Contact parent/s/authorised emergency contact of a child who shows symptoms of an infectious disease while at our service. Ask parents to collect their child as soon as possible and within 1 hour. Ensure educators follow our incident, injury, trauma and illness policy and procedures
Ensure that vulnerable children and adults (including pregnant women) are given special consideration regarding the risk of infectious diseases. Act on advice from our local health unit about exclusion recommendations for vulnerable children and staff where necessary

Ensure we make and store records concerning infectious diseases according to our policies and legal obligations, including for privacy and confidentiality
Organise a pool of regular relief educators to cover educators who are absent due to illness
Contribute to policies and procedure reviews and risk assessments and plans in consultation with children, families, communities and staff. Support the approved provider to notify families of reviews and changes according to legislation and our policies and procedures

Educator / other staff responsibilities (not limited to)
Follow this Dealing with Infectious Diseases Policy and related procedures, including for hygiene, ventilation, managing sick children and exclusion recommendations and periods
If a child shows symptoms of an infectious disease while at the service, notify the child's parent/authorised emergency contact and the nominated supervisor immediately, and follow our procedure for managing illness in children. Ask parent/authorised emergency contact to collect their child as soon as possible and within 1 hour
Notify the nominated supervisor as soon as practicable if a parent tells you that their child has a suspected or diagnosed infectious disease. Explain/reinforce to parents our exclusion procedure and exclusion periods
Don't come into work if you are sick. Notify your room leader and the nominated supervisor/approved provider if you have a suspected or diagnosed infectious disease (or need to exclude because you are a contact). Follow our exclusion procedure and stay away from our service for the exclusion period. If requested, supply a medical certificate confirming you are okay to return to work
If you get sick at work, notify your room leader and the nominated supervisor/approved provider as soon as practicable, and go home straight away. Isolate from others and practice good hygiene if you are waiting to be collected
Record illnesses/infectious diseases in children and yourself according to our policies
Model and teach children about good hand and respiratory hygiene practices
Discuss any specific needs you have related to managing infectious diseases with the nominated supervisor or approved provider, especially if you are pregnant, immunocompromised, or have other health considerations
Contribute to policy and procedure reviews and risk assessments and plans, and participate in training and professional development opportunities on health and infection control

Families responsibilities (not limited to)
If your child is unwell, notify our service and do not bring your child in until they are well. Follow our Exclusion Procedure and keep your child away for the minimum period of exclusion
Collect your child – or have an authorised emergency contact collect your child - as soon as possible and within 1 hour if they become ill while at our service
Notify our service as soon as practicable if your child has a diagnosed infectious disease or needs to exclude because they are a contact of someone with an infectious disease
Notify our service if medication has been administered to your child in the past 24 hours to treat symptoms of a suspected or diagnosed infectious disease; and of the cause of the symptoms, if known. This should be communicated the first time the child attends the service after the medication has been administered
If requested, provide a medical certificate to confirm your child is okay to return to our service after an illness
Discuss any specific needs your child has related to managing infectious diseases with the nominated supervisor. Work with the nominated supervisor and educators to implement a medical management, communication and risk minimisation plans if your child has a medical condition, including any plans/practices for protecting against and managing infectious diseases
If you are sick with a suspected or diagnosed infectious disease, please do not attend our service unless necessary. If you do have to attend (e.g., to collect or drop off your child), please liaise with our service so that an educator can meet you outside with your child. Please wear a mask and wash your hands/use hand sanitiser if you come inside while you are sick
Model good hand and respiratory hygiene to your child, and help them to wash/sanitise their hand when they enter or leave our service

APPENDIX B

Dealing with Infectious Diseases Procedures

Introduction

- These procedures apply to our Dealing with Infectious Diseases Policy
- Related procedures are located in our Health, Hygiene and Cleaning Policy and Food Safety Policy
- 'Parents' includes guardians and persons who have parental responsibilities for the child under a decision or order of court
- 'Staff' includes volunteers, students and third parties defined in the scope of the Dealing with Infectious Diseases Policy

Attachments

- Appendix C – Exclusion of Children and Staff Procedure
- Appendix D – Infectious Disease Notification Procedure
- Appendix E – Exclusion periods for Infectious Diseases table

APPENDIX C

PROCEDURE – Exclusion of children and staff

When to use this procedure

- When a child or staff member gets sick / shows symptoms of an infectious disease
- When a child or staff member is diagnosed with an infectious disease
- When a child or staff member needs to be excluded because of an infectious disease (including contacts who need to be excluded)

Determine the need for exclusion

1. Exclude based on symptoms - if an infectious disease is suspected, but not diagnosed, assess symptoms and exclude if required
2. Exclude based on a known infectious disease - if you know the condition, use the Exclusion Periods for Infectious Diseases (table attached) to determine how long the child or staff member needs to be excluded from the service
3. Exclude contacts - refer to the Exclusion Periods for Infectious Diseases table for specific conditions that may require contacts of a person who has an infectious disease to be excluded

Assess the symptoms

1. Assess whether the symptoms have a known non-infectious cause. For example:
    - Chronic asthma causing an ongoing cough
    - Allergies or chronic sinusitis causing runny nose, cough, sore throat, watery eyes, rash
    - Diarrhoea caused by a flare of a chronic, non-contagious illness, such as Crohn's Disease, Irritable Bowel Syndrome
    - Skin rash caused by eczema
    - Lingering cough or snotty nose after known respiratory illness
    - Nausea due to emotional upset
    - Headache from dehydration
2. Determine whether symptoms are new. Those that have been present for a long time may not be infectious

3. Evaluate the symptoms together (e.g., a cough, runny nose and a fever is probably infectious; a cough on its own may not be)
4. Consider general wellness, such as energy levels and appetite. New lethargic or tired symptoms are more likely to be caused by an infectious disease
5. Refer to table on the next page for guidance:

COMMON SYMPTOMS	EXCLUSION GUIDELINES	ADDITIONAL GUIDANCE
DIARRHOEA OR VOMITING	Exclude	Depending on the cause, usually exclude for 24 – 48 hours after symptoms stop – refer to exclusion periods table
EYE DISCHARGE (PUS OR SEVERE WATERINESS)	Exclude	Usually exclude until discharge stops - refer to 'Conjunctivitis' exclusion periods table
FEVER (>38°C)	Exclude	Normal temperature is between 36.5-38.0 degrees Usually exclude until temperature remains normal and they have no other symptoms that require exclusion – refer to exclusion periods table If a child has gone home with a fever but their temperature is normal the next morning, they can return to our service (so long as they have no other symptoms that require exclusion) If the child wakes in the morning with a fever, they should stay at home
RASH	Exclude if a rash develops rapidly or is combined with fever or other concerning symptoms	Usually exclude until other symptoms have resolved - refer to exclusion periods. Rash alone may not require exclusion.
RESPIRATORY SYMPTOMS (E.G., COUGH, SORE THROAT, RUNNY OR BLOCKED NOSE, SNEEZING)	May need to exclude	Usually exclude until symptoms resolve – refer to exclusion periods. If a child or staff member has a lingering cough after they have recovered from a respiratory infection, but they are feeling well and their other symptoms have resolved, they do not need to be excluded
ITCHY SKIN / ITCHY SCALP	Usually only exclude if combined with fever or other	Itchy skin caused by non-infectious skin conditions such as eczema or psoriasis, burns, allergic reactions will not need exclusion

	concerning symptoms	Refer to exclusion periods for parasites or infections that cause itchiness To ensure the health and comfort of all children and adults at our service, an educator may discreetly and respectfully examine a child's head if they suspect the child has head lice. This will be done in a way which does not embarrass the child or infringe their right to privacy and confidentiality. If head lice are found, refer to exclusion periods

Inform parents and staff members

1. Inform the parent/s or staff member of the exclusion period
2. Provide clear instructions on when the child or staff member can return to the service and if they will need a medical certificate to clear them first
3. Provide fact sheets and advise parents or staff to get medical advice, if required

Manage concerns and disagreements

1. If there is a disagreement or a concern about the exclusion, refer to the nominated supervisor
2. The nominated supervisor should try to resolve the disagreement or provide more information in the first instance
3. If necessary, the nominated supervisor will consult with our local health unit when deciding how to proceed with the exclusion

Document and notify where necessary

1. If the child has become sick while they are in our care at the service, create an incident, injury, trauma and illness record (see Incident, Injury, Trauma and Illness Policy)
2. Notify families and staff according to our infectious disease notification procedure (attached)
3. Notify authorities according to our infectious disease notification procedure
4. Keep records of notifiable diseases and notifiable incidents, including which staff member made the report and to whom the report was made

Seek medical or public health advice

1. Contact our local public health unit:

- Where required
- If you are unsure or if there is disagreement about whether to exclude a child or staff member, or for how long and under what conditions
- For advice during outbreaks or suspected outbreaks

APPENDIX D

PROCEDURE – Infectious disease notification

When to use this procedure

- When there is an occurrence of an infectious disease at the service
- When there is an occurrence of a notifiable disease at the service
- When there is a notifiable incident at the service, caused by an infectious disease
- When any circumstance arising at our service poses a risk to the health, safety or wellbeing of a child or children attending the service as a result of an infectious disease
- When there is any change to the hours and days of operation of our service

Notify the parent of a child who becomes ill at our service

1. Educators/nominated supervisor call the parent or authorised emergency contact of a child who becomes ill at our service as soon as possible

Notify families and staff of the occurrence of an infectious disease

1. The nominated supervisor or another designated staff member:
    - Must tell parents as soon as possible of the occurrence of an infectious disease via phone, email, in person, or written notice
    - Must place a notice in a prominent position near the front door to notify parents that there has been an occurrence of the infectious disease
    - Must not identify the child/ren with the infectious disease
    - Can provide information about the infectious disease to staff and families, such as fact sheets and links to websites

Notify authorities, if required

1. The nominated supervisor/approved provider must report:
    - **Notifiable diseases -** as soon as possible and within 24 hours, our local public health unit if an outbreak of gastroenteritis is suspected
        - Contact our local public health unit by phone. A list of contact numbers and a link to a notification form is available here: https://www.health.wa.gov.au/Articles/N_R/Notification-of-infectious-diseases-and-related-conditions
    - **Notifiable incidents** - immediately to WorkSafe WA including a work-related death, serious illness or a potentially dangerous incident

- A serious illness includes those that require immediate treatment in hospital as inpatient in a hospital, and includes any illnesses related to carrying out work that involves providing treatment or care to a person, involves contact with human blood or body substances, or involves handling or contact with animals
- Notification of a COVID-19 case is also required if it can be reliably attributed to carrying out the type of work listed above, and the person is required to have treatment as an in-patient in hospital or the person dies
- Notify by phone on 1300 307 877 (non urgent) or 1800 678 198 (24 hour serious incident and fatality reporting line)

- **Any circumstance arising at our service that poses a risk to the health, safety or wellbeing of a child or children attending the service** must be reported within 7 days to the regulatory authority via the NQA IT System (for example, an outbreak or a child being hospitalised because of an infectious disease)
- **Any change to the hours and days of operation of our service** must be reported within 7 days to the regulatory authority via the NQA IT System (for example, if we need to close a room or the whole service temporarily due to an outbreak

APPENDIX E

RESOURCE - Exclusion table for infectious diseases (Western Australia)

Sources:

- NHMRC's Staying Healthy 6th Edition
- WA Department of Health's Control of communicable diseases manual (Updated July 2023)
- Chapter 3 of the Australia New Zealand Food Standards Code

Contacts are people who have been in contact with the person who is sick, but who have no symptoms; if they have symptoms, they should follow the same guidance as the person who is sick.

Staff should contact WA Department of Health - Public health units if they need advice or have any concerns about these exclusion periods

Condition	Exclusion of person who is sick	Exclusion of contacts
Asthma	Not excluded	Not excluded
Bronchiolitis	NHMRC advises that if a person has respiratory symptoms (cough, sneezing, runny or blocked nose, sore throat), monitor them and exclude them if: • they have several respiratory symptoms at the same time or • they have developed new symptoms while at the service or • 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) 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 Talk to local public health unit for advice if there are several children and staff with respiratory symptoms at the service.	Not excluded
Bronchitis	NHMRC advises that if a person has respiratory symptoms (cough, sneezing, runny or blocked nose, sore throat), monitor them and exclude them if: • they have several respiratory symptoms at the same time or • they have developed new symptoms while at the service or • the respiratory symptoms are severe	Not excluded

Condition	Exclusion of person who is sick	Exclusion of contacts
	or • the respiratory symptoms are getting worse (more frequent or severe) or • they also have concerning symptoms (fever, rash, tiredness, pain, poor feeding) 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 Talk to local public health unit for advice if there are several children and staff with respiratory symptoms at the service.	
***Campylobacter* infection**	Exclude until there has not been any diarrhoea or vomiting for at least 48 hours Food handlers must not handle food if they may still be infectious. The Food Safety Code clause 16(3) states that once a person is excluded from handling food because they have or are reasonably suspected to have a foodborne disease, their employer may only allow then to resume handling food after receiving advice from a medical practitioner that the person is no longer infectious. Notify public health unit if outbreak of gastroenteritis is suspected	Not excluded
Chickenpox (varicella)	WA Health advises to exclude until all blisters have formed crusts – this is usually at least 5 days after the rash first appeared in non-immunised children, and less in immunised children. Note that crusts alone do not warrant exclusion	Not excluded Refer any immunosuppressed children (e.g., leukemia patients) to their doctor. Post-exposure vaccination can be offered to non-immune contacts, if not contraindicated. Non-immune pregnant women should see their doctor urgently as immunisation may prevent chickenpox in contacts within 5 days of exposure
Cold sores (*herpes simplex*)	WA Health advises not to exclude 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	Not excluded
Common cold	WA Health advises to exclude until acute symptoms have resolved. There is no need to exclude a child with mild symptoms (such as a runny nose) if they	Not excluded

Condition	Exclusion of person who is sick	Exclusion of contacts
	seem otherwise well. However, testing for COVID-19 is recommended	
Conjunctivitis	WA Health advises to exclude until discharge from the eyes has stopped Not excluded if a doctor has diagnosed non-infectious conjunctivitis	Not excluded
COVID-19	WA Health advises to exclude and advise to stay at home for at least 5 days and until acute symptoms (e.g., fever, sore throat, runny nose) have resolved	Not excluded
Croup	NHMRC advises that if a person has respiratory symptoms (cough, sneezing, runny or blocked nose, sore throat), monitor them and exclude them if: • they have several respiratory symptoms at the same time or • they have developed new symptoms while at the service or • 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) 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 Talk to our local public health unit for advice if there are several children and staff with respiratory symptoms at the service	Not excluded
Cryptosporidiosis	WA Health advises to exclude until there has not been any diarrhoea for at least 48 hours. Cases should avoid using public swimming pools for 2 weeks after diarrhoea has ceased Food handlers must not handle food if they may still be infectious. The Food Safety Code clause 16(3) states that once a person is excluded from handling food because they have or are reasonably suspected to have a foodborne disease, their employer may only allow then to resume handling food after receiving advice from a medical practitioner that the person is no longer infectious. Notify public health unit if outbreak of gastroenteritis is suspected	Not excluded
Cytomegalovirus (CMV) infection	Not excluded	Not excluded

Condition	Exclusion of person who is sick	Exclusion of contacts
Ear infection	NHMRC advises not to exclude unless associated with other concerning symptoms	Not excluded
Fifth disease (slapped cheek syndrome, erythema infectiosum, human parvovirus B19)	Not excluded	Not excluded. Pregnant women who may have been exposed to parvovirus B19 should consult their doctor
Flu (influenza)	WA Health advises to exclude until acute symptoms (e.g. fever, sore throat, runny nose) have resolved	Not excluded
Flu (influenza)-like illnesses (e.g., RSV, parainfluenza virus, common cold)	WA Health advises to exclude until acute symptoms (e.g., fever, sore throat, runny nose) have resolved. There is no need to exclude a child with mild symptoms (e.g. runny nose) if they seem otherwise well. However, testing for COVID-19 is recommended	Not excluded
Fungal infections of the skin or scalp (ringworm, tinea, athlete's foot)	NHMRC advises to exclude until the day after starting appropriate antifungal treatment	Not excluded
Gastroenteritis (various viruses, bacteria or parasites)	WA Health advises to exclude until there has not been any diarrhoea, vomiting or other symptoms for at least 48 hours Food handlers must not handle food if they may still be infectious. The Food Safety Code clause 16(3) states that once a person is excluded from handling food because they have or are reasonably suspected to have a foodborne disease, their employer may only allow then to resume handling food after receiving advice from a medical practitioner that the person is no longer infectious. Notify public health unit if outbreak of gastroenteritis is suspected	Not excluded
***Giardia* infection (giardiasis)**	WA Health advises to exclude until there has not been any diarrhoea, vomiting or other symptoms for at least 48 hours Food handlers must not handle food if they may still be infectious. The Food Safety Code clause 16(3) states that once a person is excluded from handling food because they have or are reasonably suspected to have a foodborne disease, their employer may only allow then to resume handling food after receiving advice from a medical practitioner that the person is no longer infectious. Notify public health unit if outbreak of gastroenteritis is suspected	Not excluded
Glandular fever (Epstein–Barr virus,	WA Health advises not to exclude. Encourage good hygiene practices e.g., hand washing, and avoid	Not excluded

Condition	Exclusion of person who is sick	Exclusion of contacts
infectious mononucleosis)	kissing on the mouth or sharing drinking containers and utensils, to minimise contact with saliva	
Hand, foot and mouth disease	WA Health advises to exclude until all blisters have formed crusts that are dry	Not excluded
Head lice	WA advises not to exclude, 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	Not excluded
Hepatitis A	WA Health advises to exclude until at least 7 days after jaundice starts, or if there is no jaundice, until at least 2 weeks after onset of other symptoms Discuss with public health unit Food handlers must not handle food if they may still be infectious. The Food Safety Code clause 16(3) states that once a person is excluded from handling food because they have or are reasonably suspected to have a foodborne disease, their employer may only allow then to resume handling food after receiving advice from a medical practitioner that the person is no longer infectious.	Not excluded Talk to our public health unit for advice
Hepatitis B	Not excluded. Discuss with public health unit	Not excluded
Hepatitis C	Not excluded. Discuss with public health unit	Not excluded
Hepatitis E	NHMRC advises to exclude until at least 7 days after jaundice starts, or if there is no jaundice, until at least 2 weeks after onset of other symptoms Food handlers must not handle food if they may still be infectious. The Food Safety Code clause 16(3) states that once a person is excluded from handling food because they have or are reasonably suspected to have a foodborne disease, their employer may only allow then to resume handling food after receiving advice from a medical practitioner that the person is no longer infectious.	Not excluded Talk to our public health unit for advice
Hib (*Haemophilus influenzae* type b)	WA Health advises to exclude until the person has completed antibiotic treatment. Discuss with public health unit	Not excluded Talk to our public health unit for advice
HIV (human immunodeficiency virus)	Not excluded	Not excluded
Hookworm	WA Health advises exclusion is not usually necessary but if there is diarrhoea, exclude for 48 hours after diarrhoea has ceased	Not excluded
Human metapneumovirus	NHMRC advises that if a person has respiratory symptoms (cough, sneezing, runny or blocked nose, sore throat), monitor them and exclude them if:	Not excluded

Condition	Exclusion of person who is sick	Exclusion of contacts
	• they have several respiratory symptoms at the same time or • they have developed new symptoms while at the service or • 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) 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 Talk to our local public health unit for advice if there are several children and staff with respiratory symptoms at the service	
Impetigo (school sores)	WA Health advises to exclude until antibiotic treatment has started Cover any sores on exposed skin with a watertight dressing	Not excluded
Measles	WA Health advises to exclude for at least 4 days after the rash appeared. Discuss with public health unit	Immunised contacts are not excluded For non-immunised, pregnant or immunocompromised contacts, talk to our public health unit for advice
Meningitis (viral)	NHMRC advises to exclude until person is well	Not excluded
Meningococcal infection	WA Health advises to exclude until 24 hours of antibiotic treatment has been completed Discuss with public health unit	Not excluded Talk to our public health unit for advice about antibiotics and/or vaccination for people who were in the same room as the case
Molluscum contagiosum	Not excluded	Not excluded
Mosquito-borne diseases (Barmah Forest virus, Chikungunya virus, Dengue virus, Zika virus, Japanese encephalitis, malaria, Murray Valley encephalitis virus, Ross River virus, West Nile virus – including Kunjin virus)	Not excluded Talk to our public health unit for advice	Not excluded
Mumps	WA Health advises to exclude for at least 5 days after onset of parotitis (swelling). Discuss with public health unit	Not excluded

Condition	Exclusion of person who is sick	Exclusion of contacts
Norovirus infection	WA Health advises to exclude until asymptomatic for 48 hours. Notify public health unit if outbreak of gastroenteritis is suspected Food handlers must not handle food if they may still be infectious. The Food Safety Code clause 16(3) states that once a person is excluded from handling food because they have or are reasonably suspected to have a foodborne disease, their employer may only allow then to resume handling food after receiving advice from a medical practitioner that the person is no longer infectious.	Not excluded
Pinworms	Not excluded	Not excluded
Pneumococcal disease	WA Health advises to exclude until person has received antibiotic treatment for at least 24 hours	Not excluded
Pneumonia	If a person has respiratory symptoms (cough, sneezing, runny or blocked nose, sore throat), monitor them and exclude them if: • they have several respiratory symptoms at the same time or • they have developed new symptoms while at the service or • 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) 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 Talk to our local public health unit for advice if there are several children and staff with respiratory symptoms at the service.	Not excluded
Roseola (exanthum subitum, sixth disease)	Not excluded	Not excluded
Rotavirus infection	WA Health advises to exclude until there has not been any diarrhoea, vomiting or other symptoms for at least 48 hours Food handlers must not handle food if they may still be infectious The Food Safety Code clause 16(3) states that once a person is excluded from handling food because they have or are reasonably suspected to have a foodborne disease, their employer may only allow	Not excluded

Condition	Exclusion of person who is sick	Exclusion of contacts
	then to resume handling food after receiving advice from a medical practitioner that the person is no longer infectious. Notify public health unit if outbreak of gastroenteritis is suspected	
RSV (respiratory syncytial virus)	WA Health advises to exclude until acute symptoms (e.g., fever, sore throat, runny nose) have resolved. Discuss with public health unit	Not excluded
Roundworm	WA Health advises that exclusion is not usually necessary but if there is diarrhoea, exclude for 48 hours after diarrhoea has ceased	Not excluded
Rubella (German measles)	WA Health advises to exclude for at least 4 days after the rash appears. Talk to public health unit	Not excluded Talk to immunocompromised or pregnant staff about risk and recommend they seek medical advice
***Salmonella* infection (salmonellosis)**	WA Health advises to exclude until there has not been any diarrhoea, vomiting or other symptoms for at least 48 hours Food handlers must not handle food if they may still be infectious. The Food Safety Code clause 16(3) states that once a person is excluded from handling food because they have or are reasonably suspected to have a foodborne disease, their employer may only allow then to resume handling food after receiving advice from a medical practitioner that the person is no longer infectious. Notify public health unit if outbreak of gastroenteritis is suspected	Not excluded
Scabies and other mites causing skin disease	WA Health advises to exclude until the day after starting treatment	Not excluded. Family contacts and those who have had close skin-to-skin contact with the case should be treated
***Shigella* infection (shigellosis)**	WA Health advises to exclude until there has not been any diarrhoea, vomiting or other symptoms for at least 48 hours and have clearance from doctor Notify public health unit if outbreak of gastroenteritis is suspected	Not excluded
Shingles (zoster infection)	WA Health advises to not exclude unless rash is uncovered and weeping. Talk to our public health unit	Not excluded. Non-immune contacts may develop chickenpox if they are exposed to vesicle fluid from a person with shingles, and should be referred to their doctor. Talk to our public health unit for advice about pregnant women

Condition	Exclusion of person who is sick	Exclusion of contacts
		and anyone who is immunocompromised
Staph infection (*Staphylococcus aureus*)	NHMRC advises to exclude until the person has received antibiotic treatment for at least 24 hours and feels well Food handlers must not handle food if they may still be infectious. The Food Safety Code clause 16(3) states that once a person is excluded from handling food because they have or are reasonably suspected to have a foodborne disease, their employer may only allow then to resume handling food after receiving advice from a medical practitioner that the person is no longer infectious.	Not excluded
Streptococcal infections (including sore throat, scarlet fever)	WA Health advises to exclude until the person has received antibiotic treatment for at least 24 hours	Not excluded
Thrush (candidiasis)	Not excluded	Not excluded
Toxoplasmosis	Not excluded	Not excluded
Trachoma (*Chlamydia trachomatis* eye infection)	Exclude until antibiotic treatment has started **and** Talk to our local public health unit for advice	Talk to our public health unit for advice
Tuberculosis (TB)	Talk to our local public health unit for advice about exclusion. Contact the WA Tuberculosis Control Program on 9222 8500	Talk to our public health unit for advice about screening, antibiotics and TB clinics
Typhoid and paratyphoid fever	Talk to our local public health unit for advice about exclusion Food handlers must not handle food if they may still be infectious. The Food Safety Code clause 16(3) states that once a person is excluded from handling food because they have or are reasonably suspected to have a foodborne disease, their employer may only allow then to resume handling food after receiving advice from a medical practitioner that the person is no longer infectious.	Not excluded Talk to our public health unit for advice
Warts	Not excluded	Not excluded
Whooping cough (pertussis)	WA Health advises to exclude for 5 days after an appropriate antibiotic treatment, or 21 days from the onset of any cough, or 14 days after onset of paroxysmal cough. Discuss with public health unit	Talk to our public health unit for advice about excluding non-immunised contacts
Whipworm	Exclusion is not usually necessary but if there is diarrhoea, exclude for 48 hours after diarrhoea has ceased	Not excluded
Worms (intestinal)	See Hookworm, pinworm, roundworm, whipworm)	Not excluded