

1. Policy Statement

As part of our approach to prioritising health and safety, we implement effective hygiene practices and work to prevent and effectively deal with any infectious disease in line with the Education and Care Services National Regulations and the advice of health experts.

2. Background

The Education and Care Services National Regulations require approved providers to ensure their services have policies and procedures in place in relation to dealing with infectious diseases. Infectious diseases can spread rapidly in education and care services. As noted in the National Health and Medical Research Council's Staying healthy: Preventing infectious diseases in early childhood education and care services, when children – especially younger children – are in close contact with others, they often put objects in their mouths, and they may not always cover their coughs or sneezes. As some bacteria and viruses can survive on surfaces, children may touch a contaminated surface, then put their hands in their mouth and become infected. Additionally, if a child has an ill family member at home, they could be incubating the illness, and risk bringing germs from home into the service.

It is for this reason that it is especially important for our service to have effective policies and procedures in place that can promote awareness of infectious diseases and safe hygiene practices, that help to prevent any infectious disease from occurring and outline the processes to manage any outbreak.

3. Legislative Requirements

National Quality Standard

Quality Area	Description
QA2 - 2.1.2	Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.

National Regulations

Section/regulation	Description
Section 172	Offence to fail to display prescribed information



Section 174	Offence to fail to notify certain information to Regulatory Authority
Regulation 77	Health, hygiene and safe food practices
Regulation 85	Incident, injury, trauma and illness policies and procedures
Regulation 86	Notification to parents of incident, injury, trauma and illness
Regulation 87	Incident, injury, trauma and illness record
Regulation 88	Infectious diseases
Regulation 90	Medical conditions policy
Regulation 162	Health information to be kept in enrolment record
Regulation 103	Premises, furniture and equipment to be safe, clean and in good repair
Regulation 168	Education and care service must have policies and procedures
Regulation 170	Policies and procedures to be followed
Regulation 171	Policies and procedures to be kept available
Regulation 172	Notification of change to policies or procedures
Regulation 173	Prescribed information to be displayed
Regulation 175	Prescribed information to be notified to Regulatory Authority

4. Principles informing our Policy

- Children’s safety, health and wellbeing is our key priority. In line with regulatory requirements, we notify the regulatory authority of any complaints alleging the occurrence of a serious incident or contravention of the Education and Care Services National Law.
- Our families are integral to our service. We welcome their input into all aspects of our service’s operation, including any complaints they may have.
- We welcome complaints as an opportunity to enhance the quality of our education and care practices. We reflect on each complaint received, identifying any issues or areas of improvement for our service.

5. Key terms

Term	Meaning	Source
ACECQA – Australian Children’s	The independent national authority that works with all regulatory authorities to administer the National Quality Framework, including the provision of guidance, resources	acecqa.gov.au



Education and Care Quality Authority	and services to support the sector to improve outcomes for children.	
Exclusion period	Families keeping their children at home in the event of illness or disease within the service. The aim is to reduce the spread of infectious diseases in the service, as the less contact there is between people who have an infectious disease and people who are at risk of catching the disease, the less chance the disease has of spreading.	Staying healthy: Preventing infectious diseases in early childhood education and care services (Exclusion periods explained – information for families)
Immunisation	Immunisation can prevent some infections. It works by giving a person a vaccine – often a dead or modified version of the germ – against a particular disease. This makes the person’s immune system respond in a similar way to how it would respond if they actually had the disease, but with less severe symptoms. If the person comes in contact with that germ in the future, their immune system can rapidly respond and prevent the person becoming ill. Immunisation also protects other people who are not immunised, such as children who are too young to be immunised, or people whose immune systems did not respond to the vaccine. This is because the more people who are immunised against a disease, the lower the chance that a person will ever come into contact with someone who has the disease (also known as herd immunity). For families to receive the Child Care Subsidy and Family Tax Benefit (FTB) Part A, their child must meet the immunisation requirements. Jurisdictional requirements may also prevent children who are not immunised from attending a service	Staying healthy: Preventing infectious diseases in early childhood education and care services (1.3.3 Immunisation) nhmrc.gov.au services australia health.gov.au
Infectious disease	A disease that is designated under a law of a relevant jurisdiction or by a health authority as a disease that would require a person with	National Regulations (Definitions)



	the disease to be excluded from an education and care service.	
Contact	Any person who has been close enough to an infected person to be at risk of having acquired the infection from that person.	SA Department of Health Factsheet

6. Related Policies

- Providing a child safe environment
- The administration of first aid
- Delivery of children to, and collection from, education and care premises
- Enrolment and Orientation Policy
- Food Nutrition and Beverage Policy
- Incident, Injury, Trauma and Illness Policy
- Medical Conditions Policy
- Privacy and Confidentiality Policy
- Water safety
- Governance and management

7. Induction and ongoing training

- The nominated supervisor will ensure that the orientation and induction of new and relief staff includes an overview of their responsibilities in the event of an infectious disease outbreak, to help prevent the spread of infections and teach how to stay healthy.
- The NHMRC '*Staying healthy: Preventing infectious diseases in early childhood education and care services - 6th Edition*' will be the best-practice resource used by SPLASH as it provides effective ways for us to help limit the spread of infectious diseases. Available at this [website](#)
- First aid training will be delivered by approved first aid providers, using the list published on the ACECQA website: www.acecqa.gov.au/qualifications/approved-first-aid-qualifications
- Staff will undertake online training from Hand Hygiene Australia [training module](#) for infection control and hand hygiene.



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- Staff will receive training and development in relation to children's health, safety and development needs
- We will support the children to use good hand hygiene everyday using the '*Hand hygiene for babies and children*' [factsheet](#) for advice and strategies

8. Policy Review

Last reviewed: March 2026

Date for next review: March 2027

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Procedural Guidelines

1. Key Practices

As per the recommendation of ACECQA and the Infection Prevention and Control Team at National Health and Medical Research Council, educators and staff will commit to the 5 key practice to avoid transmitting infectious diseases which are included in the sixth edition of 'Staying Healthy':

1. All educators, other staff and children will undertake hand hygiene regularly
2. Infection control practices will be used when children's nappies are changed
3. Routine environmental cleaning will be done daily and when surfaces are visibly dirty
4. Cleaning with specific products will be done after any spills of body fluids (urine, faeces, vomit, blood)
5. Educators and other staff and children who show symptoms of infectious disease will be excluded from the service.

2. High Fever

NB: Normal Temperature Range for a child is up to but not including 38° c

If a child has an elevated temperature of above 37.5° c, staff will take appropriate action to reduce it naturally i.e. through the removal of clothing (short of the child feeling cold) and offering sips of water to remain hydrated (even if the child has been vomiting). The child will continue to be closely monitored, and the temperature retaken after 10 minutes. If the temperature remains above 37.5° c and the child has other symptoms, parents or guardians will be notified.

If the child's temperature is at 38° c even if the child has no other symptoms, parents or guardians will be notified and are required to make arrangements for the collection of their child as soon as possible.

The parent or guardian will need to take the child to a doctor or other appropriate professional and review why the temperature is raised and inform the Service as soon as possible.



3. Communication is vital

Parents are obligated to contact the Service if their child has a contagious infection or disease. When illnesses are reported to the Service, staff will display an illness notice at the Service entrances doors and send out on our communication app. When required illness information sheets will be sent out via the communication app. This information details symptoms, treatment and whether medical attention or exclusion from the Service is necessary. (Please see Appendix A)

The Service will inform the SA Health - Communicable Disease Control Branch of the following conditions:

- Diarrhea (several cases)
- Haemophilus influenza type B (Hib)
- Hepatitis A
- Hepatitis B
- Measles
- Meningococcal infection
- Parvovirus B19 (2 or more cases)
- Pertussis (Whooping Cough)
- Roseola (2 or more cases)

Educators and the Nominated Supervisor will:

- minimise the spread of potential infectious diseases between children by excluding children who may have an infectious disease or are too ill to attend the service and facilitating the prevention and effective management of acute illness in children
- notify the local public health authority when required of notifiable disease within 24 hours
- use the attached Recommended Minimum Periods of Exclusion (Appendix A) to exclude children with infectious diseases and inform parents of exclusion and non-exclusion periods

Educators will also advise the Nominated Supervisor as soon as they believe they have an infectious disease and are unable to care for children

Children might be brought to care with symptoms or signs of illness or while in care suddenly develop an illness that has not been diagnosed by a doctor, and that might be potentially



infectious or potentially life-threatening for the child. Symptoms may not clearly fit those listed in exclusion diseases making it difficult for educators to decide whether to accept or exclude the child. If educators suspect a child may have an infectious disease, they will exclude the child until they receive a medical certificate stating the child is not contagious and is fit to attend the Service.

Parents must advise educators on arrival verbally or in writing of any symptoms requiring administration of medication to their child in the past 48 hours and the cause of the symptoms if known. This advice must be provided the first time the child attends after the medication has been administered.

Many illnesses, while not fitting exclusion criteria, can transmit disease to other children in care, and can make a child too ill to participate in normal activities. All children who are unwell should not attend the Service and educators will ask parents of children who are unwell to collect the child from the residence/venue within one hour or to make alternative arrangements for their child's care.

The Nominated Supervisor will:

- assist educators in making notification to public health authorities and following any directives including:
 - providing information about the names and dates of birth of enrolled children, immunisation records for each child and parent/guardian contact details within 24 hours of a request by the Chief Public health Officer
 - excluding a child who has not been vaccinated against a vaccine preventable notifiable infectious disease
- organise a pool of regular relief educators to cover educators who are ill and unable to care for children
- request a medical certificate from educators who have been ill stating they are not contagious and are okay to return to work

3.1 Infectious diseases arising at premises

If an infectious disease arises at a venue educators will respond to any symptoms in the following manner:



- Isolate the child from other children
- Ensure the child is comfortable and appropriately supervised
- Contact the child's parents or nominated emergency contact (if the child's parents are unavailable we will contact authorised nominees) and ask them to pick the child up as quickly as possible (and within one hour). Educators will provide information in the child's home language if possible.
- If the parents or authorised guardian fail to pick up the sick child after more than one hour with no further response from the parents or authorised guardian, the educators will follow the Service's safety guidelines to call an Ambulance to send the child to the hospital.
- Any person picking the child up from the service must be able to show identification if unknown to the educator
- Ensure all bedding, towels and clothing used by the child are washed separately and if possible, air dried in the sun
- Ensure all toys used by the child are disinfected
- Ensure all eating utensils used by the child are separated and sterilised.
- Inform all families of the presence of an infectious disease verbally and by placing a notice near the front door. The child's name will not be revealed
- Ensure confidentiality of any personal or health-related information related to any child or family

4. Fevers

Unwell children include those with fevers. Fevers refer to temperatures above 38°C and are usually a sign of infection (eg virus). When children develop a fever at the service, educators and staff will:

- contact parents and ask them to collect the child unless we have written advice from a medical practitioner that the fever is not caused by an infectious disease. Parents will also be advised fever can be a symptom of a serious illness and they should also consider taking their child to the doctor
- administer first aid if required in line with service procedures. This may include calling an ambulance.
- if the child is distressed, bathe their face in lukewarm water, and administer paracetamol if parents have given written permission and administration is consistent with the Administration of Medication Policy



- offer water to the child and ensure they are not overdressed and their clothing is comfortable
- monitor the child's behaviour, alertness and any other symptoms that could indicate serious infection including rash, stiffness, vomiting, coughing or convulsions
- remind parents that ill children must stay home. If child returns the following day with illness or fever the parents will be called to collect child again

5. Communicable Diseases Control Branch- Advice and Notifications

The Communicable Disease Control Branch is an important source of information and advice about many contagious/notifiable diseases including measles, meningococcal disease, Haemophilus influenzae type b (Hib), hepatitis A and pertussis (whooping cough).

Nominated Supervisors will telephone the Branch on 1300 232 272 as soon as possible when needed/appropriate for advice about an illness and how to control the spread of the illness and follow any advice.

In particular the Nominated Supervisor will always phone the Branch as soon as possible (and within 24 hours) when there are:

- two or more cases (children or staff) of gastroenteritis in the centre (including norovirus, rotavirus, salmonellosis which are types of gastroenteritis) within 48 hours of each other. Symptoms include diarrhoea, vomiting, fever, abdominal cramps
- if there are two or more cases (children or staff) of Shigellosis which is a severe intestinal infection. Symptoms include diarrhoea, fever, vomiting and cramps

Note only doctors and pathologists must make notifications for the 'notifiable diseases' listed in the South Australian Public Health (Notifiable and Controlled Notifiable Conditions) Regulations 2012.

6. Recommended Minimum Periods of Exclusion (see Appendix A)



National Health and Medical Research Council.

Staying Healthy -Preventing Infectious Diseases in Early Childhood Education and Care Services
5th edition, Commonwealth of Australia 2012.

Children who are unwell should not attend the service.

The definition of 'contacts' will vary according to disease. Please refer to specific Fact Sheets in the Staying Healthy Publication for the definition of 'Contacts'.

Handling Bodily Fluids Procedure:

Universal precautions are followed to prevent cross infection of blood borne diseases: all cuts/breaks in the skin need to be covered as body fluids can carry viruses

- it is not safe to handle someone else's blood, however it is safe to handle your own, therefore where appropriate, injured people will be encouraged to put their own hand over their own blood spill and children will be encouraged to apply their own band-aids
- disposable gloves must be worn when providing first aid to another person who has a cut/blood spill or when handling other body fluids (urine, faeces, vomit)
- depending on the size of the spill, use paper towel/kitty litter to clean up blood or body fluids with gloves still on
- fresh gloves will be used for each situation
- place contaminated material, including gloves in a plastic bag, place in a second bag, seal and dispose of in the general waste bin (wheelie bin)
- wash hands with soap and running water after all first aid treatment and changing of soiled underwear/clothing. Children and staff routinely wash their hands after toileting, before and after preparing or eating food, after blowing their nose and when they return from outside play. Staff are required to wash their hands on arrival at work and prior to departure and before and after a meal break
- Soiled surfaces must be cleaned first with detergent and warm water. Ideally disinfectant should be in contact with the surface for at least half an hour



Please refer to the cleaning procedures for more details.

Staff will treat children who have had a toilet accident with respect and compassion. Staff understand that toileting progress may regress but under no circumstances will children be punished or treated unfairly for toilet accidents. For children who have several toilet accidents in a short period of time, staff will use their discretion to determine when it is appropriate to contact the family.

7. Roles and Responsibilities

Roles	Responsibilities
Approved provider	<ul style="list-style-type: none"> • ensure that obligations under the Education and Care Services National Law and National Regulations are met • ensure that reasonable steps are taken to prevent the spread of any infectious disease at the service • ensure that families or an authorised emergency contact of the children attending are notified of the occurrence as soon as practicable and in a manner that is not prejudicial to the rights of any child, educator or staff member • display a notice stating that there has been an occurrence of an infectious disease at the service premises, FDC residence or approved venue • meet jurisdictional requirements relating to the enrolment or attendance of children who are not up-to-date with their scheduled vaccinations • implement exclusion periods consistent with current information from a relevant recognised authority • ensure that notification requirements to the regulatory authority are met in relation to an outbreak of an infectious disease that poses a risk to the health, safety or wellbeing of children attending the service • ensure the premises, furniture and equipment are kept safe, clean and well maintained, including high risk areas (e.g., bathroom, toilet, sandpit), furniture, clothing, linen, and equipment (e.g., toys, carpets, mats) • take reasonable steps to ensure that the nominated supervisor, educators and staff follow the policy and procedures



	<ul style="list-style-type: none"> • ensure that copies of the policy and procedures are readily accessible to nominated supervisors, coordinators, educators and staff, and available for inspection • notify families at least 14 days before changing the policy or procedures if the changes will: <ul style="list-style-type: none"> ○ affect the fees 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	<ul style="list-style-type: none"> • implement the Dealing with infectious diseases policy and procedures • ensure that reasonable steps are taken to prevent the spread of any infectious disease at the service • ensure that families or an authorised emergency contact of children attending are notified of the occurrence as soon as practicable and in a manner that is not prejudicial to the rights of any child, educator or staff member • display a notice stating that there has been an occurrence of an infectious disease at the premises, FDC residence or approved venue • meet jurisdictional requirements relating to the enrolment or attendance of children who are not up-to-date with their scheduled vaccinations • implement exclusion periods consistent with current information from a relevant recognised authority • ensure premises, furniture and equipment are kept safe, clean and well maintained • promote hygiene practices with all children, families, educators and staff • ensure that notification requirements to the regulatory authority are met in relation to an outbreak of an infectious disease that poses a risk to the health, safety or wellbeing of children attending the service.
Educators	<ul style="list-style-type: none"> • implement the Dealing with infectious diseases policy and procedures • monitor children’s health, safety and wellbeing on a daily basis and manage accordingly • be immunised against infectious diseases as recommended by recognised authorities • stay at home if unwell or have an excludable infectious disease



	<ul style="list-style-type: none"> • employ and role model good hygiene practices for cleaning hands, toileting and food handling • integrate infection control awareness, hygiene and protective practices into educational programming and planning • communicate with families about infectious diseases in general and specific expectations within the service (e.g., exclusion periods).
Families	<ul style="list-style-type: none"> • be familiar with and follow the service’s Dealing with infectious diseases policy and procedures • provide immunisation documentation upon enrolment and as immunisations are administered • keep their child at home if they are unwell or have an excludable infectious disease • keep their child at home if there is an infectious disease at the service and their child is not fully immunised against it • inform the service if their child has an infectious disease or has been in contact with a person who has an infectious disease.

8. Sources

- Education and Care Services National Law and Regulations
- National Quality Standard
- Department of Health and Aging, National Immunisation Program Schedule NHMRC. Staying Healthy -Preventing Infectious Diseases in Early Childhood Education and Care Services 5th edition
- SA Public Health Act 2011
- South Australian Public Health (Notifiable and Controlled Notifiable Conditions) Regulations 2012
- SA Health Communicable Disease Control Branch
- **Appendix A** Exclusion from childcare and preschool
[SA Department of Health Factsheet](#)



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9. Procedures Review

Last reviewed: March 2026

Date for next review: March 2027

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Appendix A

Exclusion from childcare and preschool

[SA Department of Health Factsheet](#) - Last updated 28 January 2021

The spread of certain infectious diseases can be reduced by excluding a person, known to be infectious, from contact with others who are at risk of catching the infection.

The following are recommended minimum periods of exclusion from school, preschool and childcare centres for cases of, and contact with, infectious diseases, based on guidelines issued by the National Health and Medical Research Council in 2005 and the online Australian Immunisation Handbook. These guidelines can also be applied to the general community and most workplaces. A childcare worker with gastroenteritis (also known as 'gastro': inflammation of the intestinal (bowels), should not return to work for at least 24 hours after vomiting or diarrhoea have stopped. If the childcare worker handles food in the child care setting, this exclusion period should be 48 hours.

Exclusion Periods

The need for exclusion depends on:

- the ease with which the infection can be spread
- the ability of the infected person to follow hygiene precautions
- whether or not the person has some immunity to the infection (either vaccination or past infection)
- to a lesser extent, the severity of the disease.

Definitions

Exclusion periods are based on the time that a person with a specific disease or condition might be infectious to others.

Non-exclusion means there is not a significant risk of transmitting infection to others. A person who is not excluded may still need to remain at home because he or she does not feel well.

A **contact** is any person who has been close enough to an infected person to be at risk of having acquired the infection from that person.



Disease or condition	Exclusion of case	Exclusion of contact
Amoebiasis (<i>Entamoeba histolytica</i>)	Exclude until no diarrhoea for 24 hours.	Not excluded
Campylobacter infection	Exclude until no diarrhoea for at least 24 hours.	Not excluded
Candidiasis	See thrush	

Disease or condition	Exclusion of case	Exclusion of contact
Chickenpox	Exclude until all blisters have dried (usually 5 days)	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded.
Cytomegalovirus (CMV)	Exclusion is not necessary	Not excluded
Cold sores (herpes simplex type 1, fever blisters)	Young children and others unable to comply with good hygiene practices should be excluded while lesion is weeping. Lesions should be covered by a dressing where possible.	Not excluded
Common cold	Exclude until well, and COVID-19 test is negative	Not excluded
Conjunctivitis	Exclude until discharge from eyes has stopped (unless a doctor has diagnosed non-infectious conjunctivitis).	Not excluded
Coronavirus 2019 (COVID-19)	Exclude until advised by public health authorities.	Exclude close contacts until advised by public health authorities.



<u>Cryptosporidium infection</u>	Exclude until no diarrhoea for 24 hours.	Not excluded
Diarrhoea (no organism identified)	Exclude until no diarrhoea for 24 hours.	Not excluded
<u>Diphtheria</u>	Exclude until medical certificate of recovery from SA Health's Communicable Disease Control Branch is received following at least two negative throat swabs, the first not less than 24 hours after finishing a course of antibiotics and the second, at least the next 48 hours.	Exclude contacts living in the same house until cleared by SA Health's <u>Communicable Disease Control Branch</u>
<u>Food poisoning</u>	Exclude until well – no vomiting or diarrhoea for 24 hours.	Not excluded
<u>Giardia infection</u>	Exclude until no diarrhoea for at least 24 hours.	Not excluded
<u>Glandular fever</u> (infectious mononucleosis, EBV or Epstein-Barr virus infection)	Exclusion is not necessary.	Not excluded
<u>Hand, foot and mouth disease</u>	Exclude until all blisters dry.	Not excluded
<u>Haemophilus influenzae type b (Hib infection)</u>	Exclude until person has received appropriate antibiotic treatment for at least 4 days.	Not excluded
<u>Head lice</u> (pediculosis)	Exclude until appropriate treatment has commenced.	Not excluded

Disease or condition	Exclusion of case	Exclusion of contact
<u>Hepatitis A</u>	Exclude until medical certificate of recovery is received, and until at least 7 days after the onset of jaundice or illness.	Not excluded



Hepatitis B	Exclusion is not necessary.	Not excluded
Hepatitis C	Exclusion is not necessary.	Not excluded
Hepatitis D	Exclusion is not necessary.	Not excluded
Hepatitis E	Exclude for 2 weeks after illness onset, or if jaundice (yellow eyes or skin) occurs, for 7 days after the onset of jaundice.	Not excluded
Herpes simplex infection type 1	See cold sores	
Human immunodeficiency virus (HIV) infection	Exclusion is not necessary. If the person is severely immune suppressed he or she will be vulnerable to other people's infections.	Not excluded
Hydatid disease	Exclusion is not necessary.	Not excluded
Impetigo	See school sores	
Influenza and influenza-like illnesses	Exclude until well (at least 5 days for adults and 7-10 days for children).	Not excluded
Legionnaires' disease	Exclusion is not necessary	Not excluded
Leprosy	Exclude until clearance has been given by an infectious diseases physician, dermatologist or SA Health Communication Disease Control Branch doctor.	Not excluded



Measles	Exclude until 4 days after the onset of the rash.	Immunised and immune contacts are not excluded. Non-immunised contacts are excluded from childcare until 14 days after rash onset in the last case in the in the facility, unless given vaccine (within 72 hours of first exposure) or Normal Human Immunoglobulin (within 144 hours of first exposure). All immune suppressed children should be excluded until 14 days after rash onset in the last case in the facility.
Meningitis (bacterial)	Exclude until well and has received appropriate antibiotics.	Not excluded
Meningitis (viral)	Exclude until well.	Not excluded
Meningococcal infection	Exclude until appropriate antibiotic treatment completed and until well.	Not excluded
Molluscum contagiosum	Exclusion is not necessary.	Not excluded
Methicillin resistant Staphylococcus aureus	Exclusion is not necessary unless infected skin lesions on	Not excluded

Disease or condition	Exclusion of case	Exclusion of contact
(MRSA) skin infection	exposed surfaces cannot be completely covered with a dressing.	
Mumps	Exclude for 5 days after onset of swelling.	Not excluded
Norovirus	Exclude until no vomiting or diarrhoea for 48 hours.	Not excluded



Parvovirus infection (fifth disease, erythema infectiosum, slapped cheek syndrome)	Exclusion is not necessary.	Not excluded, but people who are anaemic, immune suppressed, or pregnant should be informed of possible risk of getting infection.
Pertussis	See whooping cough	Not excluded
Respiratory syncytial virus (RSV) infection	Exclusion is not necessary.	Not excluded
Ringworm/tinea	Exclude until the day after appropriate treatment has commenced.	Not excluded
Ross River virus	Exclusion is not necessary.	Not excluded
Rotavirus infection	Exclude until no diarrhoea for at least 24 hours.	Not excluded
Rubella (German measles)	Exclude until fully recovered or for at least 4 days after the onset of the rash.	Not excluded
Salmonella infection	Exclude until no diarrhoea for at least 24 hours.	Not excluded
Scabies	Exclude until the day after appropriate treatment has commenced.	Not excluded
Scarlet fever	See streptococcal sore throat	
School sores (impetigo)	Exclude until appropriate treatment has commenced. Any sores on exposed surfaces should be completely covered with a dressing.	Not excluded
Shigella infection	Exclude until no diarrhoea for 24 hours	Not excluded
Shingles	Exclude until blisters have dried up unless rash can be covered with a dry dressing or clothing so others are not exposed.	Not excluded



Streptococcal sore throat (including scarlet fever)	Exclude until the person has received appropriate antibiotic treatment for at least 24 hours and feels well.	Not excluded
Thrush (candidiasis)	Exclusion is not necessary.	Not excluded
Toxoplasmosis	Exclusion is not necessary.	Not excluded
Tuberculosis	Exclude until medical certificate is produced from SA Tuberculosis Service of SA Health.	Not excluded
Typhoid, paratyphoid	Exclude until clearance has been given by a doctor or SA Health's Communicable Disease Control Branch	Not excluded unless considered by SA Health's Communicable Disease Control Branch
Disease or condition	Exclusion of case	Exclusion of contact
Varicella-zoster	See chickenpox or shingles	
Viral gastroenteritis (viral diarrhoea)	Exclude until no diarrhoea for at least 24 hours. If the gastroenteritis is known or suspected to be caused by norovirus, then exclusion period is 48 hours	
Warts (common, flat and plantar)	Exclusion is not necessary.	



Whooping cough	Exclude from childcare, school or workplace and similar settings until 5 days after starting antibiotic treatment, or for 21 days from the start of any cough.	For exclusions of contacts in a childcare setting, seek advice from SA Health’s Communicable Disease Control Branch . Usually, childcare contacts (in the same childcare group or room) and household contacts of the case who are under 6 months of aged and have received less than 3 doses of pertussis containing vaccine should be excluded from childcare for 14 days from the first exposure to the infectious case, unless he or she has completed 5 days of recommended antibiotic treatment, after which he or she may return to childcare.
Worms	If diarrhoea present, exclude until no diarrhoea for 24 hours.	Not excluded

For more information

Communicable Disease Control Branch
Department for Health and Wellbeing
Email: HealthCommunicableDiseases@sa.gov.au
Telephone: 1300 232 272
www.sahealth.sa.gov.au/youvegotwhat

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