



Cheltenham Community Centre Early Learning Childcare

E10. Dealing with Infectious Diseases and Including minimum exclusion periods

1. Policy

- 1.1 Cheltenham Community Centre (CCC) Children's Services is committed to:
- Providing a safe and healthy environment for all children, educators, staff and others attending the service
 - Taking reasonable steps to prevent the spread of infectious diseases at the service and complying with recommended Department of Education and Training exclusion guidelines, and
 - Ensuring that unwell children do not attend the centre.
- 1.2 This policy will provide clear guidelines and procedures to follow when a child attending CCC shows symptoms of, or has been diagnosed with, an infectious disease, and for managing and minimising the spread of infectious diseases and illnesses, infections relating to blood-borne viruses, and epidemics and pandemics (e.g.COVID-19).
- 1.3 This policy applies to the Approved Provider, Nominated Supervisor, Early Childhood Educators, staff and parents/guardians who wish to enrol or have already enrolled at CCC and is to be used in conjunction with our Illness and Injury policy.
- 1.4 In order to assess whether the values and purposes of this policy have been achieved, we will:
- Welcome feedback from everyone affected by this policy regarding its effectiveness
 - Monitor the implementations, compliance, complaints and incidents in relation to this policy
 - Keep the policy up to date with current legislation, research, policy and best practice
 - Revise the policy and procedures as part of the service's policy review cycle, or as required, and
 - Notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

2. Procedure

Infectious diseases

- 2.1 Any child suffering an Infectious Disease will not be permitted to attend the Children's Service.
- 2.2 If there is an occurrence of an infectious disease at the service, reasonable steps will be taken to prevent the spread of that infectious disease.
- 2.3 If there is an occurrence of an infectious disease at the service, a parent/guardian or authorised emergency contact of each child at the service will be notified of the occurrence as soon as is practicable.
- 2.4 Information from the DHHS about the minimum exclusion periods is displayed at the service.

- 2.5 A child will be excluded from the service in accordance with the minimum exclusion periods, when informed that the child is infected with an infectious disease or has been in contact with a person who is infected with an infectious disease.
- 2.6 The Communicable Disease Section (DHHS) will be contacted if there is an outbreak of two or more cases of gastrointestinal illness in a 48-hour period.
- 2.7 Staff will ensure that Children attending have an up-to-date Australian Childhood Immunisation Register (ACIR) statement as per our conditions of admission and enrolment policy.
- 2.8 If there is a recorded vaccine preventable disease case at CCC, and we have children enrolled who are not immunised against a vaccine preventable disease (VPD), these children cannot attend the centre until CCC has been directed that such attendance can be resumed. (Note—VPDs are marked in the table with an asterisk [*]; contact the Department on 1300 651 160 for further advice about exclusion and these diseases.)
- 2.9 Educators and staff at CCC will be aware of the requirements and able to implement the recommended minimum exclusion periods.
- 2.10 Staff at the service are aware of and adhere to the Hygiene Policy and the procedures for infection control relating to blood-borne viruses.
- 2.11 Appropriate and current information and resources are provided to educators and staff and parents/guardians regarding the identification and management of infectious diseases, blood-borne viruses and infestations.
- 2.12 Staff and educators will be kept informed about current legislation, information, research and best practice and will ensure that any changes to the exclusion table or immunisation schedule are communicated to other educators/staff and parents/guardians in a timely manner.
- 2.13 Staff, educators and parents are recommended to comply with the advice from the Australian Health Protection Principal Committee (AHPPC), Victorian Chief Health Officer and DHHS in an epidemic or pandemic event.

2.14 ***Procedures for infection control relating to blood-borne viruses:***

This procedure is based on information available from the Department of Education and Training (DET), the Victorian Government's Better Health Channel and the National Health and Medical Research Council.

- For the child/ren's benefit, parents should inform the early childhood educators of these infections. This information will remain confidential.
- A person responding to an incident involving blood at the service must first cover any cuts, sores or abrasions on their own hands and arms with waterproof dressings.
- Equipment to be used when cleaning and removing a blood spill:
 - Disposable gloves
 - Disposable plastic bags/zip lock bags
 - Detergent/bleach
 - Disposable towels
 - Access to warm water
- Steps to be taken when cleaning and removing a blood spill:
 - Put on disposable gloves
 - Cover the spill with paper towels
 - Carefully remove the paper towel and contents
 - Place the paper towels in an appropriate disposable plastic bag/zip lock bag

- Clean the area with warm water and detergent/bleach, then rinse and dry
- Remove and place gloves in an appropriate disposable plastic bag/zip lock bag, seal, and place it in a rubbish bin inaccessible to children
- Wash hands in warm, soapy water and dry.

Exclusion periods table

The minimum period of exclusion from primary schools and children's services for infectious diseases cases and contacts (Public Health and Wellbeing Regulations 2019, Schedule 7)

Conditions	Exclusion of Cases	Exclusion of Contacts
Chickenpox	Exclude until all blisters have dried. This is usually at least 5 days after the rash appears in unimmunised children, but may be less in previously immunised children	Any child with an immune deficiency (e.g., leukemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded
Conjunctivitis	Exclude until discharge from eyes has ceased	Not excluded
Cytomegalovirus (CMV) infection	Exclusion is not necessary	Not excluded
Diarrhoeal illness	In an outbreak of gastroenteritis, exclude until there has not been vomiting or a loose bowel motion for 48 hours, and for all other diarrhoeal illnesses, exclude until there has not been vomiting or a loose bowel motion for 24 hours	Not excluded
Diphtheria	Exclude until medical certificate of recovery is received following at least two negative throat swabs, the first not less than 24 hours after finishing antibiotics and the other 48 hours later	Exclude family/household contacts until cleared to return by the Chief Health Officer
Glandular fever (Epstein-Barr Virus infection)	Exclusion is not necessary	Not excluded
Hand, Foot and Mouth disease	Exclude until all blisters have dried	Not excluded
Haemophilus influenzae type b (Hib)	Exclude until 48 hours after initiation of effective therapy	Not excluded
Hepatitis A	Exclude until a medical certificate of recovery is received, but not before 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
Herpes (cold sores)	Young children unable to comply with good hygiene practices should be excluded while the lesion is weeping. Lesions to be covered by dressing where possible	Not excluded

Human immunodeficiency virus infection (HIV)	Exclusion is not necessary	Not excluded
Impetigo	Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing	Not excluded
Influenza and influenza-like illnesses	Exclude until well	Not excluded unless considered necessary by the Chief Health Officer
Leprosy	Exclude until approval to return has been given by the Chief Health Officer	Not excluded
Measles	Exclude for at least 4 days after onset of rash	Immunised contacts not excluded. Unimmunised contacts should be excluded until 14 days after the first day of appearance of rash in the last case. If unimmunised contacts are vaccinated within 72 hours of exposure or receive NHIG within 144 hours, they may return to the facility
Meningitis (bacterial other than meningococcal meningitis)	Exclude until well	Not excluded
Meningococcal infection	Exclude until adequate carrier eradication therapy has been completed	Not excluded if receiving carrier eradication therapy
Mumps	Exclude for 5 days or until swelling goes down (whichever is sooner)	Not excluded
Molluscum contagiosum	Exclusion is not necessary	Not excluded
Pertussis (Whooping cough)	Exclude the child for 21 days after the onset of cough or until they have completed 5 days of a course of antibiotic treatment	Contacts aged less than 7 years in the same room who have not received three effective doses of pertussis vaccine should be excluded for 14 days after the last exposure or until they have taken 5 days of antibiotics
Poliovirus infection	Exclude for at least 14 days from onset. Readmit after receiving medical certificate of recovery	Not excluded
Ringworm, scabies, pediculosis (head lice)	Exclude until the day after appropriate treatment has commenced	Not excluded
Rubella (German measles)	Exclude until fully recovered or for at least four days after the onset of rash	Not excluded
Severe Acute Respiratory Syndrome (SARS)	Exclude until medical certificate of recovery is produced	Not excluded unless considered necessary by the Chief Health Officer
Shiga toxin or Verotoxin producing Escherichia coli (STEC or VTEC)	Exclude if required by the Chief Health Officer and only for the period specified	Not excluded
Streptococcal infection (including scarlet fever)	Exclude until the child has received antibiotic treatment for at	Not excluded

	least 24 hours and the child feels well	
Tuberculosis (excluding latent tuberculosis)	Exclude until receipt of a medical certificate from the treating physician stating the child is not considered to be infectious	Not excluded
Typhoid fever (including paratyphoid fever)	Exclude until approval to return has been given by the Chief Health Officer	Not excluded unless considered necessary by the Chief Health Officer

Explanatory notes:

Diarrhoeal illness includes instances where certain pathogens are identified including Amebiasis (*Entamoeba histolytica*), *Campylobacter* spp., *Salmonella* spp., *Shigella* spp. and intestinal worms, but is not limited to infection with these pathogens.

'Medical certificate' means a certificate of a registered medical practitioner.

Exclusion of cases and contacts is not necessary for latent tuberculosis.

To check if the above list is up to date please use the link below:

[School exclusion table for primary schools and children's services | health.vic.gov.au](http://health.vic.gov.au)

2.15 Actions for Early Childhood and Care Services During an Epidemic or Pandemic

- Early childhood settings should consider a variety of strategies to support physical distancing and good hygiene practices to reduce the risk of disease transmission within the practical limitations of an early learning environment.
- The following guidelines are based on, and aimed at ensuring compliance with, the National Health and Medical Research Council (NHMRC) guide: Staying healthy: Preventing infectious diseases in early childhood education and care services.
- Display educational materials, which can be downloaded and printed from relevant health department websites.
- Keep parents and staff informed of the actions you are taking.
- The most important action early childhood services can take to reduce the risk of transmission is to ensure that any unwell staff and children remain at home.
- Parents/carers of children with complex medical needs (including those with compromised immune systems) should seek advice from the child's medical practitioner to support decision-making about whether on-site education and care is suitable, noting that this advice may change depending on the status of the epidemic or pandemic.
- Visitors to early childhood services should be limited to those delivering or supporting essential services and operations. The service must maintain a visitor record, detailing the contact information of any visitors (if necessary) entering the premises.
- While it is not a requirement for visitors to have been vaccinated against infectious diseases before entry, staff in these settings should encourage visitors to be vaccinated when possible.

2.16 Arrival and Departure

- As the main risk of introducing disease to the early childhood environment is from adults, close proximity between adults should be avoided, particularly during drop-off and pick-up.
- Where possible, minimise opportunities for parents and carers to gather in groups, especially in foyers and play areas. Consider alternative arrangements, such as drop-offs and pick-ups at the service entrance or foyer, or staggering start and finish times. Greeting families at the front door allows one-on-one communication while practicing physical distancing and observing for any signs of illness in children.

- If practical, allocate staggered arrival and pick-up times to minimise all families arriving simultaneously, while noting that extending session times to accommodate these changes is not required.

2.17 Physical Distancing Measures

- Parent information sessions and interviews should meet physical distancing requirements of 1.5 meters between adults or use virtual alternatives.
- Where multiple staff are in a room, remind staff to maintain physical distancing from each other as much as practical.
- Allow for small group play, staggered mealtimes, and indoor/outdoor play opportunities whenever possible. Consider the setup of the room to limit whole group activities, and if staffing allows, consider running an indoor/outdoor program.
- Limit excursions to local outdoor areas, such as parks, to reduce exposure.

2.18 Improved Hygiene Measures

- Educators should actively discuss the importance of handwashing and maintaining good hygiene with children.
- All staff and children should practice regular hand hygiene, especially upon arrival, before and after eating, and after using the toilet or sneezing.
- Ensure liquid soap, running water, or alcohol-based hand sanitizer is readily available at entrances and throughout the facility.
- Provide tissues in all rooms and outdoor areas, with accessible bins for proper disposal.
- Encourage children to bring their own water bottles and discourage food sharing.
- Minimise staff use of mobile phones and encourage regular cleaning of phones.
- Rotate toys more frequently and increase cleaning of shared items. Monitor and clean toys that have been placed in mouths before returning them to play areas.

2.19 Cleaning and Facilities Management

- Maintain environmental cleaning, coupled with hand hygiene, to reduce the risk of disease transmission. Follow NHMRC cleaning guidelines and additionally:
 - Clean and disinfect high-touch surfaces daily (e.g., play gyms, tables, doorknobs, light switches, and toilets).
 - Wash and launder play items and toys according to manufacturer instructions. Launder using warm water and dry items completely. Note that disinfecting toys after every use is not necessary.
 - Open windows during the day, if possible, to promote airflow.

2.20 Provision of Routine Care and First Aid

- Physical distancing is not practical during routine care or first aid. Standard precautions, including hand hygiene, remain crucial. Refer to NHMRC guidelines for infection control.
- Always perform hand hygiene before and after providing routine care or first aid.
- Personal Protective Equipment (PPE), such as face masks, is generally not required for routine care unless specified by health authorities.

2.21 Management of an Unwell Child or Staff Member

- Any unwell staff or child must be sent home immediately. While it may not always be a serious illness, precautionary measures should be taken.
- Isolate any staff or child with symptoms in a suitable space with supervision and ensure they are collected promptly.

- If symptoms align with a contagious illness, take precautions such as hand hygiene, physical distancing, and wearing a face mask where appropriate.
- Face masks should not be used if an individual cannot tolerate them safely, such as young children or those with respiratory issues.
- Seek urgent medical attention as needed and ensure health care plans are updated to address any special monitoring needs.
- If uncertain about a child's health, contact their parent or carer. Take a precautionary approach and request pickup if needed. Use gloves when taking a child's temperature.
- Clean any surfaces contaminated by sneezing, coughing, or vomiting immediately while wearing gloves.
- Encourage staff or children showing symptoms to seek medical advice and remain home until symptoms resolve.
- Follow health authority guidelines for anyone testing positive for an infectious illness, including isolation procedures as directed.

3 Legislation and regulations

- *Children's Service Regulations 2020*
- *Regulation 57(1); Regulation 57(2)*
- *Public Health and Wellbeing Regulations 2019*
- *Regulation 111 (a) & (b)*

Other relevant legislation and standards include, but are not limited to:

- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011: Regulation 88*
- *Family Assistance Legislation Amendment (Jobs for families Child Care Package) Act 2017*
- *Health Records Act 2001*
- *National Quality Standard, Quality Area 2: Children's Health and Safety*
- *National Quality Standard, Quality Area 6: Collaborative Partnerships with Families and Communities*
- *No Jab No Play Law (Vic)*
- *Occupational Health and Safety Act 2004*
- *Privacy Act 1988 (Cwlth)*
- *Privacy and Data Protection Act 2014 (Vic)*
- *Public Health and Wellbeing Act 2008*
- *Public Health and Wellbeing Regulations 2019*

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation - Federal Register of Legislation: <https://www.legislation.gov.au>

4. Definitions

- 4.1 **Blood-borne virus (BBV):** A virus that is spread when blood from an infected person enters another person's bloodstream. Examples of blood-borne viruses include human immunodeficiency virus (HIV), hepatitis B, hepatitis C and viral haemorrhagic fevers. Where basic hygiene, safety, infection control and first aid procedures are followed, the risks of contracting a blood-borne virus are negligible.

- 4.2 **Communicable Disease Section:** Responsibility for communication and advice in relation to infectious diseases on behalf of the Secretary of the Victorian DHHS.
- 4.3 **Epidemic** is an outbreak of a contagious disease that spreads rapidly and extensively and affects many individuals simultaneously in an area or population.
- 4.4 **Exclusion:** Inability to attend or participate in the program at the service.
- 4.5 **Illness:** Any sickness and/or associated symptoms that affect the child's normal participation in the program at the service.
- 4.6 **Immunisation:** an effective means of reducing the risk of vaccine-preventable diseases. Early childhood education and care services which are regulated under the Education and Care Services National Law Act 2010 have legislative responsibilities under the Public Health and Wellbeing Act 2008 to only offer a confirmed place in their programs to children with acceptable immunisation documentation.
- 4.7 **Infection:** The invasion and multiplication of microorganisms in bodily tissue.
- 4.8 **Infectious disease:** An infectious disease designated by the Communicable Disease Section (refer to Definitions), Victorian DHHS as well as those listed in Schedule 7 of the Public Health and Wellbeing Regulations 2019, the Minimum Period of Exclusion from Primary Schools, Education and Care Service Premises and Children's Centres for Infectious Diseases Cases and Contacts.
- 4.9 **Medication:** Any substance, as defined in the Therapeutic Goods Act 1989 (Cwlth), that is administered for the treatment of an illness or medical condition.
- 4.10 **Minimum exclusion period:** The minimum period for excluding any person from attending a children's service to prevent the spread of infectious diseases as specified in Schedule 7: Minimum Period of Exclusion from Primary Schools and Children's Services for Infectious Diseases Cases and Contacts of the Public Health and Wellbeing Regulations 2019. An infringement penalty for failure to exclude a child with, or exposed to, a specified infectious disease applies (applicable to a person in charge). The exclusion period table, published by the DHHS, <https://www.health.vic.gov.au/infectious-diseases/school-exclusion-table>
- 4.11 **Pandemic** is an epidemic (refer to definition) occurring worldwide, or over a wide geographic area and affecting a large proportion of the population.

5. Sources and related policies

5.1 Sources:

- ACECQA <https://www.acecqa.gov.au/nqf/national-law-regulations/national-regulations>
- Australian Government - Department of Health. [Australian Government Department of Health and Aged Care](#)
- Communicable disease management - Health. Vic <https://www2.health.vic.gov.au/hospitals-and-health-services/quality-safety-service/infection-prevention/communicable-diseases>
- Department of Education and Training (DET) <https://www.education.vic.gov.au/Pages/default.aspx>
- Education & Care Services National Regulations <https://www.legislation.nsw.gov.au/view/whole/html/inforce/current/sl-2011-0653>
- Information about immunisations, including immunisation schedule, DHHS: [Immunisation | health.vic.gov.au](#)

- Immunisation Enrolment Toolkit for early childhood services: [No Jab No Play for early childhood education and care services | health.vic.gov.au](http://health.vic.gov.au)
- National Health and Medical Research Council. [Home | NHMRC](http://www.nhmrc.gov.au)
- National Immunisation Program, Department of Health, Australian Government: [National Immunisation Program | Australian Government Department of Health and Aged Care](http://www.health.gov.au)
- Reform of Children’s Services Law & Regulations [Early Childhood Update | vic.gov.au](http://www.vic.gov.au)
- Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th edition, 2013) National Health and Medical Research Council: [Staying healthy guidelines | NHMRC](http://www.nhmrc.gov.au)
- Victorian Consolidated Regulations
[http://classic.austlii.edu.au/au/legis/vic/consol_reg/Victorian Government’s Better Health Channel.](http://classic.austlii.edu.au/au/legis/vic/consol_reg/Victorian%20Government's%20Better%20Health%20Channel.htm) <https://www.betterhealth.vic.gov.au/>

5.2 Services policies

- Administration of Medication
- Enrolment & Orientation
- Inclusion and Equity
- Child Safe and Wellbeing
- Conditions of admission and enrolment procedure
- Confidentiality Policy and Guidelines
- Responding to Medical Conditions – Including Anaphylaxis, Allergies, Asthma and Diabetes
- Incident, Injury, Trauma and Illness
- Parent complaint procedure
- Workplace Health and Safety policy

Revision History

Date	Revision	Revised by
10/10/2013	Created	Tammy Rowed
25/09/2020	Updated	Leanne Le-Ack
17/11/2020	Reviewed for consistency with CCC Policy & Procedure Manual	Catriona O’Neill
11/11/2024	Reviewed & Updated	Elizabeth Briggs & Leanne Lee-Ack
29/08/2025	Reviewed and updated	Leanne Lee-Ack