

Guide to Illnesses and Medication in Childcare

Adelaide University Childcare Services Inc 2025

This information is provided for families to support them in appropriate management of illnesses and medication for children attending childcare. The guide has used information from the Commonwealth Department of Health's *Staying Healthy* (6th edition updated 2024) and the Centre's own health and safety policies.

Information to give your doctor

Please ask your doctor to:

- Schedule medication outside Centre hours whenever possible.
- Complete a medication plan if medication needs to be administered at the Centre.
- Be specific when writing instructions: '**As needed**' is **not** sufficient direction for staff. They need to know **exactly** when the medication is required and the **exact** dose.
- Nominate the simplest method of administration. For example oral or 'puffer' medication is much easier to administer than a nebuliser.

Be aware that education and care staff:

- Accept only medication that has been ordered by a medical practitioner and is provided in the original, fully-labelled pharmacy container.
- Do not monitor the effects of a medication as they have no training to do this. Children must be kept at home for observation for 24 hours when they commence a new medication.

Information to give your pharmacist

Please ensure that the pharmacist:

- Dispenses medication appropriately, i.e. fully labelled on the original, pharmacy container (not the box) with the correct name, dosage and instructions for administration. Hand written edits will not be accepted nor will medication dispensed for another child.
- Please consider asking for an information sheet when medication is dispensed.

Important information for parents

- Any medication that children need to take at the Centre must be accompanied by a centre medication plan completed by a medical practitioner. Forms are available from the Centre or via the website at **<https://www.adelaide.edu.au/childcare/health-information>**
- If your child has a medical condition, or an allergy or intolerance that may require administration of medication at the Centre, you must obtain the appropriate medical management plans from the Centre and have these completed by a medical practitioner. You must complete a complete a Risk Minimisation Plan and Communication Plan with the Nominated Supervisor.
- The Centre does not maintain a supply of paracetamol or ibuprofen and does not administer paracetamol to children without a specific medication plan from the child's doctor.

Managing common infections and illnesses

The information on the reverse of this sheet is a guide to the most common infectious diseases and illnesses in young children. Parents should discuss any issues in respect to individual children with their doctor and the childcare staff at the time of the infection/illness.

Exclusion periods

- *Recommended exclusion periods are based on the time that a person with a specific disease or condition might be infectious to others.*
- *In some cases a doctor's clearance may be required.*
- *Recommended non-exclusion means that there is no significant risk to others. A child who is not excluded may still need to stay at home because they feel unwell.*
- *Children who require 1:1 attention should be kept at home.*

Thank you for your assistance and support in reducing the spread of infection and illness in our Centres.

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For up to date information about the management of COVID related symptoms please speak to your Centre Director

Condition	Exclusion of cases	Exclusion of contacts
Campylobacter	Exclude until there has not been a loose bowel motion for 24 hours*	Not excluded
Candidiasis (Thrush)	Exclusion is not necessary	Not excluded
Chickenpox (Varicella)	Exclude until all blisters have dried, usually at least 5 days after rash first appeared in unimmunised people and less in immunised people	Any people with an immune deficiency or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded
Cytomegalovirus (CMV)	Exclusion not necessary	Pregnant women or women considering pregnancy to pay attention to hand hygiene after contact with body fluids
Conjunctivitis	Exclude until discharge from eyes has stopped unless a doctor has diagnosed non-infectious conjunctivitis	Not excluded
Cryptosporidium	Exclude until there has not been a loose bowel motion for 24 hours*	Not excluded
Diarrhoea (no organism identified)	Exclude until there has been no loose bowel motion for 24 hours*	Not excluded
Fungal infections of the skin or nails (eg ringworm, tinea)	Exclude until the day after starting appropriate anti-fungal treatment	Not excluded
Giardiasis	Exclude until there has not been a loose bowel motion for 24 hours*	Not excluded
Glandular fever (mononucleosis, EBV infection)	Exclusion not necessary	Not excluded
Hand, Foot and Mouth disease	Exclude until all blisters have dried.	Not excluded.
Haemophilus influenzae type b (Hib)	Exclude until the person has received appropriate antibiotic treatment for at least 4 days	Not excluded
Head lice (pediculosis)	Not excluded if effective treatment begins before the next day at the education and care service. Person does not need to be sent home immediately if head lice are detected.	Not excluded
Hepatitis A	Exclude until a medical certificate of recovery is received and until at least 7 days after the onset of jaundice	Not excluded. Contact a public health unit for specialist advice about treating or vaccinating children in the same room or group
Hepatitis B	Exclusion not necessary	Not excluded
Hepatitis C	Exclusion not necessary	Not necessary

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Herpes simplex (cold sores, fever blisters)	Exclusion not necessary if the person is developmentally capable of maintaining hygiene practices to minimise risk of transmission. If unable to comply with these practices, exclude until the sores are dry, cover sores with a dressing if possible	Not excluded
Human Immunodeficiency Virus (HIV/AIDS)	Exclusion not necessary, however if person is immunocompromised, they will be vulnerable to other people's illnesses	Not excluded
High temperature (39°C or above)	Exclude until temperature is stabilised at normal level. Note: If a person has a temperature above 38°C and shows other signs of being unwell, time at home may reduce the length of their developing illness.	Not excluded
Human Parvovirus (erythema infectiosum, fifth disease, slapped cheek syndrome)	Exclusion not necessary	Not excluded
Hyatid disease	Exclusion is not necessary	Not excluded
Impetigo (School sores)	Exclude until appropriate antibiotic 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
Listeriosis	Exclusion is not necessary	Not excluded
Measles	Exclude for at least 4 days after rash appears. Immunised contacts not excluded.	Immunised and immune contacts not excluded. Non immunised contact refer public health unit for advice. Immunocompromised children exclude until 14 days after appearance of rash in last case
Meningitis (viral)	Exclude until well	Not excluded
Meningococcal infection	Exclude until appropriate antibiotic treatment is completed	Not excluded Contact public health unit for specialist advice about antibiotic/vaccination for people in the same room
Molluscum contagiosum	Exclusion not necessary	Not excluded
Mumps	Excluded for 9 days after onset or until swelling goes down (whichever is sooner).	Not excluded
Norovirus	Exclude until there has not been a loose bowel motion or vomiting for 48 hrs.	Not excluded
Pertussis (whooping cough)	Exclude until 5 days after starting appropriate antibiotic treatment or 21 days after onset of coughing	Not excluded Contact a public health unit for specialist advice about excluding non-vaccinated contact, or antibiotics
Pneumococcal Disease	Exclude until person is well	Not excluded
Roseola	Exclusion not necessary	Not excluded

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Ross River virus	Exclusion not necessary	Not excluded
Rotavirus infection	People to be excluded from the service until there has not been a loose bowel motion or vomiting for 24 hours*	Not excluded
Rubella (German measles)	Exclude until fully recovered or for at least 4 days after the onset of rash	Not excluded. Advise pregnant women to contact doctor
Ringworm, Scabies, pediculosis (lice)	Exclude until the day after appropriate treatment has commenced.	Not excluded
Salmonellosis (Salmonella infection)	Exclude until there has not been a loose bowel motion for 24 hours*	Not excluded
Scabies	Exclude until the day after appropriate treatment has commenced	Not excluded
Shigellosis	Exclude until there has not been a loose bowel motion for 24 hours*	Not excluded
Streptococcal throat (including scarlet fever)	Exclude until person has received anti-biotic treatment for 24 hours and is well	Not excluded
Toxoplasmosis	Exclusion not necessary	Not excluded
Tuberculosis (TB)	Exclude until medical certificate is produced from an appropriate health authority	Not excluded Contact a public health unit for specialist advice about screening, antibiotics or TB clinics
Viral gastroenteritis (viral diarrhoea)	Exclude until there has not been a loose bowel motion for 24 hours*	Not excluded
Worms	Exclude if loose bowel movements occurring. Exclusion not necessary if treatment has occurred	Not excluded

*If the cause is unknown, possible exclusion for 48 hours until the cause is identified. Educators and other staff who have a food handling role should always be excluded until there has not been a loose bowel motion for 48 hours.