



### Exclusion Procedures for Illness/Communicable Diseases

INFECTION	EXCLUSION PERIOD	NOTES
Chicken Pox	5 days from onset of rash	It is advisable to stay off work/school/nursery until you are <b>NO LONGER</b> infectious, which is when the last blister has burst and crusted over. This <b>usually</b> takes 5/6 days after the rash starts. <i>See vulnerable children &amp; staff pregnancy.</i>
Coldsores/ Herpes Simplex	None in older children (refer to notes opposite for younger children)	Exclusion is not necessary if the person is developmentally capable of maintaining hygiene practices to minimise the risk of infection. Young children who are unable to comply with good oral hygiene practice should be excluded if lesions are uncovered and weeping.
Conjunctivitis	Until eyes have stopped weeping and treatment has been commenced.	Keep at home for a minimum of one day, (longer if eyes are still weeping). If an outbreak occurs consult Consultant in Communicable Disease Control.
Diarrhoea & Vomiting/ Salmonella E.Coli Cryptosporidiosis	<b>48 hours from the last episode of diarrhoea or vomiting (48 hour rule applies).</b>	A longer period of exclusion may be appropriate for children under the age of 5 years and older children who are unable to maintain good personal hygiene.  Exclusion from swimming advised for 2 weeks after diarrhea has settled.
<b>*Diphtheria</b>	Exclusion is essential. Always consult with HPU	Preventable by vaccination. HPU will organize any contact tracing necessary.
<b>*German Measles (Rubella)/ Measles</b>	6 days from onset of rash 4 days from onset of rash	Preventable by immunization (MMR x 2 doses). The child is most infectious <b>BEFORE</b> diagnosis and most children should be immune due to immunisations so that exclusion after the rash appears will prevent very few cases. <i>See vulnerable children &amp; staff pregnancy.</i>
Glandular Fever	None	
Hand, Foot & Mouth	None	Contact HPU if a large number of children are affected. Exclusion may be considered in some circumstances.
Head Lice	Once treated	Child may return to setting once head lice have been treated.
<b>*Hepatitis A</b>	Exclusion until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice).	Good personal and environmental hygiene will minimise any possible danger of spread of Hepatitis A. <i>(Refer to cleaning up body fluids and PPE information).</i> Always consult with HPU.

*Hepatitis B or C	None	Hepatitis B and C are not infectious through casual contact. Good hygiene will minimise any possible danger of spread of both Hepatitis B and C.
Impetigo	Until lesions crusted/healed or 48 hours after commencing antibiotic treatment	Antibiotics by mouth may speed healing and reduce infectious period.
*Meningococcal Meningitis/ Septicaemia	Until recovered	Meningitis C is preventable by vaccination. There is no reason to exclude siblings and other close contacts. The HPU will give advice on any action needed and identify any contacts requiring antibiotics.
*Meningitis (due to other bacteria)	Until recovered	Hib meningitis and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings and other close contacts. The HPU will give advice on any action needed and identify any contacts requiring antibiotics.
*Meningitis (viral)	None	Milder illness. There is no reason to exclude siblings and other close contacts. Contact tracing is not required.
MRSA	None	Good hygiene. In particular hand washing and environmental cleaning are important to minimise any danger of spread. Contact your local HPU if further information is required.
*Mumps	5 days from onset of swollen glands	The child is most infectious before the diagnosis is made and most children should be immune due to immunisation.
Ringworm (Tinea)	None	Proper treatment by GP is important. Scalp ringworm needs treatment with an antifungal by mouth. This infection is caused by a skin fungus and is not a worm at all.
Scabies	Child can return after 1 <sup>st</sup> treatment	Two treatments, 1 week apart. Entire household should be treated and any other very close contacts. If further information is required contact your local HPU.
*Scarlet Fever	24 hours after commencing antibiotics	Antibiotic treatment recommended for the affected child.
Shigella (Dysentery)	Exclusion may be necessary	Exclusion applies to young children and those who may find hygiene practices difficult to adhere to. Local HPU will advise.
Shingles	Exclude only if rash is weeping and cannot be covered.	Can cause Chicken Pox in those who are not immune. It is spread by very close contact and touch. Contact local HPU if more information is required. <i>See vulnerable children and staff pregnancy.</i>
Slapped Cheek / Fifth Disease/ Parvovirus	None	Exclusion is ineffective as nearly all transmission takes place <b>BEFORE</b> the child becomes unwell. <i>See vulnerable children and staff pregnancy.</i>
Threadworm	None	Treatment is recommended for the child and household contacts.
*Tuberculosis (TB)	Always consult the HPU	Not usually spread from children and generally requires quite prolonged, close contact for

		spread.
<b>*Typhoid (&amp; Paratyphoid/ enteric fever)</b>	Further exclusion may be required after 48 hours.	Exclusion applies to young children and those who may find hygiene practices difficult to adhere to. Local HPU will advise.
<b>*Whooping Cough (Pertussis)</b>	5 days from commencing antibiotics or 21 days from onset of illness if no antibiotic treatment.	Preventable by vaccination. After treatment non-infectious cough may continue for many weeks. HPU will organize any contact tracing necessary.

**\*Denotes a notifiable disease. It is a statutory requirement that Doctors report a notifiable disease to the proper officer of the Local Authority.**

In addition, organisations may be required via locally agreed arrangements to inform their local HPU. Regulating bodies (e.g. Office for Standards in Education (OFSTED)/Commission for Social Care Inspection (CSCI) may wish to be informed – please refer to local policy).

(Further information regarding vulnerable children, staff pregnancy and cleaning up bodily fluids is available on request).

Source of information - <https://www.gov.uk/government/publications/infection-control-in-schools>

For further information go to <http://www.hpa.org.uk/healthprotectionagency>

\*HPU = Health Protection Unit

This Policy was adopted at a meeting of the Nursery and Oosc held on 18 April 2016

Signed on behalf of the Nursery and Oosc .....