

Health Protection- Exclusion Table for Children's Illnesses/health concerns at Nursery

Appendix for 01-Sickness and Illness Policy

Infection	Exclusion Period	Comments
Antibiotics prescribed	48 hours since first dose-due to nursery requiring a rested child, less infectious and no signs of allergy or other problems	Continued doses can be given at nursery with permission
Athletes Foot	None	Needs to be covered-treatment is recommended
Attendance to A&E or admitted to a ward	24 hours if admitted to a ward, case by case management- depending on symptoms/timings etc.	No child will be allowed to attend nursery if they have returned home from a hospital stay within 24hrs, they must be directly supervised at home. Nursery's discretion if a child attends A&E, returns home and is awaiting treatment
Chicken Pox	5 days from onset of rash and until lesions have crusted over	All nursery users and Pregnant women notified
Cold sores (Herpes simplex)	None	Named individual cups and direct items to be disinfected after use
Conjunctivitis	Until secretion has stopped or after first dose on antibiotic treatment	Very contagious and worse for adults. Avoid infected eyes, clean wearing gloves and cotton wool, single use per wipe- disinfect areas that have been touched by infected person-if an outbreak occurs-consult HPT
Diarrhoea and vomiting	Whilst symptomatic and 48 hours after last episode	Deep clean areas affected at nursery, if outbreak, consult checklist and HPT
*Diphtheria	Exclusion is essential. Consult with HPT.	Can be prevented by vaccine. Family contacts must be excluded until cleared to return by HPT
Dressing/cast	None	Dressings cannot be changed at nursery, waterproofing must be considered, risk assessment per child will apply
Earache/toothache	None	If persistent and unmanageable at nursery, seek medical advice and send home
Flu (Influenza) or severe cold	Until symptom free	Report outbreaks to HPT

Glandular fever	Until symptom free, may remain fatigued for 2-3 weeks	Is present in spit. Avoid kissing, do not share cups, cutlery, bedding/towels etc. can be contagious up to 7 weeks previous.
Hand, foot and mouth	48 hours and until rash is minimal, if ulcerated in mouth, and gone on skin.	Must be covered on return.
Head Lice/Nit eggs	None	Treat at home and put hair up if appropriate
*Hepatitis A	Exclude until 7 days after onset of jaundice or symptoms appear	If outbreak, HPT will advise
Hepatitis B*, C* and HIV	None	These are blood borne, contact HPT for advice
High temperature-over 37.5/ Fever	Exclude until symptom free	Children will not be allowed to attend even if given paracetamol
Impetigo	48 hours after antibiotic treatment or until lesions are crusted	Antibiotic treatment speeds healing and reduces infectious period
*Measles	Exclude 4 days from onset of rash and until all symptoms have gone	Preventable by vaccination, inform pregnant staff and parents, contact HPT
*Meningococcal meningitis/septicaemia	Until recovered	Preventable by vaccination, inform pregnant staff and parents, contact HPT
*Meningitis(due to other bacteria)	Until recovered	Preventable by vaccination, inform pregnant staff and parents, contact HPT
*Meningitis Viral	Until recovered	Milder illness than bacterial. Local HPT will advise on any action
Molluscum Contagiosum	None	Cover loosely with clothing, avoid touching affected spots, no treatment necessary in normal circumstances
MRSA	Exclude until antibiotics are completed	Good hygiene and handwashing is important. Contact HPT for advise.
*Mumps	At least 5 days after onset of swelling and until symptom free	Preventable by vaccination, inform pregnant staff and parents, contact HPT
Prickly heat rash	None	Keep skin cool with loose clothing, give plenty of water to drink
Ringworm	48 hours exclusion to allow treatment to work	Treatment is needed, not caused by worms, need to stay covered if practical
Rubella(German measles)	At least 5 days after onset of rash and until symptom free	Preventable by vaccination, inform pregnant staff and parents, contact HPT

Scarlet Fever	Until all symptoms have gone	Antibiotic treatment is necessary
Scabies	Exclusion until treated for at least 24 hours, no skin to skin contact with others	Household and close contacts require treatment
Shingles	Exclusion until all symptoms have gone, rash may last up to 4 weeks	Must cover skin rashes with loose clothing or non-sticky dressing-contagious when oozing. See vulnerable groups for extra notification
Slapped cheek/Fifth disease/Parvo virus B19	48 hour exclusion to minimise infection rate within nursery	Pregnant staff/parents to be notified of a case, they must contact their midwife/GP
Threadworms	48 hour exclusion to minimise infection rate	Treatment is necessary, including the household and close contacts, do not share towels. Eggs mainly live under fingernails, good hand washing essential
Thrush	None	Treatment is recommended
Tonsillitis	48 hour exclusion along with antibiotic treatment to minimise infection rate	See glandular fever advice, except 7 weeks period
Tuberculosis(TB)	Always consult HPT BEFORE disseminating information to staff/parents	Only pulmonary(lung)TB is infectious. Needs close prolonged contact to spread.
Viral rash(minor)	None, if feeling well, similar to a cold virus. Consider exclusion per case if severe	All rashes must be seen by a GP before returning to nursery
Warts and verrucae	None- keep covered and treat	Must be covered whilst at nursery if practical
*Whooping Cough(pertussis)	21 days from onset of symptoms or 48 hours from starting antibiotic treatment	Preventable by vaccination, inform pregnant staff and parents, contact HPT

*Notifiable disease-must inform Ofsted and Local HPT

Staff to follow Public Health England's Exclusion Table