

Infectious Disease Control Exclusion Policy

Children commonly suffer from infectious diseases. Some of these are given a specific name such as chickenpox. Some are termed as ‘viral illness’ and others are described by the symptoms they cause such as diarrhoea and vomiting. Most of these are mild, short lived illnesses in the majority of children but the problem is that they easily spread within a nursery setting.

In order to minimise the chance of your child being ill at nursery and to reduce the spread of infectious disease within the nursery, it would be helpful for you to observe the following guidelines which explain when your child should stay away from nursery and when you should inform the nursery when your child has had any close contact with other cases of infectious disease and the reason why your child has been kept away from nursery.

Parents will be encouraged to vaccinate their children where this is applicable

Children must not attend nursery when they are suffering from any of the following symptoms:

- Diarrhoea
- Vomiting
- Severe and strange sounding cough
- Yellowish skin or eyes (jaundice)
- Headache and stiff neck – particularly if your child is irritable and unwell
- Conjunctivitis – eyes which are sore and sticky
- Unusual rashes or spots
- Sore throat or trouble swallowing

INFECTION	INFECTIOUS PERIOD	PERIOD OF EXCLUSION
Chickenpox (varicella) and shingles	From 2 days before to 5 days after appearance of	Until scabs (crusted lesions) have formed and no new

- Infected skin patches
- Severe itching of body or scalp

You must contact your GP for further advice, particularly if your child’s symptoms are severe or persist. Please pass on any information from your GP to the nursery. The length of time your child should stay off nursery depends upon the cause of their illness (there are exclusion periods for particular conditions), how long the symptoms last for and how quickly your child recovers.

	rash. Infectiousness reduced once rash appears	lesions are appearing
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Cold sores	While sores are present	Not necessary
Conjunctivitis	While active	Once treatment has started, improvement is seen and child is comfortable
Diarrhoea (viral gastroenteritis & other common causes of diarrhoea)	While there is diarrhoea. Risk of spread of infection is reduced once stools are well formed	Until well and diarrhoea has stopped, usually 48 hours
Fifth disease (slapped cheek syndrome)	For 5 days before appearance of rash	Until well
Hand, foot and mouth disease	Whilst symptoms persist, could be prolonged	Until well
Head lice	As long as lice or live eggs are present	Until treatment is given and head is clear
Hepatitis A infection	For several days before, until 7 days after onset of jaundice	7 days after onset of jaundice & feels well
Impetigo (streptococcal) & Staphylococcus skin infections	Until lesions have healed or 48 hours after antibiotic treatment started	Treatment has started & skin is improving or sores on exposed surfaces such as scalp, face, hands or legs are covered with occlusive dressings
Influenza	3-7 days from onset of symptoms	Until recovered
Measles	A day or so before rash to 5 days afterwards	Until 5 days after appearance of rash if well
Mumps	From onset of symptoms to 9 days after appearance of swelling	9 days from onset of swelling
Pertussis (whooping cough)	From 7 days after exposure to 21 days after onset of paroxysmal cough	5 days after starting antibiotics and if well
Ringworm (tinea) on scalp or body	While lesions present	Re-admit once treatment has commenced and cover with dressing
Rubella infection (German measles)	5 days after onset of rash. Infectiousness reduced once rash appears	5 days after onset of rash
Scabies	While mites and eggs are present	Once first treatment has been given – use own towels etc

Streptococcal infections including sore throat and scarlet fever	Whilst organism is present in nasopharynx	48 hours after start of antibiotics
Upper respiratory infections (including cold, bronchitis, sore throat etc)	3 days before symptoms to 14 days after onset	Until well
Warts and Verrucas	Uncertain, at least until as long as the warts last	Occlusive dressing to prevent spread
Thrush (oral or genital)	While white spots/mass are present – highly contagious	Until completely clear

Up to date guidance and information will be taken from World Health Organisation and regional Health Protection Agency