

## Exclusion Policy – Communicable Diseases

Many children coming into the Nursery will have not had any of the normal childhood infectious diseases. Because of this it is common for a number of children to contract the infection at the same time. Unfortunately many of the diseases have an incubation period when the child is infectious but there are no visible signs. Parents/carers are asked to inform staff if they suspect their child has an infectious disease. As well as infectious diseases there are other conditions e.g. head lice, which are not uncommon in childhood. Staff can provide information and advice on a number of these conditions. Staff should make parents/carers realise that these are an inevitable part of childhood and ensure parents/carers do not feel that there is a stigma attached to them. These conditions should be dealt with in a matter-of-fact manner and parents/carers advised how the condition may be treated.

### Exclusion Criteria for Communicable Disease

Infectious Diseases	Period of Exclusion	Additional Information	Notifiable Disease
Temperature (above 38°C/37.5°C Babies)	24 hours	Normal temperature is in the range of 36°C	No
Common cold	None	None	No
Athletes foot	None	Not a serious condition, treatment is recommended	No
Campylobacter	48 hours symptom free		No
Cryptosporidiosis	48 hours from last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled	No
Chickenpox	Until all vesicles have crusted over	Refer to: Vulnerable Children (those with reduced immunity) and Pregnant Staff/Visitors who have not had Chickenpox	No
Cold Sores (Herpes simplex)	None	Avoid kissing and contact with sores. Cold sores are generally mild and self-limiting	No
Conjunctivitis	None	Spreads easily, towels and flannels must not be shared	No Contact local PHE if outbreak occurs
Diarrhoea/Vomiting	48 hours from last episode	No child should be brought to Nursery with Diarrhoea/Vomiting	No
Diphtheria*	Exclusion is	Family contact must be excluded	Yes

	essential Seek advice from PHE centre	until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organise any contact tracing necessary	
E-Coli Typhoid* Paratyphoid* (Enteric fever) Shigella (Dysentery)	Until there is supporting evidence of microbiological clearance.	Further exclusion is required for children aged five years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance also applies to some contacts who may also require microbiological clearance.	Yes Contact local PHE for further advice
Food poisoning (non- specific)	48 hours from last episode	None	No If 2 or more Children, Ofsted need to be notified and PHE
Flu (influenza)	Until recovered	Refer to: Vulnerable Children	No
German measles* (Rubella)*	4 days from onset of rash	Preventable by vaccination (MMR 2), Refer to: Female staff - Pregnancy	Yes
Glandular Fever	None		No
Hand, Foot and Mouth	None Maybe be considered in some circumstances	Contact PHE centre if outbreak, Exclusion may be considered in some circumstances (not related to Foot & Mouth in cattle)	No (only if outbreak)
Head Lice	None	Treatment is recommended only in cases where live lice have been seen; Children will not be checked or singled out. All parents should be informed of a suspected case and to seek treatment if required	No
Hepatitis A*	Until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice)	Contact PHE centre if outbreak occurs	Yes
Hepatitis B* & C* HIV/AIDS	None	Blood Bourne virus that are not infectious through casual contact. All Body fluids must be cleaned, wearing PPE, dispose of all waste in clinical waste bin. Refer to: Good Hygiene Practice	Yes

Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period	No
Measles*	4 days from onset of rash	Preventable by vaccination (MMR) Refer to: Vulnerable Children and Female Staff- Pregnancy	Yes
Meningitis* Meningococcal Septicaemia*	Until recovered	Preventable by vaccination, siblings and close contact do not need to be excluded	Yes Seek further advice
Meningitis* (Bacterial)	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination, siblings and close contact do not need to be excluded	Yes Seek further advice
Meningitis* (Viral)	None	Milder illness, siblings and close contacts do not need to be excluded	Yes Seek further advice
MRSA	None	Good hygiene, hand washing and environmental cleaning minimises outbreak. Seek further advice if needed	No
Mumps*	5 days after onset of swelling	Preventable by vaccination	Yes If outbreak occurs
Roseola (infantum)	None		No
Ringworm	Not usually required	Treatment is required	No
Salmonella	48 hours symptom free		No
Scabies	After first treatment	Close contacts require treatment	No
Scarlet fever*	24 hours after starting antibiotic treatment	Antibiotic treatment is recommended for affected child	Yes
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune, spread by close contact and touch, Refer to: Vulnerable Children and Pregnant Staff, for further information contact PHE centre	No
Slapped cheek/5 <sup>th</sup> disease/parvovirus B19	None (once rash has developed)	Refer to: Vulnerable Staff and Pregnant Staff	No
Threadworms	None	Treatment recommended for child and household contacts	No
Tonsillitis	None	Many causes, most cases due to viruses and do not need antibiotic	No
Tuberculosis*	Contact PHE centre	Requires prolonged close contact for spread	Yes

Warts and verrucae	None	Should be covered	No
Whooping cough*	5 days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks.	Yes

**\*Denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). In addition, organisations may be required via locally agreed arrangements to inform their local PHE centre. Regulating bodies (for example, Office for standards in Education (Ofsted)/commission for social care inspection (CSCI)) may wish to be informed.**

Any Serious illness or Food poisoning of 2 or more children needs to also be reported to Ofsted

Ofsted  
Piccadilly Gate  
Store Street  
Manchester  
M1 2WD  
[enquires@ofsted.gov.uk](mailto:enquires@ofsted.gov.uk)  
Contact No: 0300 123 1231

**If an outbreak of infectious disease is suspected, PHE needs to be contacted.**

**Contact Details Public Health England  
Kent HPT (South East)**  
Public Health England  
Level 2  
Civic Centre  
Tannery Lane  
Ashford  
TN23 1PL  
Contact No: 0344 225 3861      Out of hours: 0844 967 0085