

Exclusion Policy Communicable Diseases

Policy Statement

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	Additional Information	Symptoms	Spread	Period of Exclusion	Do's	Don'ts	Notifiable Disease
Temperature above 38°C	Normal temperature is in the range of 36.5°C			24 hours			No
Common cold	None	Runny nose, cough		None			No
Athlete's foot	Skin infection caused by a fungus which can also cause ringworm	Scaling or crackling of skin, especially between toes, or blisters containing fluid, can be very itchy	Prolonged direct or indirect contact with lesions on infected people or contaminated floors, shower	None	Advice to visit GP for advice and treatment. Take care to dry between the toes after bathing. Use a fungicidal dusting powder on the feet, between toes and in socks	Do not share towels, bath mats or footwear when infected	No

			stalls and other articles used by infected people		and shoes. Wear shoes that allow feet to breathe and change frequently. Cover the affected foot with a rubber sock when going swimming		
Campylobacter	Can be present in raw meat, especially chicken and can contaminate other foods, surfaces and utensils. Usually lasts 3-5 days and has an incubation period of between 1 and 10 days but most commonly 3-5 days.	Diarrhoea	People and animals by the faecal-oral route. Bacteria are present in the faeces of adults and children with diarrhoea, and spread to the mouths of other people directly on their hands or by food or objects	48 hours symptom free			No
Cryptosporidiosis		Diarrhoea, abdominal pain and occasional vomiting	From those with the infection to others by the faecal-oral route, direct contact with farm animals particularly cattle and sheep. Contaminated or untreated water and milk has been reported, incubation period is 1 and 12 days	48 hours from last episode of symptoms			No
Chickenpox (Shingles)	Refer to: Vulnerable Children (those with reduced immunity)	Sudden onset with fever, runny nose, cough and a	Chickenpox is highly infectious and is spread by	Chickenpox - minimum 5 days	Send child home and advise to consult GP.	Don't allow child to return until at least 5 days after the	No

	<p>and Pregnant Staff/Visitors who have not had Chickenpox</p>	<p>generalised rash. The rash starts with blisters which then scab over. Several crops of blisters occur so that any one time there will be scabs in varies stages of development, the rash tends to be more noticeable on the trunk than on exposed parts of the body and may also appear inside the mouth and on the scalp. Some can be mild or without symptoms. Shingles presents as a blistering rash in the area supplied by the affected nerve. Usually only one side of the body is affected and there is severe pain in the affected area. Most people recover fully without developing serious complications. There is often altered sensation before the rash appears, accompanied by flu like symptoms</p>	<p>respiratory secretions or by direct contact with fluid from blisters. Shingles is spread by direct contact with fluid from blisters. It cannot produce shingles in another person but the virus can spread to those who never had chickenpox from fluid in the blisters of a case.</p>	<p>however all lesions should be crusted over before return Shingles- if the rash is weeping and cannot be covered or until the rash is dry and crusted over.</p>	<p>In cases of shingles, decision to exclude child will vary for each case of shingles and will be dependent on whether the rash is weeping and whether the rash can be covered</p>	<p>appearance of chickenpox rash and all the lesions have crusted over</p>	
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<p>Cold Sores (Herpes simplex)</p>	<p>Caused by Virus called herpes simplex and usually appear on lips and around nostrils but can spread more widely over the face.</p>	<p>First signs are tingling, burning or itching in the area where it is going to appear, phase may last for 24hours. Reddening and swelling of infected area resulting in a fluid filled blister or sometimes group of them, can be painful and uncomfortable. They break down to form ulcers, which weep and crack, they then dry up and crust over, can be reactivated by triggers like stress and sunlight.</p>	<p>Spread by direct contact</p>	<p>None</p>	<p>Advise the case (and their carers) to avoid spread by not touching the cold sore breaking or picking the blisters. Avoid kissing people, especially children when they have a blister and not to share things like cups, towels and facecloths</p>	<p>Cases should not touch their eyes and adults should take care when applying or removing make up.</p>	<p>No</p>
<p>Conjunctivitis</p>	<p>Inflammation of the outer lining of the eye and eyelid, can be caused by bacteria or viruses or due to an allergy. Can be treated with eye drops. Prompt treatment and good hand washing helps prevent spread.</p>	<p>Eye becomes reddened and swollen and there may be sticky yellow or green discharge. Eyes usually feel itchy and gritty</p>	<p>Spread by contact of discharge from the eye which gets onto the hands or towel when the child rubs their eyes</p>	<p>Until clear</p>	<p>Advice parents to seek advice, encourage children not to rub their eyes and wash their hands frequently</p>		<p>No. Contact local PHE if outbreak occurs</p>
<p>Diarrhoea/Vomiting</p>	<p>No child should be brought to Nursery with Diarrhoea/Vomiting Diarrhoea has numerous causes but diarrhoea caused by an infection in the gut can be easily passed to others</p>	<p>2 or more liquid or semi-liquid stools in 24-hour period</p>	<p>When organisms enter the gut by the mouth or when contaminated hands or objects are put in the</p>	<p>48 hours from last episode, if medication is prescribed 48 hours after course</p>	<p>Ensure case is excluded Do encourage staff and children to practice good hand hygiene at all times.</p>		<p>No Yes, are more cases than normally expected</p>

			mouth or after eating contaminated food or drink, can also spread to contacts when the affected person vomits, infectious while symptoms remain	completed, some gastrointestinal infections may require longer, child with cryptosporidium should not go swimming for 2 weeks after last episode			
Diphtheria*	Family contact must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organise any contact tracing necessary			Exclusion is essential Seek advice from PHE centre			Yes
E-Coli Typhoid* Paratyphoid* (Enteric fever) Shigella (Dysentery)	Bacteria that live in the gut of humans and animals, particularly cattle and sheep	By eating contaminated food and contact with animals, person to person spread is by direct contact and can happen within families and child care settings, linked with handling animals		Yes, 48hours Further exclusion is required for children aged five years or younger and those who have difficulty in adhering to	Promote good hand washing to children visiting farms or petting zoos, especially after handling animals and prior to eating or drinking		Yes Contact local PHE for further advice

				<p>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.</p>			
Food poisoning (non-specific)	Gastrointestinal infection caused by contaminated food	Nausea, vomiting, diarrhoea, stomach cramps and fever	Number of people eating same contaminated food	48 hours from last episode	Exclude for 48hours Inform your local health protection team if 2 or more cases with similar symptoms are reported to you		No If 2 or more Children, Ofsted need to be notified and PHE
Flu (influenza)	Commonly known as flu, caused by a virus, very infectious and easily spreads in crowded populations and enclosed spaces. Vaccination available for children	Respiratory illness and commonly has a sudden onset, headache, fever, cough, sore throat,	Breathing in infected droplets in air near infected people, soiled tissue, surfaces	No, advise to stay at home until recovered	Encourage those in risk groups to have vaccine, encourage to stay at home until recovered, ask children to cover nose and mouth with tissue when sneezing	Do not allow children under 16 to have aspirin as it is associated with Reye's syndrome	No

	yearly Refer to: Vulnerable Children	aching muscles, joints and tenderness			and coughing and discard after, regular hand washing		
German measles* (Rubella)*	Viral infection, mild but can cause congenital rubella syndrome in pregnant women and lead to serious consequence. Preventable by vaccination (MMR 2), Refer to: Female staff - Pregnancy	Mild, rash is first indication although there may be mild catarrh, headache or vomiting. Small pink spots all over the body, slight fever and some tenderness in the neck, armpits and groin, may be joint pain, rash only lasts for 1-2 days, spots remain distinct unlike measles.	Respiratory route	5 days from onset of rash	Promote 2 MMR vaccinations for all		Yes
Glandular Fever	Caused by Epstein-Barr virus	Severe tiredness, aching muscles and sore throat, fever, swollen glands and occasionally jaundice (yellowing of the skin and eyes), in children generally mild and difficult to recognise. Duration of illness can be anything from 1 week to several months	Direct contact with saliva and indirect contact with hands or contaminated objects from cases	None, can return once they feel better	Promote hand hygiene to reduce spread, used tissues disposed of, child may feel unwell for some months	No specific treatment only symptom management	No
Giardia	Parasitic disease	Faecal-oral route, drinking water contaminated with faeces	Abdominal pain, bloating, fatigue and pale, loose stools	48 hours after symptoms have stopped			Yes, if more than 2 cases

Hand, Foot and Mouth	Common mild viral illness in childhood	Fever, reduced appetite and generally feeling unwell, one or two days after these symptoms a rash will develop with blisters on cheeks, hands and feet. Not all cases have symptoms	Most contagious in first 7 days but virus can stay in body for a few weeks, spread via direct contact to secretions of the infected person and by coughing and sneezing, younger children more at risk as they play closely with peers, promote good hand washing even after well as can still be in body for several weeks	Minimum 5 days Return when feeling better	Promote hand washing, tissues used for nose and throat disposed of	Don't confuse with foot and mouth in animals	No (only if outbreak)
Head Lice	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	Itching to and scratching on scalp	Direct head-to-head contact and therefore tend to be more common in children because of the way they play, they cannot jump, fly or swim	None	Treatment is needed only when live lice seen	Exclusion not required	No
Hepatitis A*	Viral infection affecting liver, varies from mild illness lasting 1-2 weeks to severe lasting months, children under 5 may not have symptoms. Contact PHE centre if outbreak occurs	Abdominal pain, loss of appetite, nausea, fever and tiredness followed by jaundice, dark urine and pale faeces, symptoms are	Person to person through faecal oral route, most commonly when food and hands care	7 days after onset of jaundice (or 7 days after symptom	Promote good handwashing, clean kitchen and toilets regularly, household contacts of cases will be offered a hepatitis A		Yes

		much milder or not noticed in children under 5	contaminated, as some children may not have symptoms at all, they may readily spread to others unless good personal hygiene measures are routinely taken	onset if no jaundice)	vaccine if they are not immune		
Hepatitis B* & C* HIV/AIDS	Not common viral infection in children. Blood Borne 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	Can vary and include general tiredness, nausea, and vomiting, loss of appetite, fever, dark urine and older children and adults may develop jaundice	Contact with infected blood and body fluids entering the bloodstream through broken skin or the mucous membranes. e.g., bite that breaks skin or skin that is pierced by an object which has been in contact with someone else's body fluids	None Acute cases will be too ill to attend, doctor will advise	Take a standard approach to cleaning all spillages of blood and body fluids. Always complete accident book with details of injuries or adverse events	Individuals with chronic Hepatitis B infection should not be excluded or have their activities restricted	Yes, for advice
Impetigo	Infectious bacterial skin disease and maybe a primary infection or a complication of an existing skin condition such as eczema, scabies, or insect bites, common in children particularly during warm weather	Can develop anywhere on the body but lesions tend to occur on the face, flexures and limbs not covered by clothing	Spread by direct contact with discharges from the scabs of an infected person, bacteria invade skin through minor abrasions and then spread	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Promote hand hygiene to reduce the risk of spread. Towels and facecloths or eating utensils should not be shared by pupils Ensure that toys and play equipment are thoroughly cleaned.	Should not return until lesions are crusted over or 48 hours after starting antibiotic treatment	No

			to sites by scratching, spread mainly on hands but indirect via toys, clothing, equipment and the environment may occur.				
Measles*	Highly infectious viral infection. Preventable by vaccination (MMR) Refer to: Vulnerable Children and Female Staff- Pregnancy	Runny nose, cough, conjunctivitis, high fever, and small white spots inside the cheeks. Around day 3 of the illness, a rash of flat red or brown blotches appear, beginning on the face and spreading over the body.	Airborne droplet spread and direct contact with nasal and throat secretions	4 days before onset of rash to 4 days after onset of rash	Encourage children over 1 to have MMR immunisations as per national schedule, staff should be up to date with their MMR vaccinations	Children and adults with a weak immune system, pregnant women and children under 12 months who come into contact with measles should contact their GP immediately for advice	Yes
Meningitis* Meningococcal Septicaemia*	Meningitis and septicaemia require immediate medical attention. People that have had contact in the previous 7 days will also be offered antibiotics	Fever, severe headache, photophobia, drowsiness, non-blanching rash. Not all symptoms will be present and cases can have symptoms of meningitis and septicaemia	Person to person through respiratory droplets and direct contact with nose and throat secretions. Close and prolonged contact is needed to pass the bacteria to others (e.g., household setting or intimate kissing)	24 hours after taking appropriate antibiotic treatment and until recovered	Seek medical advice immediately if meningitis is suspected Inform HPT and school health advisor of a case of meningococcal disease in setting. Respect confidentiality of child		Yes Seek further advice

Meningitis* (Bacterial)	Bacterial meningitis is less common but more serious than viral meningitis and need urgent antibiotic treatment, some cases can lead to septicaemia	Fever, severe headache, photophobia, neck stiffness, non-blanching rash, vomiting and drowsiness		Until recovered			Yes Seek further advice
Meningitis* (Viral)	Can be caused by a number of different viruses	Headache, fever, gastrointestinal or upper respiratory tract involvement and in some cases a rash	Depend on virus causing the illness	None	Encourage high standards of basic hygiene. Encourage the prompt disposal of soiled tissues, recommend consultation with GP, seek advice from HPO if more than one case occurs		Yes Seek further advice
MRSA	Bacteria that has developed resistance to methicillin (type of penicillin) and some antibiotics used treat infections	Commonly found on the skin and nostrils, most don't realise they are carriers as no symptoms and no harm, can occasionally cause serious infection	Direct contact with contaminated hands and objects	None	Staff should ensure good infection control principles are in place, good hand washing to reduce risk of transmission, infected wounds should be covered		No
Mumps*	Viral infection, Preventable by vaccination	Raised temperature and general malaise, following stiffness or pain in jaws or neck, then glands in cheeks and under jaw swell up and cause pain, can be one sided or affect both sides, fairly mild in young children, but can cause swelling of the testicles and rarely, infertility in males over the age of puberty	Highly infectious, by droplets from the nose and throat and by saliva	5 days after onset of swelling if well	Practice good hygiene at all times. Send home if unwell Advise parents to see GP encourage parents to have their children immunised against mumps		Yes If outbreak occurs

Roseola (infantum)				None			No
Ringworm	Fungal infection of skin, hair, feet or nails. Caused by various types of fungi, becoming common in UK amongst children particularly in urban areas. Treatment is required		Direct skin to skin contact with an infected person or animal and with athlete's foot, by indirect contact with contaminated surfaces	24 hours after treatment has started, they may return	Wash and dry feet		No
Rotavirus	Most common cause of gastroenteritis in children under 5	Severe diarrhoea, stomach cramps, vomiting, dehydration and mild fever	Highly contagious transmitted through the faecal-oral route, respiratory transmission may occur	48 hours after symptoms have subsided	Encourage staff and children to practice good hygiene at all times. Send the child home if unwell. Advise parents to see GP. Use PPE when handling blood or body substance.		
Salmonella	Eating contaminated food	Diarrhoea, headache, fever and sometimes vomiting	Person to person through faecal oral route	48 hours symptom free			Yes, If more than 2 cases
Scabies	Skin infection caused by tiny mites that burrow in the skin. Attracted to fold of the skin such as the webs of the fingers, wrists, palms, elbows, genitalia and buttocks. Close contacts require treatment	Rash varies but tiny pimples and nodules are characteristic, secondary infection can occur if scratched	Direct contact with affected skin	24 hours after first treatment	Important that second treatment is not missed and should be carried out 1 week after first treatment. All household must also be treated		No
Scarlet fever*	Antibiotic treatment is recommended for affected child	Acute inflammation extending over the pharynx or tonsils, tonsils may be deep red in colour and		24 hours after starting antibiotic treatment			Yes

		partially covered with a thick yellowish					
Slapped cheek/5th disease/parvovirus B19	Refer to: Vulnerable Staff and Pregnant Staff	Rose-red rash makes the cheeks appear bright red, may spread to rest of body, rarely involves palms and soles, mild fever	Respiratory route, children are no longer infectious once rash appears	None (once rash has developed)	Advise visit to GP Do request parents inform setting of a diagnosis of fifth disease		No
Threadworms	Intestinal infection, very common childhood illness	Perianal itching particularly at night	Directly on fingers or indirectly on bedding, clothing and environmental dust	Until clear	High standards of basic hygiene Recommend Consultation with GP Transmission is uncommon in settings	Can lead to lack of sleep, irritability and loss of concentration	No
Tonsillitis	Many causes, most cases due to viruses and do not need antibiotic			Return when feeling better			No
Tuberculosis*	Bacterial infection that can infect any part of body, including lungs, can affect people of all ages, classes and ethnic backgrounds. Requires prolonged close contact for spread	Cough, loss of appetite, loss of weight, fever, sweating particularly at night, breathlessness and pains in the chest, in other parts of the body other than the lungs may produce a lump or swelling which can be painful	Some but not all people who develop TB are infectious to others. Infectious cases spread through sputum via inhalation.	Yes, can return after 2 weeks of treatment if well enough and if as long as they have responded to anti-TB therapy. Non-pulmonary TB do not require exclusion and can	Call Health protection team, TB nurses before taking action. Maintain confidentiality Exclude while infectious taking advice	Don't exclude without taking advise first	Yes

				return when well enough			
Typhoid and Paratyphoid fever	Less common but serious	Tiredness, fever and constipation, paratyphoid fever is- fever, diarrhoea and vomiting	Consuming food or water contaminated by faeces or urine of someone with the illness, common abroad	Health officer or Health protection team will advise	Practice good hygiene especially after using the toilet and before eating or preparing food, children may require supervision. Consider sending out travel advise to raise awareness		Yes immediately
Warts and verrucae	Should be covered			None			No
Whooping cough*	Bacterial chest infection. Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks.	Heavy cold with a temperature and persistent cough, cough becomes worse and usually the characteristic 'whoop' develops, frequently worse at night and may be associated with vomiting, more serious in children of pre-school age	Direct contact with airborne particles of discharges from the nose and throat	48 hours of appropriate treatment with antibiotics and they feel well enough or 21 days from onset of illness if no antibiotic	Advise parent to see GP Allow child to return after exclusion period even if still coughing. Encourage parents to have their children immunised against whooping cough		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
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