



## Guidelines to parent/carers

### Sickness/absence from school

Please note if you feel it necessary to give your child medication before bringing them in, (for example Calpol), this may indicate that your child is not well enough to attend their session.

### Cough and cold

A child with a minor cough or cold may attend school. If the cold is accompanied by raised temperature, shivers or drowsiness, the child should stay off school, visit the GP and return to school 24 hours after they're feeling better. If your child has a more severe and long-lasting cough, consult your GP, who can provide guidance on whether the child should stay off school.

### Vomiting and diarrhoea

Children with these conditions should be kept off school. **They can return 48 hours from last episode of diarrhoea and/or vomiting.** If symptoms persist, consult your GP.

### Raised temperature

If your child has a raised temperature, they shouldn't attend school. They can return 24 hours after they're feeling better.

### Headache

A child with a minor headache doesn't usually need to be kept off school. If the headache is more severe or is accompanied by other symptoms such as raised temperature or drowsiness, then keep the child off school and consult your GP.

### Sore throat

A sore throat alone doesn't have to keep a child from school. If it's accompanied by a raised temperature, the child should stay at home.

### Being outside and water play

We do understand how stressful it can be when your children are unwell. If you decide to bring them to school because you feel they are well enough, we will assume they are well enough to be in the nursery as normal. This includes accessing the outside area and water play. If you feel that it is not appropriate for your child to be outside due to illness, we will consider this to mean they are not well enough to be at school. At the centre we recognise the importance of being outside to support learning and development. We of course will ensure that the children are appropriately dressed to be outside, and we will change any children who get wet as a consequence of playing with water or being outside.

We have included further information from Public Health on other conditions and absence periods for your information.

Reviewed Nov 14

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox	Until all vesicles have crusted over	<i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash (as per "Green Book")	Preventable by immunisation (MMR x2 doses). <i>See: Female Staff – Pregnancy</i>
Hand, foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x2). <i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child

Slapped cheek/fifth disease. Parvovirus B19	None (once rash has developed)	<i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune, ie have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. <i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
<i>E. coli</i> O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting	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 may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza)	Until recovered	<i>See: Vulnerable Children</i>
Tuberculosis*	Always consult your local PHE centre	Requires prolonged close contact for spread
Whooping cough* (pertussis)	Five 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. Your local PHE centre will organise any contact tracing necessary

Infection or complaint	Recommended period to be kept away from school, nursery or child minders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local PHE centre
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Family contacts 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
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local PHE centre will advise on control measures