

Exclusion Procedure for Illness & Communicable Diseases

Disease/Illness	Recommended Exclusion Period	Comments
Chicken Pox	Until all spots have scabbed / healed over	See Vulnerable children.
Conjunctivitis	None however for younger tactile children best practice to advise to keep at home until eyes are not weeping	
Diarrhoea & Vomiting	Must be clear for 48 hours after last episode	
Gastro-enteritis	Must be clear for 48 hours or until advised by relevant public health official	See Vulnerable children. Seek advice if over 4 children affected.
Hand, Foot & Mouth	None	Seek advice if over 4 children affected.
Headlice	No exclusion as long as parents are treating	
Impetigo	Until skin is healed over or 48 hours after starting antibiotic treatment	
Measles	4 days from onset of rash	
Mumps	Until the swelling has gone down – 5 days minimum	
Rash	Children with rashes should be considered infectious and assessed by their doctor.	
Ringworm	None as long as parents are treating	
Scabies	Child can return after first treatment	
Scarlet Fever	24 hours after commencing appropriate antibiotic treatment	If more than one child affected seek advice
Shingles	Until weeping has stopped and feeling well	
Slapped Cheek/ Fifth Disease/ Parvovirus B19	None once rash has developed	See Vulnerable children. Any pregnant contacts of case should seek advice from GP.
Temperature	If sent home, next 24 hours at home	
Threadworms	None	
TB	2 weeks following start of treatment or until declared free from illness by public health official	
Warts & Verrucae	No exclusion but should be treated and covered	

Vulnerable Children

- Some medical conditions make children vulnerable to infections that would rarely be serious in most children. These include those being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity.
- These children are particularly vulnerable to chickenpox, measles and parvovirus B19 and, if exposed to either of these, the parent/carer should be informed promptly and further medical advice sought.
- Some vulnerable children may need further precautions to be taken, which should be discussed with the parent or carer in conjunction with their medical team and school health.

Pregnant Staff

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated by a doctor.

The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace.

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage of pregnancy.
- The GP and antenatal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.
- German measles (rubella). If a pregnant woman comes into contact with German measles she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.
- Slapped cheek disease (fifth disease or parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.
- Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.
- All female staff born after 1970 working with young children are advised to ensure they have had two doses of MMR vaccine.