

Illness and Exclusion Policy

Diarrhoea and/or vomiting	48hrs from the last bout of sickness or diarrhoea	A longer period may be appropriate for children under 5yrs. Usually there is no specific treatment or diagnosis.
Salmonella	Advice should be sought from UKHSA	
Chicken Pox	5 days from the onset of the rash or until all spots have crusted over (whichever lasts longer.)	Exclusion may be longer if spots have not healed or crusted over
Cold Sores/Herpes simplex	None	
COVID-19	3 days (children), 5 days (adults), after the day they tested positive.	Exclusion may be longer if symptoms persist.
German Measles (Rubella)	4 days from the onset of the rash	Children are most infectious before the onset of the rash: most children are immune due to immunisation.
Measles	5 days from the onset of the rash	Due to immunisation measles is now rare in the UK
Hand Foot and Mouth	Usually none unless blisters on hands and feet or in the mouth are causing the child distress / discomfort	Child may return to nursery when they feel well and have no temperature, regardless of whether there are any blisters
Impetigo	Until lesions are crusted or healed or 48 hours after commencing antibiotic treatment	Antibiotic treatment required
Ringworm	Until the child has received treatment from GP	Treatment from your GP is important
Roseola	None	Usually a mild illness
Scabies	Until first treatment received	Child can return after first treatment from GP. All people in household should be treated
Scarlet Fever	Child can return 24 hours after commencing appropriate antibiotic treatment Inform UKHSA	Antibiotic treatment is recommended.
Slapped Cheek (Fifth disease Parvovirus)	None once rash has developed	Usually infectious before child becomes unwell
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.
Flu / Acute Respiratory Illness	48 hours or until symptom-free (whichever lasts longer.)	Flu is most infectious at onset of symptoms

Whooping Cough	48 hours from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment.	Antibiotic treatment recommended, non-infectious coughing may continue for many weeks
Tuberculosis	Health Protection Duty Room will advise TB doctor or nurse or the UKHSA HPT will advise on exclusion .	Children can usually return to their education setting after 2 weeks.
Conjunctivitis	None	Treatment recommended
Head lice	None	Treatment only recommended in cases where live lice have definitely been seen. Treatment recommended for the whole family
Hepatitis A	7 days from the onset of jaundice or stools going pale	Health Protection Duty Room to advise.
Mumps	5 days from swollen glands	Child most infectious before diagnosis made. Most children should be immune due to immunisation
Thread Worms	None	Treatment recommended for the child and household contacts
Tonsillitis	None	Usually due to a virus, antibiotics not usually required. Antibiotics required for streptococcal
Meningococcal meningitis/septicaemia	Until recovered	The Health Protection Duty Room will advise where necessary
Meningitis viral	None	Once child is well and risk of infection is gone
HIV/AIDS	None	HIV is not infectious through casual contact
Hepatitis B and C	None	Hepatitis B and C are bloodbourne viruses that are not infectious through casual contact.

Females – Pregnancy

Some infections, if caught by a pregnant woman, can pose a danger to the unborn child. You should contact your GP or ante natal carer to check your immunity if you come into contact with chicken pox, slapped cheek disease (parvovirus), German Measles (Rubella), or measles.

This policy was adopted by

FRS Kindergarten

(name of provider)

On

8th January 2024


(date)

Date to be reviewed

7th January 2025

(date)

Signed on behalf of the provider



Name of signatory

Emma Wohl

Role of signatory (e.g. chair, director or owner)

Headteacher
