

## Health Protection for schools, nurseries and other childcare facilities

### Exclusion table

| <b>Infection</b>                        | <b>Exclusion period</b>   | <b>Comments</b>  |
|---|---|--|
| Athlete's foot                          | None  | Athlete's foot is not a serious condition. Treatment is recommended.   |
| Chickenpox                              | Five days from onset of rash  | Blisters on the rash must be dry and crusted over  |
| Cold sores (herpes simplex)             | None  | Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment   |
| Conjunctivitis                          | None  | If an outbreak/cluster occurs, consult your local HPT  |
| Diarrhoea and vomiting                  | Whilst symptomatic and 48 hours after the last symptoms.  | See section in chapter 9   |
| Diphtheria *                            | Exclusion is essential. Always consult with your local HPT                                      | Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT   |
| Flu (influenza)                         | Until recovered   | Report outbreaks to your local HPT.  |
| Glandular fever                         | None  |  |
| Hand foot and mouth                     | None  | Contact your local HPT if a large numbers of children are affected. Exclusion may be considered in some circumstances  |
| Head lice                               | None  | Treatment recommended only when live lice seen   |
| Impetigo                                | Until lesions are crusted /healed or 48 hours after starting antibiotic treatment               | Antibiotic treatment speeds healing and reduces the infectious period.   |
| Measles*                                | Four days from onset of rash and recovered  | Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife                        |
| Hepatitis A*                            | Exclude until seven days after onset of jaundice (or 7 days after symptom onset if no jaundice) | In an outbreak of hepatitis A, your local HPT will advise on control measures  |
| Hepatitis B*, C*, HIV                   | None  | Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your local HPT for more advice   |
| Meningococcal meningitis*/ septicaemia* | Until recovered   | Meningitis ACWY and B are preventable by vaccination (see national schedule @ <a href="http://www.nhs.uk">www.nhs.uk</a> ). Your local HPT will advise on any action needed          |
| Meningitis* due to other bacteria       | Until recovered   | Hib and pneumococcal meningitis are preventable by vaccination (see national schedule @ <a href="http://www.nhs.uk">www.nhs.uk</a> ) Your local HPT will advise on any action needed |
| Meningitis viral*                       | None  | Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.  |
| MRSA                                    | None  | Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your local HPT for more information                                    |
| Mumps*                                  | Five days after onset of swelling   | Preventable by vaccination with 2 doses of MMR (see national schedule @ <a href="http://www.nhs.uk">www.nhs.uk</a> ). Promote MMR for all pupils and staff.                          |

| Infection                                    | Exclusion period   | Comments   |
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| Ringworm                                     | Not usually required.  | Treatment is needed.   |
| Rubella (German measles)                     | Four days from onset of rash   | Preventable by vaccination with 2 doses of MMR (see national schedule @ <a href="http://www.nhs.uk">www.nhs.uk</a> ). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife |
| Scarlet fever                                | Exclude until 24hrs of appropriate antibiotic treatment completed                                | A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, please contact local health protection  |
| Scabies                                      | Can return after first treatment   | Household and close contacts require treatment at the same time.   |
| Slapped cheek /Fifth disease/Parvo virus B19 | None (once rash has developed)   | Pregnant contacts of case should consult with their GP or midwife.   |
| Threadworms                                  | None   | Treatment recommended for child & household  |
| Tonsillitis                                  | None   | There are many causes, but most cases are due to viruses and do not need an antibiotic treatment   |
| Tuberculosis (TB)                            | Always consult your local HPT BEFORE disseminating information to staff/parents/carers           | Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread   |
| Warts and verrucae                           | None   | Verrucae should be covered in swimming pools, gyms and changing rooms  |
| Whooping cough (pertussis)*                  | Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics | Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing   |

**\*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).**

Health Protection Agency (2010) Guidance on Infection Control in Schools and other Child Care Settings. HPA: London.