

## Exclusion Table (updated 1 March 2024)

Guidance is taken using the government publication: Health Protection In Schools & Other Childcare Facilities and the NHS website.

Infection	Exclusion Period	Comments
Athletes Foot	None	Children should not be in barefoot at school (for example in changing areas) and should not share towels, socks or shoes with others.
Chicken Pox	At least 5 days from onset of rash and until all blisters have crusted over.	Pregnant staff contacts should consult with their GP or midwife.
Cold Sores (Herpes Simplex)	None	Avoid kissing and contact with the sores.
Conjunctivitis	24 hours	Under 2s must have prescribed eye drops/ cream to treat the infection. Over 2s must have eye drops/ cream to treat the infection.
Respiratory Infections Including Coronavirus (Covid-19)	Children and young people should not attend if they have a high temperature and are unwell. Children and young people who have a positive test result for Covid-19 should not attend the setting for 3 days after the day of the test.	Children with mild symptoms such as a runny nose, and headache who are otherwise well can continue to attend school.
Diarrhoea and Vomiting	Children can return 48 hours after the last episode of diarrhoea or vomiting.	If a particular cause of the diarrhoea and vomiting is identified there may be additional exclusion advice e.g. E.coli, STEC and Hep A.
Diphtheria*	Exclusion is essential. Always consul with your UKHSA.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	48 hours from onset of rash	Contact your local HPT if a large number of children are affected.
Head lice	None	
Hepatitis A	Exclude until 7 days after on set of jaundice (or 7 days after symptom onset if no jaundice)	If 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 UKHSA HPT for more advice.
High Temperature (above 38')	24 hours from temperature	Paracetamol/Calpol will be given to a child with a temperature above 39'
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period.
Measles	4 days from onset of rash and well enough.	Preventable by vaccination with 2 doses of MMR. Promote MMR for all children and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.

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Meningococcal Meningitis* or Septicaemia	Until recovered	Meningitis ACWY and B are preventable by vaccination. Your local HPT will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. Your local UKHSA HPT will advise on any action needed.
Meningitis Viral	None	Milder illness than bacterial meningitis.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your UKHSA HPT for more information.
Mumps*	5 days after onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all children and staff.
Ringworm	Not usually required	Treatment is needed.
Rubella* (German Measles)	5 days from onset of rash	Preventable by vaccination with 2 doses of MMR. Promote MMR for all children and staff. Pregnant staff should seek prompt advice from their GP or midwife.
Scabies	Can return after their first treatment	Household and close contacts require treatment at the same time.
Scarlet Fever*	Exclude until 24 hours after starting antibiotic treatment.	A person is infectious for 2 to 3 weeks if antibiotics are not administered. In the event of 2 or more suspected cases, please contact your UKHSA HPT.
Slapped Cheek/ Fifth Disease/ Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child and household.
Tonsilitis	None	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment.
Tuberculosis* (TB)	Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB) Exclusion not required for non-pulmonary or latent TB infection. Always consult your local HBT before disseminating information to staff parents/ carers.	Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread. Your local HPT will organise any contact tracing.
Warts and Verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms.
Whooping Cough (Pertussis)*	2 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. Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or UKHSA health protection team of suspected cases of certain infectious diseases.

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All laboratories in England performing a primary diagnostic role must notify UKHSA when they confirm a notifiable organism.

All exclusions are upon managers discretion.

This policy was implemented by Springboard Management Team: please note all policies and procedures will be reviewed on a yearly basis, unless there is a need to implement changes prior. Please note any updates and changes will be forwarded by email.

Date: 01.03.2024