

Promoting the good health for every child is very important. Please see below our exclusion guidelines to keep our children, families and staff healthy.

At times we may need to adjust or adapt these guidelines and will keep you informed of any changes.

Antibiotics - Children must remain at home for 24 hours after being prescribed antibiotics, to allow time for the medication to take effect and for the child to begin feeling well.

| Infection | Exclusion period | Comments |
|---|---|---|
| Chickenpox | 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 | None | If an outbreak or cluster occurs, contact your local UKHSA health protection team. |
| Diarrhoea and Vomiting | Individuals can return 48 hours after diarrhoea and vomiting have stopped. | If a particular cause of the diarrhoea and vomiting is identified, there may be additional exclusion advice, for example E. coli STEC and hep A. |
| Diptheria* | Exclusion is essential. Always contact your local UKHSAhealth protection team. | Preventable by vaccination. For toxigenic Diphtheria, only family contacts must be excluded until cleared to return by your local UKHSAhealth protection team. |
| Flu (influenza) or Influenza like Illness | Until recovered | Report outbreaks to your <u>local UKHSA health</u> <u>protection team</u> . |
| | | For more information, see <u>Managing outbreaks</u> and incidents. |
| Glandular Fever | None | |
| Hand Foot and Mouth | 3 days (until blisters have scabbed over) | Contact your <u>local UKHSAhealth protection</u> team if a large number of children are affected We reserve the right to extend this exclusion at any time we need to. |
| Head Lice | None | Please treat before child returns. |

| Infection | Exclusion period | Comments |
|---|--|---|
| Hepatitis A | Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice). | In an outbreak of hepatitis A, your <u>local UKHSA health protection team</u> 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 <u>local UKHSAhealth protection</u> <u>team</u> for more advice. |
| 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. |
| | and won onough. | Promote MMR for all individuals, including staff. Pregnant staff contacts should seek prompt advice from their GP or midwife. |
| Meningococcal Meningitis* or Septicaemia* | Until recovered | Meningitis ACWY and B are preventable by vaccination. |
| | | Your <u>local UKHSA health protection team</u> will advise on any action needed. |
| Meningitis* due to other bacteria | Until recovered | Hib and pneumococcal meningitis are preventable by vaccination. Your local UKHSA health protection team 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. |
| Мрох | Until confirmed safe to return by their clinician or in line with any current guidance. | Contact your <u>UKHSA health protection team</u> for further advice on management and support for anyone considered a close contact of the confirmed case. |
| MRSA | None | Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your local UKHSAhealth protection team for more information. |

| Infection | Exclusion period | Comments |
|---|--|---|
| Mumps* | 5 days after onset of swelling | Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including 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 individuals, including staff. Pregnant staff contacts should seek prompt advice from their GP or midwife. |
| Scabies | None (to avoid close physical contact with others until 24 hours after the first dose of chosen treatment). Those unable to adhere to this advice (such as under 5 years or additional needs), should be excluded until 24 hours after the first dose of chosen treatment. | Household and close contacts require treatment at the same time. |
| Scarlet Fever* | Exclude until 24 hours after starting antibiotic treatment. | Individuals who decline treatment with antibiotics should be excluded until resolution of symptoms. In the event of 2 or more suspected cases, please contact your <u>local UKHSAhealth protection team</u> . |
| 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. |
| Tonsillitis | 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. | Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread. Your local UKHSA health protection team will organise any contact tracing. |

| Infection | Exclusion period | Comments |
|-----------------------------|--|--|
| | Always contact your local UKHSAhealth protection team before disseminating information to staff, parents and carers, and students. | |
| 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 14 days from onset of coughing if no antibiotics and feel well enough to return. | Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local UKHSA health protection team will organise any contact tracing. |