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Outstanding 2022



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## Exclusion Chart for Illness

### Main Points:

- Children with diarrhoea and or vomiting should be excluded until they have had no symptoms for 48 hours after an episode of diarrhoea or vomiting.
- Coughs and runny noses alone need not to be a reason for exclusion but if the child is unwell they should not attend.
- Skin rashes should be professionally diagnosed and a child should only be excluded following appropriate advice.
- Certain individuals exposed to an infection, for example an immunocompromised child who is taking long term steroid treatment or had cancer, may require specific advice from their GP.
- Children should only be excluded when there is good reason.

Infection / Virus	Exclusion Period	Comments
<b>DIARRHOEA AND VOMITING ILLNESSES</b>		
General Advice	Exclude until the symptoms have ceased for 48 hours. Depending on the specific infection, exclusion may apply to: <ul style="list-style-type: none"> <li>• Children</li> <li>• Staff</li> </ul>	Diarrhoea is the passage of 3 or more loose or liquid stools per day, or more frequently than is normal for the individual
<b>Common Infections</b>		
Norovirus	48 hours from last episode of diarrhoea or vomiting.	
Campylobacter	48 hours from last episode of diarrhoea or vomiting.	
Salmonella	48 hours from last episode of diarrhoea or vomiting.	
<b>RESPIRATORY INFECTIONS</b>		
Coughs/ Colds	Until recovered	Consider flu in the winter months
Flu (influenza)	Until recovered	Severe infection may occur in those vulnerable to infection.
Tuberculosis (TB)	Consult with parents and a professional	Not easily spread by children, close contact needed.
Whooping Cough	5 days from commencing antibiotic treatment or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination After treatment a non-infectious cough may continue
<b>RASHES/ SKIN</b>		
Chickenpox	5 days from onset of rash	Pregnant staff should seek advice from their GP if they have no history of having chickenpox. Severe infection may occur in vulnerable children
German Measles	6 days from onset of rash	Preventable by immunisation (MMR x2 Doses). Pregnant advice need to seek advice from their GP.
Impetigo	Until sores are crusted or healed or until 48 hours after antibiotic treatment has started	
Measles	4 days from onset of rash	Preventable by MMR x2 Doses. Pregnant staff should seek advice from GP, severe infection may occur in vulnerable children
Ringworm	Exclusion not usually required	Treatment is required
Scabies	Child can return after first treatment	Two treatments 1 week apart for cases, people who have been in contact with child should have treatment include the entire household and other close contacts
Scarlet fever	24 hours after commencing antibiotics	
Slapped cheek syndrome	None	Pregnant staff should seek advice from a GP
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox. Pregnant staff should seek advice from GP
<b>OTHER INFECTIONS</b>		
Conjunctivitis	None	
Diphtheria	Exclusion will apply contact a professional	Preventable by vaccination
Glandular fever	If unwell	
Head lice	None	Treatment is recommended only in cases where live lice have been seen, close contacts should be checked and treated. Regular detection should be carried out by parents
Hepatitis A or E	Exclude until 7 days after jaundice (or 7 days after onset of symptoms)	
Hepatitis B and C	None	
Meningococcal meningitis / septicaemia	Until recovered	Meningitis C is preventable by vaccination; there is no reason to exclude siblings and other close contacts of the case.
Meningitis * due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case
Meningitis viral	Until recovered	Milder illness. There is no reason to exclude siblings and other close contacts of the case
Mumps	Five days from onset of swollen glands	Preventable by vaccination (MMR *2 Doses)
Threadworms	None	Treatment is required for child and all household contacts

Reviewed and up dated 011/08/2018