

Exclusion Criteria for Illness

Main points:

- Any child who is unwell should not attend regardless of whether they have a confirmed infection
- Children with diarrhoea and/or vomiting should be excluded until they have no symptoms for 48 hours following their last episode
- Children with unexplained rashes should be considered infectious until assessed by a doctor
- Contact a member of the HPT if required for advice and always if an outbreak is expected

Infection or symptoms	Recommended Exclusion	Comments
Chickenpox (Varicella Zoster).	Until all vesicles have crusted over (usually 5 days).	Pregnant staff should seek advice from their GP if they have no history of having the illness.
German measles (rubella).	6 days from onset of rash.	Preventable by immunisation.
Pregnant staff should seek advice from their GP.		
Hand Foot and Mouth (coxsackie).	None.	If a large number of Children affected contact HPT as exclusion may be required.
Impetigo (Streptococcal Group A skin infection).	Until lesions are crusted or healed or 48hours after starting antibiotics .	Antibiotics reduce the infectious period.
Measles.	4 days from onset of rash.	Preventable by immunisation.
Pregnant staff should seek advice from their GP.		
Scabies.	Until first treatment has been completed.	2 treatments are required including treatment for close contacts.
Scarlet fever.	Child can return 24 hours after starting appropriate antibiotic treatment.	Antibiotic treatment is recommended for the affected child.
Slapped cheek/fifth disease. Parvovirus B19.	None (once rash has developed).	
Shingles.	Exclude only if rash is weeping and	Can cause chickenpox in those who are not immune, ie have not had
Warts and verrucae.	None.	Verrucae should be covered in swimming pools, gymnasiums and
Diarrhoea and/or vomiting.	48 hours from last episode of diarrhoea or vomiting.	
<i>E. coli</i> O157 VTEC Typhoid and paratyphoid (enteric fever)	Should be excluded for 48 hours from the last episode	Further exclusion is required for children aged five years or younger
Flu (influenza).	Until recovered.	
Whooping cough (pertussis).	Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment.	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks.

Infection or symptoms	Recommended Exclusion	Comments
Conjunctivitis.	None .	
Diphtheria.	Exclusion is essential.	Family contacts must be excluded until cleared to return by your local HPT. Preventable by vaccination.
Glandular fever.	None.	
Head lice.	None.	Treatment is recommended only in cases where live lice have been seen.
Meningococcal meningitis/ septicaemia.	Until recovered.	Meningitis C is preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts.
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 a case. Contact tracing is not required.
Mumps.	Exclude child for five days after onset of swelling.	Preventable by vaccination (MMR x2 doses).
Threadworms.	None.	Treatment is recommended for the child and household contacts.
Tonsillitis.	None.	There are many causes, but most cases are due to viruses and do not need an antibiotic.