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Infection control and exclusion

This policy is based on advice from the document Guidance on infection control in schools and other childcare settings published by Public Health England September 2014 and can be accessed at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/353953/Guidance_on_infection_control_in_schools_11_Sept.pdf

We have highlighted the most common infections on each chart. This list is not exhaustive and we will always consult with Public Health England on recommended courses of action and exclusion periods where necessary.

In addition to the exclusion periods we take good hygiene practices very seriously and have vigorous hand washing, cleaning and the wearing of personal protective equipment during close contact with children.

Rashes and skin infections

Children with unexplained rashes should be considered infectious and assessed by their doctor.

Infection or complaint	Recommended period to keep away from childcare setting	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chickenpox	Until all spots have crusted over	Chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage of exposure. The GP and antenatal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles
Cold sores	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles	Four days from the onset of the rash	Preventable by immunisation. German measles (rubella). If a pregnant woman comes into contact with German measles she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy

Hand, foot and mouth	None	Exclusion may be considered if large numbers of children become affected
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles	Four days from onset of the rash	Preventable by vaccination. Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola	None	None
Scabies	Children can return after first treatment	Household and close contacts require treatment
Scarlet fever	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child
Slapped cheek	None (once rash has developed)	Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly
Shingles	Exclude only if rash is weeping and cannot be covered up	Can cause chickenpox in those who are not immune. It is spread by very close contact and touch
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Diarrhoea and vomiting illness

Infection or complaint	Recommended period to be kept away from childcare setting	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
E. coli	Until child has evidence from the doctor of microbial clearance.	Doctor's clearance must be given before returning to childcare setting

Respiratory infections

Infection or complaint	Recommended period to be kept away from childcare setting	Comments
Flu	Until recovered	
Tuberculosis	Consultation must be sought from your local Public Health England centre	Requires prolonged contact for spread
Whooping cough	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

Other infections

Infection or complaint	Recommended period to be kept away from childcare setting	Comments
Antibiotic treatment	24 hours	For the first dose of a new treatment period of any antibiotics children should be kept at home to ensure no allergic reactions occur. Allergic reactions can develop even if the child has had the same type of antibiotics before
Conjunctivitis	None	
Glandular fever	None	
Head lice	None	Treatment is recommended only when live lice have been seen
Threadworms	None	Treatment is recommended for the child and household contacts

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