

Appendix 3 – Exclusion criteria for childcare and childminding settings

Recommended time to be kept away from childcare and childminding

If you have any questions please contact your local Health protection Team (HPT)

Name Public Health Team - Or call

Telephone Number 0141 201 4917

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
1. Rashes/ skin infections		
Athletes foot.	None.	Not serious infection child should be treated.
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.
Cold sores (herpes simplex).	None.	Avoid kissing and contact with the sore.
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.		
Molluscum contagiosum.	None	Self limiting condition..
Ringworm.	Not usually required unless extensive.	Treatment is required.
Roseola.	None.	None
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 cannot be covered.	Can cause chickenpox in those who are not immune, ie have not had chickenpox. It is spread by very close contact and touch.
Warts and verrucae.	None.	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.

2. Diarrhoea and vomiting illness

Diarrhoea and/or vomiting.	48 hours from last episode of diarrhoea or vomiting.	
<i>E. coli</i> O157 VTEC Typhoid and paratyphoid (enteric fever) <i>Shigella</i> (dysentery).	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting.	Further exclusion is required for children aged five years or younger and those who have difficulty in adhering to hygiene practices.
Cryptosporidiosis.	Exclude for 48 hours from the last episode of diarrhoea.	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled.

3. Respiratory infections

Flu (influenza).	Until recovered.	
Tuberculosis.		Requires prolonged close contact for spread until no longer infectious.
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.

4. Other infections

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.
Hepatitis A.	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice).	
Hepatitis B, C, HIV/AIDS.	None.	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact.
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.
MRSA.	None.	Good hand hygiene and environmental cleaning.
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.

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