

The Federation of Spixworth Schools



EXCLUSION TABLE FOR INFECTION CONTROL



Spixworth Infant School
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| Rashes and skin infections | Recommended period to be kept away from school, nursery or childminder | Comments |
|---|---|---|
| Athlete's foot | None | Athlete's foot is not a serious condition. Treatment is recommended |
| Chickenpox | Until all vesicles have crusted over | See: Vulnerable children and female staff – pregnancy |
| Cold sores (Herpes simplex) | None | Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting |
| German measles (Rubella) | Four days from onset of rash | Preventable by immunisation (MMR x 2 doses). See: Female staff – pregnancy |
| Hand, foot and mouth | None | Contact the duty room if a large number of children are affected. |
| Impetigo | Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment | Exclusion may be considered in some circumstances |
| Measles | Four days from onset of rash | Preventable by immunisation (MMR x 2 doses). See: Vulnerable children and female staff – pregnancy |
| Molluscum contagiosum | None | A self-limiting condition |
| Ringworm | Exclusion not usually required | Treatment is required |
| Roseola (infantum) | None | None |
| Scabies | Child can return after first treatment | Household and close contacts require treatment |
| Scarlet fever | Child can return 24 hours after commencing appropriate antibiotic treatment | Antibiotic treatment recommended for the affected child. If more than one child has scarlet fever contact PHA duty room for further advice |
| Slapped cheek (fifth disease or parvovirus B19) | None once rash has developed | See: Vulnerable children and female staff – pregnancy |
| Shingles | Excluded only if rash is weeping and cannot be covered | Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact the duty room. See: Vulnerable children and female staff – pregnancy |
| Warts and verrucae | None | Verrucae should be covered in swimming pools, gymnasiums and changing rooms. |

| Respiratory Infections | Recommended period to be kept away from school, nursery or childminder | Comments |
|----------------------------|--|---|
| Flu (influenza) | Until recovered | See: vulnerable children |
| Tuberculosis | Always consult the duty room | Requires prolonged close contact for spread |
| Whooping cough (pertussis) | 48 hours from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment | Preventable by vaccination. After treatment |
| Cough and/or cold | None | Good hygiene, in particular handwashing is important. |
| COVID - 19 | See: Government guidance | See: Government guidance |



| Diarrhoea and vomiting illness | Recommended period to be kept away from school, nursery or childminder | Comments |
|---|--|--|
| Diarrhoea and/or vomiting | 48 hours from last episode of diarrhoea or vomiting | |
| E Coli O157 | Should be excluded for 48 hours from the last episode of diarrhoea | Further exclusion is required for young children under five and those who have difficulty in adhering to hygiene practices |
| Typhoid [and paratyphoid] (enteric fever) | Further exclusion may be required for some children until they are no longer excreting | Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts of cases who may require microbiological clearance |
| Shigella (dysentery) | | |
| Cryptosporidiosis | Exclude for 48 hours from the last episode of diarrhoea | Exclusion from swimming is advisable for two weeks after the diarrhoea has settled |

| Other Infections | Recommended period to be kept away from school, nursery or childminder | Comments |
|--|--|--|
| Conjunctivitis | None | If an outbreak/cluster occurs, consult the duty room |
| Diphtheria | Exclusion is essential. | Family contacts must be excluded until cleared to return by the duty room. Preventable by vaccination |
| Glandular fever | None | |
| Head lice | None | Treatment is recommended only in cases where live lice can be seen |
| Hepatitis A | | The duty room will advise on any vaccination or other control measure that are needed for close contacts of a single case of hepatitis A and for suspected outbreaks |
| Hepatitis B, C, HIV, Aids | None | Hepatitis B & C & HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills |
| Meningococcal meningitis / septicaemia | | Some forms of meningococcal disease are 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 contacts |
| Meningitis due to other bacteria | | Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case |
| Meningitis viral | None | Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required |
| MRSA | None | Good hygiene, in particular handwashing and environmental cleaning are important to minimise any danger of spread. |
| Mumps | | Preventable by vaccination (MMR x 2 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 |