

Information on infections control in child care services

Illness	Recommended period to be kept away from nursery	Comment
Diarrhoea and /or vomiting	48 hours from last episode of diarrhoea or vomiting (48 hrs rule applies)	Exclusion from swimming should be for 2 weeks following last episode of diarrhoea.
E. Coli 0157 VTEC	Exclusion is important for some children. Always consult with HPU.	Exclusion applies to young children and those who may find hygiene practices difficult to adhere to. Local HPU will advise. Exclusion from swimming should be for 2 weeks following last episode of diarrhoea.
Typhoid (and paratyphoid) (Enteric fever)	Exclusion is important for some children. Always consult with HPU.	Exclusion applies to young children and those who may find hygiene practices difficult to adhere to. Local HPU will advise. Exclusion from swimming should be for 2 weeks following last episode of diarrhoea.
Shigella (Dysentery)	Exclusion may be necessary.	Exclusion (if required) applies to young children and those who may find hygiene practice difficult to adhere to. Local HPU will advise. Exclusion from swimming should be for 2 weeks following last episode of diarrhoea.

Respiratory infections

Illness	Recommended period to be kept away from nursery	Comment
Flu (influenza)	Until recovered.	SEE: Vulnerable children.
Tuberculosis	Always consult with HPU	Not usually spread from children. Requires quite prolonged, close contact for spread
Whooping cough (pertussis)	Five days from commencing 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. HPU will organise any contact tracing necessary.

Rashes/Skin

Illness	Recommended period to be kept away from nursery	Comment
Athletes foot	None	Athletes foot is not a serious condition. Treatment is recommended.
Chicken pox	5 days from onset of rash. Or till spots are all scabbed over	SEE: Vulnerable children and female staff- pregnancy.
Cold sores, (herpes simplex)	None	Avoid kissing and contact with sores. Cold sores are generally a mild self- limiting disease.
German Measles (rubella)	5 days from onset of rash.	Preventable by immunisation (MMR x 2 doses) SEE: female staff- pregnancy.
Molluscum contagiosum	None.	A self-limiting condition.
Ringworm	Until treatment commenced.	Treatment is important and is available from pharmacist. N.B. for ringworm of scalp treatment by GP is required. Also check and treat symptomatic pets
Roseola (infantum)	None.	None.
Scabies	Child can return after first treatment depending on nursery policy	Two treatments 1 week apart for cases. Contacts should have one treatment: include the entire household and any other very close contacts. If further information is required contact your local HPU.
Scarlet fever	5 days after commencing antibiotics.	Antibiotic treatment recommended for the affected child.
Slapped cheek/ fifth disease. Parvovirus B19	None.	SEE: Vulnerable children and female staff- pregnancy
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chicken pox in those who are not immune i.e. have not had chicken pox. It is spread by very close contact and touch. If further information is required contact your local HPU. SEE: vulnerable children and female staff – pregnancy.
Warts and verrucae	None.	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.

Other infections

Illness	Recommended period to be kept away from nursery	Comment
Conjunctivitis	None, Check nursery policy	If an outbreak/ cluster occurs consult HPU.
Diphtheria	Exclusion is important, always consult with HPU.	Preventable by vaccination. HPU will organise any contact tracing necessary.
Glandular fever	None.	About 50% of children get the disease before they are five and many adults also acquire the disease without being aware of it.

Other infections

Illness	Recommended period to be kept away from nursery	Comment
Head lice	None.	Treatment is recommended only in cases here live lice have definitely been seen. Close contacts should be checked and treated if live lice are found. Regular detection (combing) should be carried out by parents.
Hepatitis A	Exclusion may be necessary always consult with HPU.	Good personal and environmental hygiene will minimise any possible danger of spread of hepatitis A. SEE: Cleaning up body fluid spills and PPE information below.
HIV/AIDS	None	HIV is not infectious through casual contact. There have been no reordered cases of spread within a school or nursery. Good hygiene will minimise any possible danger of spread of HIV. SEE: cleaning up body fluid spills and PPE information below.
Meningococcal meningitis/ septicaemia	Until recovered	Meningitis C is preventable by vaccination. There is no reason to exclude siblings and other close contacts of a case. The HPU will give advice on any action needed and identify contacts required antibiotics.
Meningitis due to other bacteria	Until recovered.	Hib meningitis and pneumococcal meningitis preventable by vaccination. There is no reason to exclude siblings and other close contacts of a case. Always

		contacts the HPU who will give advice on any action needed and identify contacts requiring antibiotics.
Meningitis viral	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contacts tracing is not required.
MRSA	None	Good hygiene, in particular hand washing and environmental cleaning, are important to minimise any danger of spread. If further information is required contact your local HPU.
Mumps	Five days from onset of swollen glands	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.