



Illness and Exclusion Policy

Condition / Illness	Time that your child may not attend Shofar from the onset of illness	Notes
Diarrhoea and/or vomiting	48hrs from the last bout of sickness or diarrhoea	A longer period may be appropriate for children under 5yrs. Usually there is no specific treatment or diagnosis.
Salmonella	Advice should be sought from Communicable Disease Control	
Chicken Pox	5 days from the onset of the rash	Exclusion may be longer if spots have not healed or crusted over
Cold Sores/Herpes simplex	None	
German Measles (Rubella)	5 days from the onset of the rash	Children are most infectious before the onset of the rash: most children are immune due to immunisation.
Measles	5 days from the onset of the rash	Due to immunisation measles is now rare in the UK
Hand Foot and Mouth	Usually none unless blisters on hands and feet or in the mouth	If child has blisters an exclusion period of between 4-8 days will apply
Impetigo	Until lesions are crusted or healed	Antibiotic treatment required
Ringworm	Until the child has received treatment from GP	Treatment from your GP is important
Roseola	None	Usually a mild illness
Scabies	Until treatment received	Child can return after treatment from GP, all people in household should be treated
Scarlett Fever	5 days after commencement of antibiotics	Treatment by GP is important
Slapped Cheek (Fifth disease Parvovirus)	None	Usually infectious before child becomes unwell
Flu	48 hours	Flu is most infectious at onset of symptoms
Whooping Cough	5 days from antibiotic treatment	Antibiotic treatment recommended, non infectious coughing may continue for many weeks
Tuberculosis	Communicable Disease Control will advise	
Conjunctivitis	24 hours from commencement of treatment by GP	

Head lice	Until hair has been treated	Treatment only recommended in cases where live lice have definitely been seen. Treatment recommended for the whole family
Hepatitis A	5 days from the onset of jaundice or stools going pale	
Mumps	5 days from swollen glands	Child most infectious before diagnosis made, most children should be immune due to immunisation
Thread Worms	None	Treatment recommended, transmission uncommon
Tonsilitis	None	Usually due to a virus, antibiotics not usually required. Antibiotics required for streptococcal
Meningococcal meningitis/septicaemia	Communicable Disease Control will advise	
Meningitis not due to Meningococcal infection		Once child is well and risk of infection is gone
HIV/AIDS		HIV is not infectious through casual contact
Hepatitis B and C		More infectious than HIV

Females – Pregnancy

Some infections, if caught by a pregnant woman, can pose a danger to the unborn child. You should contact your GP or ante natal carer to check your immunity if you come into contact with chicken pox, slapped cheek disease (parvovirus) or German Measles (Rubella)

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S Lee

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