



## Illness and Exclusion Policy

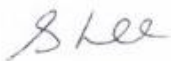
<b>Condition / Illness</b>	<b>Time that your child may not attend Shofar from the onset of illness</b>	<b>Notes</b>
Chicken Pox	5 days from the onset of the rash	Exclusion may be longer if spots have not healed or crusted over
Cold Sores/Herpes simplex	None	
Conjunctivitis	Return after green puss/ red eye has gone.	
COVID-19	All children and staff travelling to England must adhere to <a href="#">travel legislation</a> , details of which are set out on the Government website. Parents and carers should bear in mind the impact on their child's learning and development which may result from any requirement to quarantine or isolate upon return. Children who are aged under 5 years old who are identified as close contacts must take a PCR test.	If a member of a child's household has tested positive with COVID-19, the child must take a PCR test on day 6 (day of household member contracting Covid is day 0), which must be negative before returning to nursery.
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.
Flu	Until recovered	
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.
Hand Foot and Mouth	5 days from the onset of symptoms	If child still has blisters after this period, they may return to nursery.
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	
Hepatitis B and C		More infectious than HIV
HIV/AIDS		HIV is not infectious through casual contact
Impetigo	Until lesions are crusted or healed	Antibiotic treatment required
Measles	5 days from the onset of the rash	Due to immunisation measles is now rare in the UK
Meningitis not due to Meningococcal infection	Once child is well and risk of infection is gone	
Meningococcal meningitis/septicaemia	Communicable Disease Control will advise	

Mumps	5 days from swollen glands	Child most infectious before diagnosis made, most children should be immune due to immunisation
Ringworm	Until the child has received treatment from GP	Treatment from your GP is important
Roseola	None	Usually a mild illness
Salmonella	Advice should be sought from Communicable Disease Control	
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
Thread Worms	None	Treatment recommended, transmission uncommon
Tonsillitis	None	Usually due to a virus, antibiotics not usually required. Antibiotics required for streptococcal
Tuberculosis	Communicable Disease Control will advise	
Whooping Cough	5 days from antibiotic treatment	Antibiotic treatment recommended, non-infectious coughing may continue for many weeks

#### 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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