



## Illness and Exclusion Policy

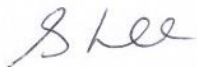
Please be aware that even if your child's illness is not included in the below table, if your child is ill enough for you to need to give them Paracetamol (Calpol) or Nurofen, they are not well enough to come to nursery. Children need to be well enough to enjoy and participate in a busy and stimulating nursery day. If a child is unwell, the best place for them to be is at home, where they can be cared for by a parent/ familiar carer and closely monitored.

| <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   | Staff must cover cold sores on mouth, for instance with invisible Compeed plasters.   |
| Conjunctivitis                                | Return after green puss/ red eye has gone.   |   |
| COVID-19                                      | If a child tests positive, they need to isolate from the day they get symptoms or test positive, and for the next 3-5 days. They can only return once they are fully well and have no temperature. | If a member of Shofar staff tests positive, they need to isolate from the day they get symptoms or test positive and the next 5 days. |
| Diarrhoea and/or vomiting                     | 48 hours 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                           | 2 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 recommended for the whole family  |
| Hepatitis A                                   | 7 days from the onset of jaundice or stools going pale   |   |
| Hepatitis B and C                             | None   | More infectious than HIV  |
| HIV/AIDS                                      | None   | HIV is not infectious through casual contact  |
| Impetigo                                      | Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment.  | Antibiotic treatment required. Sores must be covered until crusted or healed, if not responding to antibiotics after 48 hours.        |
| 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   |   |

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|---|---|---|
| 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  |
| Temperatures/ Fevers (continuous temperature of 38 degrees or more) | 24 hours from the last temperature or fever                           | In the case of babies teething, we may be flexible, but this is at the discretion of the Head and Deputy.<br>We can give herbal pain relief for teething. |
| 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  | 2 days from antibiotic treatment, or 21 days if no antibiotics given. | 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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