

NHS Guidelines 2017

<i>Infection or complaint</i>	<i>Recommended period to be kept away from school, nursery or childminders.</i>	<i>Comments</i>
Chickenpox	Until all vesicles have crusted over	See: Vulnerable Children and Female Staff – Pregnancy
German measles (rubella)*	Four days from onset of rash (as per “Green Book”)	Preventable by immunisation (MMR x2 doses). See: <i>Female Staff – Pregnancy</i>
Hand, foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x2). See: <i>Vulnerable Children and Female Staff – Pregnancy</i>
Ringworm	Exclusion not usually required	Treatment is required
Scabies	Child can return after first treatment	Child can return after first treatment
Scarlet fever*	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child
Slapped cheek/fifth disease.	None (once rash has developed)	See: <i>Vulnerable Children and Female Staff – Pregnancy</i>
Shingles	Exclude 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 your local PHE centre.
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
Tuberculosis*	Always consult your local PHE centre	Requires prolonged close contact for spread
Whooping cough* (pertussis)	Five days from starting 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.
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local PHE centre
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organise any contact tracing necessary
Glandular fever	None	In an outbreak of hepatitis A, your local PHE centre will advise on control measures
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	
Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact.
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis C is 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

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		antibiotics with or without meningococcal vaccination to close school contacts.
Meningitis* due to other bacteria	Until recovered	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*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There's no specific treatment for tonsillitis and most cases get better within a week without treatment. Tonsillitis isn't usually a serious condition. You only need to see your GP if symptoms last longer than four days and don't show any signs of improvement or are severe for example, if you're unable to eat or you have difficulty breathing.