



Essex After School Clubs

Infectious and Communicable Diseases Policy

Infectious and Communicable Diseases

Essex After School Clubs is committed to the health and safety of all children and staff who play, learn and work here. As such, it will sometimes be necessary to require a poorly child to be collected early from a session or be kept at home while they get better.

In accordance with the procedures set out in the Health, Illness and Emergency policy, parents/carers will be notified immediately if their child has become ill and needs to go home. Children who are unwell will be comforted, kept safe and under close supervision until they are collected.

If a child has had to go home prematurely due to illness, they should remain at home until they are better, or according to the times set out in the table below. If a member of staff becomes ill at work, similar restrictions on their return will apply.

(EYFS Requirement: 3.44-The provider must have a procedure, discussed with parents and/or carers, for responding to children who are ill or infectious, take necessary steps to prevent the spread of infection, and take appropriate action if children are ill.)

If a child or member of staff becomes ill outside Club hours, they should notify the Club as soon as possible. The minimum exclusion periods outlined in the table below will then come into operation.

If any infectious or communicable disease is detected on the Club's premises, the Club will inform parents/carers personally in writing as soon as possible. The Club is committed to sharing as much information as possible about the source of the disease and the steps being taken to remove it. The Local Authority will also be informed of any infectious or communicable diseases discovered on the Club's premises.

Head lice

When a case of head lice is discovered at the Club, the situation will be handled carefully and sensitively. The child concerned will not be isolated from other children, and there is no need for them to be excluded from activities or sessions at the Club.

When the child concerned is collected, their parent/carer will be informed in a sensitive manner.

Other parents/carers will be informed as quickly as possible in writing, including advice and guidance on treating head lice.

Staff should check themselves regularly for lice and treat whenever necessary.

Antibiotics: If a child has not had a medication before, it is advised that the parents keep the child at home for the first 24 hours to ensure that there are no adverse reactions to the medication.

Rashes and skin infections		
Children with rashes should be considered infectious and assessed by their doctor		
Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox	Until all vesicles have crusted over	<i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
Conjunctivitis	None	Public Health England advises that you do not need to stay away from work or school if you or your child has conjunctivitis, unless you are feeling particularly unwell.- However if an outbreak/cluster occurs, consult your local PHE centre.
German measles (rubella)*	Four days from onset of rash (as per "Green Book")	Preventable by immunisation (MMR x2 doses). <i>See: 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). <i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require 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. Parvovirus B19	None (once rash has developed)	See: Vulnerable Children and Female Staff – Pregnancy
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune, ie have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. See: Vulnerable Children and Female Staff – Pregnancy
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Diarrhoea and vomiting illness

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
<i>E. coli</i> O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting	Further exclusion is required for children aged five years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

Respiratory infections

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza)	Until recovered	<i>See: Vulnerable Children</i>
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. Your local PHE centre will organise any contact tracing necessary

Other Infections

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
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	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local PHE centre will advise on control measures
Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills see: Good Hygiene Practice
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 antibiotics with or without

		meningococcal vaccination to close school contacts. Your local PHE centre will advise on any action is needed
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. Your local PHE centre will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
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 are many causes, but most cases are due to viruses and do not need an antibiotic

Source: *Guidance on infection control in schools and other childcare settings*, Public Health England, (2016)

This list is not necessarily exhaustive, parents and staff are encouraged to contact local health services if they are in any doubt.