



Promoting the good health for every child is very important.

Please see below our exclusion guidelines to keep our children, families and staff healthy.

At times we may need to adjust or adapt these guidelines and will keep you informed of any changes.

Infection	Exclusion period	Comments
Chickenpox	At least 5 days from onset of rash and until all blisters have crusted over.	Pregnant staff contacts should consult with their GP or midwife.
Cold Sores (Herpes Simplex)	None	Avoid kissing and contact with the sores.
Conjunctivitis	None	If an outbreak or cluster occurs, contact your local UKHSA health protection team .
Diarrhoea and Vomiting	Individuals can return 48 hours after diarrhoea and vomiting have stopped.	If a particular cause of the diarrhoea and vomiting is identified, there may be additional exclusion advice, for example E. coli STEC and hep A.
Diphtheria*	Exclusion is essential. Always contact your local UKHSA health protection team .	Preventable by vaccination. For toxigenic Diphtheria, only family contacts must be excluded until cleared to return by your local UKHSA health protection team .
Flu (influenza) or Influenza like illness	Until recovered	Report outbreaks to your local UKHSA health protection team . For more information, see Managing outbreaks and incidents .
Glandular Fever	None	
Hand Foot and Mouth	3 days (until blisters have scabbed over)	Contact your local UKHSA health protection team if a large number of children are affected.. We reserve the right to extend this exclusion at any time we need to.
Head Lice	None	Please treat before child returns.
Hepatitis A	Exclude until 7 days after onset of jaundice (or 7 days	In an outbreak of hepatitis A, your local UKHSA health protection team will advise on control measures.

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	after symptom onset if no jaundice).	
Hepatitis B, C, HIV	None	<p>Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact.</p> <p>Contact your local UKHSA health protection team for more advice.</p>
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period.
Measles	4 days from onset of rash and well enough.	<p>Preventable by vaccination with 2 doses of MMR.</p> <p>Promote MMR for all individuals, including staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.</p>
Meningococcal Meningitis* or Septicaemia*	Until recovered	<p>Meningitis ACWY and B are preventable by vaccination.</p> <p>Your local UKHSA health protection team will advise on any action needed.</p>
Meningitis* due to other bacteria	Until recovered	<p>Hib and pneumococcal meningitis are preventable by vaccination.</p> <p>Your local UKHSA health protection team will advise on any action needed.</p>
Meningitis Viral	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
Mpox	Until confirmed safe to return by their clinician or in line with any current guidance .	Contact your UKHSA health protection team for further advice on management and support for anyone considered a close contact of the confirmed case.
MRSA	None	<p>Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread.</p> <p>Contact your local UKHSA health protection team for more information.</p>
Mumps*	5 days after onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff.
Ringworm	Not usually required	Treatment is needed.

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Rubella* (German Measles)	5 days from onset of rash	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Scabies	None (to avoid close physical contact with others until 24 hours after the first dose of chosen treatment). Those unable to adhere to this advice (such as under 5 years or additional needs), should be excluded until 24 hours after the first dose of chosen treatment.	Household and close contacts require treatment at the same time.
Scarlet Fever*	Exclude until 24 hours after starting antibiotic treatment.	Individuals who decline treatment with antibiotics should be excluded until resolution of symptoms. In the event of 2 or more suspected cases, please contact your local UKHSA health protection team .
Slapped Cheek/Fifth disease/Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child and household.
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment.
Tuberculosis* (TB)	<p>Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB).</p> <p>Exclusion not required for non-pulmonary or latent TB infection.</p> <p>Always contact your local UKHSA health protection team before disseminating information to staff, parents and carers, and students.</p>	<p>Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread.</p> <p>Your local UKHSA health protection team will organise any contact tracing.</p>

Infection	Exclusion period	Comments
Warts and Verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms.
Whooping Cough (pertussis)*	2 days from starting antibiotic treatment, or 14 days from onset of coughing if no antibiotics and feel well enough to return.	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local UKHSA health protection team will organise any contact tracing.