

**Contagious Diseases Policy**

When children first attend Pre-school, parents and carers may find that they are prone to coughs and colds. Whilst this is normal and we do not exclude children who may just have a runny nose or cough, we would appreciate parents’ co-operation in ensuring that children are fit to attend Pre-school and cope with the day’s activities.

If your child becomes ill whilst in our care we will inform parents/carers immediately and they will be required to collect/arrange collection of their child straight away. Once they are well again they can return to Pre-school unless they pose a risk of infection to others, in which case they should remain at home and will not be allowed at Pre-school. When the risk of infection has passed and the child is well they can return to Pre-school.

Ofsted should be notified of any child having meningitis or the outbreak on the premises of any notifiable disease identified as such in the Public Health (Control of Disease) Act 1984 or because the notification requirement has been applied to them by regulations (the relevant regulations are the Public Health (Infectious Diseases) Regulations 1988).

The attached chart gives some quick guidance on the control of the commoner and more important infections that may be encountered in Pre-school. It is not intended to act as a guide to diagnosis and this should only be undertaken by an appropriately qualified health professional.

The Manager and Chairperson are responsible for monitoring and evaluating the policy.

Reviewing the Contagious Diseases Policy: The Chairperson is responsible for overseeing the annual review.

**The Lavington Pre-school Contagious Diseases Policy will be reviewed on:**

**Date: ……………………………………………….… Signed: ……………………………………………………………**

**Name: ……………………………………………….. Post: ………………………………………………………………..**

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| **Rashes and Skin** | **Recommended period to be kept away from Pre-school (after treatment/once child is well)** | **Comments** |
| Athletes Foot | None |  |
| Chickenpox | For 5 days from onset of rash | It is not necessary to wait until spots have healed or crusted. |
| Cold Sores (Herpes Simplex Virus) | None | Many healthy children and adults excrete this virus at some time without having a ‘sore’. |
| German Measles (Rubella)\* | 6 days from onset of rash | The child is most infectious before the diagnosis is made and most children should be immune due to immunisation so that exclusion after the rash appears will prevent very few cases. |
| Hand, Foot and Mouth Disease | None | Usually a mild disease not justifying time off school. |
| Impetigo | Until lesions are crusted or healed or 48 hours after commencing antibiotics | Antibiotic treatment by mouth may speed healing. If lesions can reliably be kept covered exclusion may be shortened. |
| Measles\* | 4 days from onset of rash | Measles is now rare in the UK. |
| Molluscum Contagiosum | None | A mild condition. |
| Ringworm (Tinea) | None | Proper treatment by a GP is important. Scalp ringworm needs treatment with an antifungal by mouth. |
| Roseola | None | A mild illness usually caught from well persons. |
| Scabies | Until treated | Child can return as soon as properly treated. This should include all persons in the household. |
| Scarlet Fever\* | 24 hours. | Treatment recommended for the affected child. |
| Slapped Cheek or Fifth Disease (Parvovirus) | None | Exclusion is ineffective as nearly all transmission takes place before the child becomes unwell. |
| Warts and Verrucae | None |  |

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