



BBUFA Crèche Health and Infectious Diseases Policy

Parents are unable to access the crèche if their child has an infectious disease or has had vomiting and diarrhoea within the last 48 hours. A list of infectious diseases is attached.

Should a child become ill during a crèche session it is our policy is to ask the parent to collect their child. This is to ensure that the child has their needs met in the most appropriate setting and to protect other children and adults from the risk of infection.

- Any member of the crèche team suspecting a child is unwell or contagious must report this to the crèche team leader.
- A member of staff will make sure the child is as comfortable as possible away from other children.
- The crèche team leader will contact the parent to come to the crèche room and take the child home.
- Parents will be required to keep children at home if they have an infectious disease or vomiting and diarrhoea. Children who have been suffering from vomiting and diarrhoea are not able to be accepted in the crèche until at least 48 hours after the last case of illness – this includes children of workers and volunteers.
- Ofsted will be notified of any child suffering from a serious illness or notifiable disease.

Disease	How long is the incubation period	Incubation period	Period of exclusion
Campylobacter	1-10 days (average is 3-5 days)	While diarrhoea persists	Until 48 hours after diarrhoea stops
Chickenpox/Shingles	11-21 days (average is 15-18 days)	2 days before rash appears to 5 days from onset of rash	5 days from onset of rash. (Shingles exclude only if rash is weeping and cannot be covered)
Cold Sores (Herpes Simplex Virus)	1 to 6 days	2 to 12 days	Exclusion not required.
Conjunctivitis	Depends on cause	While eye is red and discharging up to 2 weeks for viral causes	Until eyes have recovered and discharge has stopped
Cryptosporidium	1-28 days (average 7-10 days)	While diarrhoea persists	Until 48 hours after diarrhoea stops
Diarrhoea and vomiting (Gastroenteritis) including norovirus	4 hours- 4 days	Varies according to virus	Until 48 hours symptom free.
Diphtheria	2 to 5 days	While the organism is present in the throat or skin lesions	Seek advice from CCDC in the HPU team
Dysentery (Shigella)	1 to 7 days (average 12-96 hours)	While diarrhoea persists	Seek advice from CCDC for high risk groups. Generally exclude until 48 hours after diarrhoea stops.
E.coli 0157	1 to 6 day (average 3-4 days)	Whilst diarrhoea persists (asymptomatic carriage is known)	CCDC will advise when the ill person or household contacts can return
Fifth Disease (Slapped Cheek Syndrome or Erythema Infectiosum)	4-20 days (average 13-18 days)	7 days before rash appears to onset of rash	No need to exclude
German Measles (Rubella)	14 to 21 days	From 7 days before to 5 days from onset of rash	An ill child should remain out of crèche sessions 5 days from onset of rash
Giardiasis	3-25 days (average 7-10 days)	While diarrhoea persists	Until 48 hours after diarrhoea stops
Glandular fever (infectious mononucleosis)	4-6 weeks	Until symptoms disappear. These usually resolve over 2 to 4 weeks followed by a gradual recovery	The child should not attend until clinically well
Hand, foot and mouth disease	3-5 days	3 days before rash appears to a few days later	No need to exclude
Head lice	7-10 days	Infectious for as long as there are live adult lice on the head	No need to exclude, but appropriate treatment is required promptly
Hepatitis A	15-50 days (average 28 days)	From 14 days before to 7 days after the appearance of the first symptom	7 days from onset of first symptom (e.g. jaundice) Continuing jaundice does not indicate infectivity

Hepatitis B	45-180 (usually 90 days)	As long as virus is present in blood	No need to exclude but appropriate treatment is required
Hepatitis C	14-42 days (usually 42 days)	Week or so before and variable period after the onset of symptoms	No need to exclude
Impetigo	4-10 days None	48 hours after antibiotic treatment or once the skin is dry	Until lesions crusted or healed. If lesion can be kept reliably covered exclusion period may be shortened.
Influenza (flu)	1-3 days	Day before illness to 3-5 days after onset of symptoms	Until child has recovered
Measles	8-13 days average 10 days	From a few days before to 5 days after the rash appears	5 days from appearance of rash and child is feeling fully recovered
Meningitis and meningococcal infection	Dependant on cause		Can return when clinically well. The CCDC will give advice on any action needed
Mumps	14-24 days	7 days before the onset of symptoms till 4 days after	5 days from onset of symptoms
Ringworm on scalp Ringworm on body	2-6 weeks	While active lesions still present	No need to exclude. Proper treatment from GP is important. Avoid contact with lesions.
Salmonella	6 hours -3 days	While diarrhoea persists	Until 48 hours after diarrhoea stops
Scabies	2 to 6 weeks before itching starts	While mites remain alive on host	Until course of treatment has been administered (usually 2 courses of treatment one week apart)
Scarlet Fever	2 to 5 days	While organism is present in nose, throat or skin lesion	2 days from commencement of antibiotics
Streptococcal A infections	2 to 5 days	While organism is present in nose, throat or skin lesion	2 days from commencement of antibiotics
Threadworms	2-6 weeks for completion of life cycle	Whilst eggs are being produced	No need to exclude. Treatment is necessary for children and their family
Tuberculosis	Variable usually 4-12 weeks	Whilst organism is present in the sputum	On advice from clinician or HPU
Whooping cough	5-10 days	Less than a week if treated with antibiotics and 21 days if not treated with antibiotics	5 days from commencement of antibiotics
Athletes foot			No reason for exclusion. Foot should be covered in barefoot activities. Treatment is available.