

This is minimum exclusion periods as recommended by the HSE. The Service may impose longer periods if it has a concern

| | |
|---|---|
| Chickenpox: | Those with chickenpox should be excluded from school/nursery until scabs are dry; this is usually 5-7 days after the appearance of the rash. |
| Conjunctivitis: | Exclusion is not generally indicated but in circumstances where spread within the nursery is evident or likely to occur (e.g. in the baby room), it may be necessary to recommend exclusion of affected children until they recover, or until they have had antibiotics for 48 hours. |
| Campylobacter: | Children who have had campylobacteriosis should be excluded until 48 hours after their first formed stool. |
| Coronavirus | Check the HSE's latest exclusion and isolation guidelines. 7 days after the first time the child tested positive for Covid. |
| Cryptosporidium: | Children who have had cryptosporidiosis should be excluded until 48 hours after their first formed stool. |
| Diarrhoea: | 48 hours from last episode. |
| Diphtheria: | Very specific exclusion criteria apply and will be advised on by the Department of Public Health. |
| Food poisoning: | Until authorised by GP. |
| Glandular Fever: | Exclusion is not necessary. |
| Haemophilus Influenzae Type B: (Hib) | Children with the disease will be too ill to attend the service. Contacts do not need to be excluded. |
| Hand, Foot and Mouth Disease: | While the child is unwell, he/she should be kept away from Service. If evidence exists of transmission within the day centre exclusion of children until the spots have gone from their hands may be necessary. |
| Head Lice: | Exclusion is not necessary [if treated] |



| | |
|--|---|
| Hepatitis A: (Yellow Jaundice, Infectious Hepatitis): | Recommended while the child feels unwell, or until 7 days after the onset of jaundice, whichever is the later. The Department of Public Health will give advice on exclusion for staff and children. |
| Hepatitis B: (Serum Hepatitis) | Children who develop symptoms will be too ill to be at school/nursery and families will be given specific advice about when their child is well enough to return. There is little evidence to suggest that these infections can be transmitted in day care settings, and therefore carriers without symptoms should not be kept away. Staff with hepatitis b can work as normal; exclusion is not required. |
| Impetigo: | Until lesions are crusted and healed, or 24 hours after commencing antibiotics. |
| Influenza and Influenza-like Illness: (Flu and ILI) | Children with suspected or confirmed influenza should remain at home for 7 days from when their symptoms began. In general persons with flu are infectious for 3-5 days after symptoms begin but this may be up to a week or more in children. Children should not re-attend their childcare facility until they are feeling better and their temperature has returned to normal. Contacts do not need to be excluded unless they develop ILI symptoms. |
| Living with HIV/AIDS: | Exclusion is not necessary. |
| Measles: | Exclude the child while infectious i.e. up to 4 days after the rash appears. Generally the child will be too ill to attend school/nursery. In addition Public Health may recommend additional actions, such as the temporary exclusion of unvaccinated siblings of a case or other unvaccinated children in the school / nursery who may be incubating measles. |
| Meningitis: | Children with the disease will be too ill to attend the Service. Contacts do not need to be excluded. |



| | |
|---|---|
| Meningococcal Disease: | Children with the disease will be too ill to attend the Service. Contacts do not need to be excluded. |
| Molluscum Contagiosum: | Exclusion is not necessary. |
| MRSA: (Meticillin-Resistant Staphylococcus aureus) | Children/infants known to carry staphylococcus aureus (including MRSA) on the skin or in the nose do not need to be excluded from the Child Care setting. Children who have draining wounds or skin sores producing pus will only need to be excluded from a Child Care setting if the wounds cannot be covered or contained by a dressing and/or the dressing cannot be kept dry and intact. |
| Mumps: | The child should be excluded for 5 days after the onset of swelling. |
| Norovirus: | Children who have been vomiting or have had diarrhoea should be excluded for 48 hours after resolution of their symptoms. |
| Pediculosis (lice): | Until appropriate treatment has been given |
| Pharyngitis/Tonsillitis: | If the disease is known to be caused by a streptococcal (bacterial) infection the child or member of staff should be kept away from the Service until 24 hours after the start of treatment. Otherwise, a child or member of staff should stay at home while they feel unwell. |
| Polio: | Very specific exclusion criteria apply and will be advised on by the Department of Public Health. |
| Poliomyelitis: | Until declared free from infection by GP |
| Pneumococcus: | Children with the disease will be too ill to attend the Service. Contacts do not need to be excluded. |
| Respiratory Syncytial Virus: | Children who have RSV should be excluded until they have no symptoms, and their temperature has returned to normal. Contacts do not need to be excluded. |
| Ringworm: | Parents should be encouraged to seek treatment. |



| | |
|--|---|
| | Children need not be excluded from school/nursery once they commence treatment. |
| Rubella: (German Measles) | For 7 days after onset of the rash and whilst unwell. |
| Salmonella: | Children who have had salmonellosis should be excluded until 48 hours after their first formed stool. |
| Scabies: | Not necessarily once treatment has commenced. |
| Scarlet fever: | Once a patient has been on antibiotic treatment for 24 hours they can return to the Service, provided they feel well enough. |
| Shigella (Dysentery): | Children who have had shigellosis should be excluded until 48 hours after their first formed stool. For certain more severe types of shigella infection, it is recommended that the case should be excluded until two consecutive negative faecal specimens, taken after the first normal stool at least 48 hours apart, have been obtained. Your local Department of Public Health can advise you on the type of shigella. |
| Shingles: | Those with shingles, whose lesions cannot be covered, should be excluded from school/nursery until scabs are dry. |
| Slapped Cheek Syndrome: | An affected child need not be excluded because he/ she is no longer infectious by the time the rash occurs. |
| Temperature: | Over 38 degrees |
| Tetanus: (Lockjaw) | Children with the disease will be too ill to attend the Service. Contacts do not need to be excluded. |
| Tuberculosis (TB): | Recommendations on exclusion depend on the particulars of each case, e.g., whether the case is "infectious" or not. The Department of Public Health will advise on each individual case. |
| Typhoid and Paratyphoid: | Very specific exclusion criteria apply; the local Department of Public Health will advise. |

