

PROTOCOLE OF DISEASES SUBJECT TO EVICTION

Eviction decision

Regardless of whether or not the illness is subject to eviction, children should not be kept in the collective during the acute phase of the illness.

The decision to temporarily exclude a child depends on:

- the child's clinical condition
- the infectious risk → according to several factors: transmissibility, contagiousness, virulence, existence or not of preventive measures (vaccines, antibiotics...)

This decision is the responsibility of the crèche's medical and paramedical team and must be conditioned by the child's comfort, particularly if the symptoms are severe.

Diseases requiring mandatory eviction

DISEASES	DURATION OF EVICTION
<i>Bacterial angina (Strepto A type)</i>	2 days after antibiotic treatment
<i>Bronchiolitis/Bronchitis</i>	Depending on the child's general condition
<i>Viral and bacterial conjunctivitis</i>	Return to creche possible after administering 2x antibiotic eye drops
<i>Whooping cough</i>	5 days after starting antibiotics
<i>Scabies</i>	3 days
<i>Gastroenteritis with E.coli/Shigella/Salmonella /Giardiasis/Campylobacter</i>	Return possible as soon as stools are soft or normal
<i>Impétigo</i>	No eviction if protected and small lesions Eviction if extensive lesions, from 72 hours after antibiotic treatment begins
<i>Mumps</i>	9 days from onset of parotitis
<i>Measles</i>	5 days after onset of rash
<i>Scarlet fever</i>	2 days after starting antibiotics
<i>Scalp lice</i>	Depending on the extent of lice proliferation and compliance with treatment
« Foot/hands/mouth »	No obligatory eviction, to be evaluated on the child's general condition
<i>Varicella/Zoster</i>	10 days
<i>All viral diseases and infections</i>	Eviction or not eviction of the child to be evaluated on a case-by-case basis