



Child Sickness Policy & Procedures

Children who are unwell should not come into the nursery or must be collected from the nursery earlier than usual and this will be decided by the Nursery Manager or Deputy Manager.

Whilst we appreciate that it can be a difficult time for working parents we have to take into consideration the health and well-being of the child in question and all of the children who attend the nursery. It is imperative that Parents/Carers inform us if they suspect their child is feeling or presenting as unwell.

To help prevent the spread of illness staff with communicable diseases will not work in the nursery whilst they are infectious.

This policy will be reviewed annually and when changes arise.

A copy of this policy can be obtained from the Nursery Offices or downloaded via our website.

We will undertake the following procedures when a child becomes ill during their Nursery session:

- the first priority is to inform the parents;
- then take the child's temperature;
- remove the child from the play room to staff room where the child will be made comfortable; a member of staff to stay with the child;
- take all possible steps to lower the temperature by tepid sponging, removal of outer garments and sips of water;
- their temperature will be monitored and noted every 30 minutes or until the parent/carer arrives;
- if a child has an infectious disease (see Table below), other parents will be informed by a dated notice on the front of the door; OFSTED will also be notified;
- If a parent is not available to collect their sick child, the Nursery will contact the emergency numbers.
- We will ensure the Nursery has a copy of Health Matters to inform parents about exclusion times.
- If a child needs hospitalisation, the Manager will contact the parent and give details of what has happened and ask them to go to the hospital. A member of staff, usually the key carer, will accompany the child to hospital.

Communicable Diseases

The UK Health Security Agency provide this guidance to indicate the time period an individual should not attend a setting to reduce the risk of transmission during the infectious stage. We are required by legislation to adhere to this guidance and ask parents & carers to do the same. Should you have any queries, please contact the Early Years Manager for clarification.

Infection	Exclusion period	Comments
Athlete's foot	None	Individuals should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others.
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, consult your local health protection team (HPT) .
Respiratory infections including coronavirus (COVID-19)	Individuals should not attend if they have a high temperature and are unwell. Individuals who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.	Individuals with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.
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. For more information, see Managing outbreaks and incidents .
Diphtheria*	Exclusion is essential. Always consult with your UKHSA HPT .	Preventable by vaccination. For toxigenic Diphtheria, only family contacts must be excluded until cleared to return by your local HPT .
Flu (influenza) or influenza like illness	Until recovered	Report outbreaks to your local HPT . For more information, see Managing outbreaks and incidents .
Glandular fever	None	

Infection	Exclusion period	Comments
Hand foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances.
Head lice	None	
Hepatitis A	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice).	In an outbreak of hepatitis A, your local HPT will advise on control measures.
Hepatitis B, C, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your UKHSA HPT for more advice.
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.	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.
Meningococcal meningitis* or septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. Your local HPT will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. Your UKHSA HPT will advise on any action needed.
Meningitis viral	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your UKHSA HPT for more

Infection	Exclusion period	Comments
		information.
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.
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	Can return after first 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 UKHSA HPT .
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 consult your local HPT 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 HPT 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 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing.

*denotes a notifiable disease. Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or UK Health Security Agency (UKHSA) HPT of suspected cases of certain infectious diseases.