

## **Sickness and Illness Policy**

At **Pre School Academy** we promote the good health of all children attending including oral health by:

- Asking parents to keep children at home if they are unwell. If a child is unwell, it is in their best interest to be in a home environment rather than at nursery with their peers
- Asking staff and other visitors not to attend the setting if they are unwell
- Helping children to keep healthy by providing balanced and nutritious snacks, meals and drinks
- Minimising infection through our rigorous cleaning and hand washing processes (see Infection control policy)
- Ensuring children have regular access to the outdoors and having good ventilation inside
- Sharing information with parents about the importance of the vaccination programme for young children to help protect them and the wider society from communicable diseases
- Having areas for rest and sleep, where required and sharing information about the importance of sleep and how many hours young children should be having.

### **Our procedures**

In order to take appropriate action of children who become ill and to minimise the spread of infection we implement the following procedures:

- If a child becomes ill during the nursery day, we contact their parent(s) and ask them to pick up their child as soon as possible. During this time we care for the child in a quiet, calm area with a staff member
- We follow the guidance where appropriate for our setting published by UK Health Security Agency for managing specific infectious diseases<sup>1</sup> and advice from our local health protection unit on exclusion times for specific illnesses, e.g. sickness and diarrhoea, measles and chicken pox, to protect other children in the nursery
- Should a child have an infectious disease, such as sickness and diarrhoea, they must not return to nursery until they have been clear for at least 48 hours
- We inform all parents if there is a contagious infection identified in the nursery, to enable them to spot the early signs of this illness. We thoroughly clean and sterilise all equipment and resources that may have come into contact with a contagious child to reduce the spread of infection
- We notify Ofsted as soon as is reasonably practical, but in any event within 14 days of the incident of any food poisoning affecting two or more children cared for on the premises
- We ask parents to keep children on antibiotics at home for the first 24 hours of the course (unless this is part of an ongoing care plan to treat individual medical conditions, e.g. asthma and the child is not unwell). This is because it is important that children are not subjected to the rigours of the nursery day, which requires socialising with other children and being part of a group setting, when they have first become ill and require a course of antibiotics

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<sup>1</sup> <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/managing-specific-infectious-diseases-a-to-z>

- **We have the right to refuse admission to a child who is unwell. This decision will be taken by the manager on duty and is non-negotiable**
- If a parent finds that their child has head lice, we would be grateful if they could inform the nursery so that other parents can be alerted to check their child's hair.

### **Meningitis procedure**

If a parent informs the nursery that their child has meningitis, the nursery manager will contact the Local Area Infection Control (IC) Nurse. The IC Nurse will give guidance and support in each individual case. If parents do not inform the nursery, we may be contacted directly by the IC Nurse and the appropriate support given. We will follow all guidance given and notify any of the appropriate authorities including Ofsted where necessary.

### **We will follow the transporting children to hospital procedure in any cases where children may need hospital treatment.**

The nursery manager or selected staff member must:

- Inform a member of the management team immediately
- Call 999 for an ambulance immediately if the illness is severe. DO NOT attempt to transport the unwell child in your own vehicle
- Follow the instructions from the 999 call handler
- Whilst waiting for the ambulance, a member of staff must contact the parent(s) and arrange to meet them at the hospital
- Redeploy staff if necessary to ensure there is adequate staff deployment to care for the remaining children. This may mean temporarily grouping the children together
- Arrange for the most appropriate member of staff to accompany the child taking with them any relevant information such as registration forms, relevant medication sheets, medication and the child's comforter
- Remain calm at all times. Children who witness an incident may well be affected by it and may need lots of cuddles and reassurance. Staff may also require additional support following the accident.

This policy will be reviewed at least annually in consultation with staff and parents and/or after a significant incident, e.g. serious illness and/or hospital visit required.

**Pre School Academy has a list of excludable and current exclusion times. Please see the table below.**

<b><u>Communicable diseases</u></b>	<b><u>Symptoms</u></b>	<b><u>Treatment</u></b>	<b><u>EXCLUSION PERIOD</u></b>
<b>Chicken Pox</b>  (Affects pregnant women)	Cold symptoms Temperature Itchy Rash Blister like symptoms	Seek GP advice	5 – 7 days from onset of rash and when no new spots have appeared, and old spots have scabbed over.
<b>Cold Sores</b>	Tingling, burning or itching in the area where the cold sore is going to appear. Reddening and swelling, resulting in one or more fluid filled blisters, which can be painful and uncomfortable. These break down to form ulcers which weep and crack, and then they dry up and crust over.	Ask advice from GP or Pharmacist	If lesions are sore, weeping or discharging exclude until healed.
<b>Conjunctivitis</b>	Itching/gritty feeling in one or both eyes, a sticky yellow or green discharge, eye(s) red and swollen.	Tropical treatment prescribed by GP	Minimum 24 hour exclusion period with treatment.
<b>Diarrhoea &amp; Vomiting</b>	Loose or watery stools and onset of vomiting.	If symptoms are severe or prolonged then advisable to visit GP	Minimum of 48 hours after the last bout of diarrhoea / vomiting has stopped.
<b>Fifth Disease</b> (Slapped cheek)  (Affects pregnant women)	An infectious disease of children caused by a virus, which is spread by coughing and sneezing. A rash appears on one or both cheeks that look like a slap mark. The child is only slightly unwell and the rash spreads over the body then fades. The rash may come back on or off for several weeks.	Advisable to visit GP for confirmation of the disease. Pain and temperature control in some cases.	Minimum of 24 hours exclusion and are fit to return to nursery.
<b>Hand, Foot &amp; Mouth Disease</b>	An acute, self-limiting viral disease. It is spread by direct contact with nose and throat discharges, by coughing or sneezing or direct contact with the faeces or infected persons. Small greying blister-like lesions appear in the mouth and may also occur on the palms, fingers and soles of feet.	Seek advice from GP	When the child is well enough to return back.
<b>Head Lice</b>	Head lice are small insects, which live in the hair, close to the scalp. The female lay eggs at the base of a hair, which hatch in about seven days. Symptoms can include itching of the scalp and occasional secondary bacterial infection of bites.	Chemical insecticide, available from the chemist or the wet combing method or a combination of both.	Once head lice treatment has been applied, the child can return the following day. Please bring in the treatment which has been used.
<b>Impetigo</b>	An infectious skin disease caused by bacteria. It consists of vesicles which appear particularly on the face and which dry up leaving a yellowish-brown scab from which the discharge is infectious. The scabs fall	Seek advice from GP, as antibiotics may be required.	Until the sores have dried up or antibiotic treatment has been continued for 48 hours.

	off, leaving no scars but the disease can spread from place to place all over the skin and may last for months if untreated.		
<b>Measles</b> (Affects pregnant women)	Measles is a highly infectious virus spread by direct contact with nasal and throat secretions and by coughing and sneezing. Symptoms include runny nose, conjunctivitis, cough, inflamed tonsils, temperature and a red blotchy rash.	Seek advice from GP. Treatment may consist of pain / temperature control and TLC.	4 days from onset of rash and when well enough to return.
<b>Meningitis (Due to other bacteria)</b>	Meningitis is not due to meningococcal infection can be caused by both bacteria and viruses. The illness is characterised by a sudden onset of fever, headache, vomiting, dislike of light, confusion, drowsiness, and unconsciousness.	Consult GP or A&E department urgently. Bacterial meningitis can be treated with antibiotics.	Once child is fully well.
<b>Meningococcal Disease</b>	The course of meningococcal disease can be very rapid. Urgent medical attention should be obtained for any child with rapidly declining health. Symptoms of meningococcal meningitis can include a red pinprick rash, which does not fade on pressure, fever, vomiting, drowsiness, severe headache, stiff neck, and dislike of bright lights.	Seek medical advice urgently. Urgent treatment in hospital is essential.	Once child is fully well.
<b>Molluscum Contagiosum</b>	This is a benign self-limiting disease caused by a virus and is common in infants and children. Lesions may be single or multiple and appear anywhere on the body as discrete raised pearly papules with a central dip. Occasionally giant solitary lesions occur. Infection is spread by close skin to skin contact and can last for many months.	Seek advice from GP	Well enough to return to nursery, with a gp's note.
<b>Mumps</b>	Mumps is a highly infectious virus spread by coughing and sneezing and by direct contact with the saliva of an infected person. Symptoms include headache, temperature, and general malaise followed by painful swelling of the glands under the jaw, on one or both sides of the face.	Seek advice from GP	5 days after onset of swelling.
<b>Ringworm</b>	Ringworm is a fungal infection of the skin, which can affect the feet, body or scalp. On the body it usually produces circular rashes, which	Ringworm of the skin → anti-fungal cream	48 hours with continuous treatment.

	spread in ever enlarging circles while healing in the centre. The edge is the active growing area of the rash.	Ringworm of the scalp → a special antibiotic taken by the mouth.	
<b>Rubella</b> (Affects pregnant women)	Rubella (German Measles) is an infectious virus spread by coughing and sneezing and by direct contact with nasal and throat discharges. Symptoms include sore throat, cough and runny nose, the glands at the back of the neck may also be enlarged. A fine pink rash appears on the face and spreads to the rest of the body over 24 hours.	Seek advice from GP	5 days from onset of rash
<b>Scabies</b>	Scabies is caused by a tiny mite, which burrows into the skin and is spread by prolonged skin contact. It is not spread by towels, bedding or clothing. Scabies causes itching which is often worse at night and scratching can lead to secondary bacterial infection of the skin.	Seek advice from GP who will prescribe a chemical insecticide	Until treated and well enough to return to nursery. Anybody in close contact must be treated.
<b>Scarlet Fever (Scarlatine)</b>	Scarlet fever is spread by coughing and sneezing or direct contact with infected individuals. Symptoms include a rash which appears most often on the neck, chest underarms, elbows, groin, and inner surfaces of the thighs. The rash feels like sandpaper. Other symptoms may include high fever, nausea and vomiting.	Seek advice from GP who may prescribe antibiotic treatment	3 days from starting antibiotics.
<b>Threadworm</b>	Symptoms include itching around the bottom, disturbed sleep and sometimes secondary bacterial infections. Transmission occurs by direct transfer of infective eggs from anus to mouth of the same person or another person.	Consult GP who will prescribe appropriate treatment	Minimum of 24hours with treatment. Family members must be treated.
<b>Whooping Cough</b>	A highly infectious bacterial disease spread by coughing and sneezing and direct contact with nasal discharge. Symptoms include runny nose followed quickly by a repeated violent cough. The child may become blue while coughing due to lack of oxygen.	Consult GP who will prescribe antibiotics. Hospitalization is common in babies and toddlers.	Until 5 days after starting antibiotics. OR 21 days from inset of illness if no antibiotic treatment.

<b>Croup</b>	Symptoms include sore throat, runny nose, cough (bark like/hoarse/croaky), high temperature, difficult swallowing and difficulty breathing. An infection that affects the nose, throat and sinuses.	Consult GP	Minimum of 24 hours and when child is healthy and well enough to return.
<b>Viral infections</b>			The child can attend nursery, however, if the staff feel the child is unwell, parents/carers will be asked to collect their child in the time limit specified. . The child has to be well enough to return with no temperature
<b>Respiratory infection, including coronavirus – covid 19</b>	Cough, shortness of breath, wheezing, breathing difficulties, tightness of chest  Individuals who have a positive test result for covid 19 should not attend the setting. for the 3 days after		Should not attend the setting for 3 days the day after the test.
<b>Tonsillitis</b>	Sore throat, difficulty swallowing, high temperature, earache, swollen glands.		None, child must be well enough to return.
<b>Mpox</b>	Blisters, high temperature, headache, muscle aches, backache, swollen/painful glands, skin rash, chills and tiredness.	Consult A&E immediately	Until the are confirmed safe to return by a clinician and in line with current guidance.

<b>This policy was adopted on</b>	<b>Signed on behalf of the nursery</b>	<b>Date for review</b>
<i>October 2025</i>	Management team	<i>October 2026</i>