

Sickness and exclusion policy

Twinkle Toes Nursery aims to provide care for healthy children through preventing cross infection of viruses and bacterial infections and promote health through identifying allergies and preventing contact with the allergenic trigger. To help keep children healthy and minimise infection, we do not expect children to attend nursery if they are unwell. If a child is unwell, it is in their best interest to be in a home environment with adults, they know well rather than at nursery with their peers.

What happens when a child becomes ill at nursery?

If children appear unwell during the day – for example, if they have a temperature, sickness, diarrhoea, or pains, particularly in the head or stomach – a member of staff will call the parents and ask them to collect the child, or to send a known carer to collect the child on their behalf.

If a child has a temperature, they are kept cool, by removing top clothing. They will be encouraged to drink fluids and be given comfort and support. The child's temperature is taken using an in the ear thermometer and underarm thermometer, kept in the first aid box in the office.

If the child's temperature is worryingly high, a member of staff may give them Calpol, after first obtaining verbal consent from the parent where possible. This is to reduce the risk of febrile convulsions, particularly for babies. Parents sign the medication record when they collect their child. Permissions for administering medication is obtained when parents complete the nursery contract.

If a child becomes seriously ill or injured during his/her attendance at the nursery, the nursery reserves the right to call for emergency assistance and, if necessary, remove him/her to hospital and give permission for emergency treatment to be administered. If we must take your child to hospital because of an illness or accident, we will do our utmost to inform you immediately (using the details on your Enrolment Form). It is therefore vital that this information is kept up to date and that you inform us of any changes to these details as soon as possible.

Parents are asked to take their child to the doctor before returning them to the nursery and we reserve the right to refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.

What is an infectious illness?

An infectious illness is one that can be passed from one person to another, especially through the air you breathe.

Sickness and Diarrhoea

After sickness and diarrhoea, the nursery requests that parents keep their children home for 48 hours following the last episode to help control the spread of infection. Some activities, such as sand and water play, and self-serve snacks where there is a risk of cross-contamination may be suspended for the duration of any outbreak.

Minimum exclusion periods for infectious illnesses, including incubation and infectious periods

Please consult the following table about childhood illnesses.

Infection	Exclusion period	Comments
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)	Children and young people should not attend if they have a high temperature and are unwell Children and young people who have a positive test result for COVID-19 are advised to not attend the setting for 3 days after the day of the test	Children with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.
Diarrhoea and vomiting	Staff and students 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.
Flu (influenza) or influenza like illness	Until recovered	Report outbreaks to your local HPT
Hand foot and mouth	Exclusion until blisters have dried-up, any rash (if present) has gone, any fever has settled.	Contact your local HPT if many children are affected.
Glandular fever	None	
Head lice	May be excluded but must be treated for 3 days.	Exclusion may apply.
Measles	4 days from onset of rash and well enough	Preventable by vaccination with 2 doses of MMR Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
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
Mumps*	5 days after onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff
Ringworm	Not usually required	Treatment is needed
MRSA	None	Good hygiene, in particular hand washing and environmental cleaning, is important to minimise spread. Contact your UKHSA HPT for more
Rubella* (German measles)	5 days from onset of rash	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and 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	A person is infectious for 2 to 3 weeks if antibiotics are not administered. In the event of 2 or more suspected cases, please contact your UKHSA HPT
Threadworms	None	Treatment recommended for child and household
Tonsillitis	Until recovered.	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment.
Tuberculosis* (TB)	Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB) Exclusion not required for non-pulmonary or latent TB infection Always consult your local HPT before disseminating information to staff, parents and carers	Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread
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.

This guidance refers to public health exclusions to indicate the period an individual should not attend a setting to reduce the risk of transmission during the infectious stage. This is different to 'exclusion' as used in an educational sense. The NHS website has a useful resource to share with parents.

Reporting a 'Notifiable diseases'

When the nursery becomes aware, or are formally informed of the notifiable disease, the nursery manager will inform Ofsted and contacts Public Health England, and act on any advice given.

Nits and head lice

- Nits and head lice are not an excludable condition; although in exceptional cases we may ask a parent to keep the child away until the infestation has cleared.
- On identifying cases of head lice, we will inform all parents ask them to treat their child and all the family if they are found to have head lice.

Procedures for children with allergies

When children start at the nursery, we ask their parents if their child suffers from any known allergies. This is recorded on their Enrolment Form.

If a child has an allergy, the nursery will complete a risk assessment form to detail the following:

- The allergen (i.e., the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc.).
- The nature of the allergic reactions (e.g., anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.).
- What to do in case of allergic reactions, any medication used and how it is to be used (e.g., EpiPen).
- Control measures - such as how the child can be prevented from contact with the allergen.
- Review measures.

This risk assessment form is kept in the child's personal file and a copy is displayed where the nursery staff can see it. At mealtimes, the children have a placemat that they have made; a child that has food allergies will have a red placemat with their photo and list of their allergies written on it.

To reduce the risk of children having a reaction in the nursery, we have a NO NUT policy and Parents/Carers are made aware so that no nut or nut products are accidentally brought in, for example to a party.

Oral medication:

- Insurers now regard asthma inhalers as 'oral medication' and so documents do not need to be forwarded to our insurance provider. Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.
- The nursery must be provided with clear written instructions on how to administer such medication (See Medication Policy).
- The nursery must adhere to all risk assessment procedures for the correct storage and administration of the medication.
- The nursery must have the parents or guardians' prior written consent. This consent must be kept on file.

Children with Special Educational Needs

Key person for special needs children requiring assistance with tubes to help them with everyday living e.g., breathing apparatus, to take nourishment, colostomy bags etc.:

- Prior written consent must be obtained from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
- The key person must have the relevant medical training/experience, which may include receiving appropriate instructions from parents or guardians.

Policy reviewed by: Sumaya Ahmed (Manager)

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Next review: September 2024