Manor House
MINSTER NURSERY
An education for life, not just preparation for school

Childhood Illness and Sickness Policy

When your baby or child starts nursery or school they will be playing with more children and it may take time for their immune system to develop. During your baby or child's first few months socialising with children you may find your child is more suspectable to common childhood illnesses such. This is because;

- They have immature immune systems
- The way they play, interact and have close contact with each other.
- Sometimes having no or incomplete vaccinations
- Having a poor understanding of hygiene practices.

There may be times when your child is sent home from nursery or we ask won't allow your child to attend. When deciding if a child is well enough to be at nursery we look at their emotional and physical wellbeing.

We understand this may be inconvenient for some parents and can be upsetting. This policy details how we promote good health and explains our exclusion periods. If you would like further information, please see our infection control policy. Parents can also access advice on their baby or child's health on; https://childrensguide.sesandspccg.nhs.uk/live/index.html. This website will point you in the right direction and explain what you can do at home, or where you need to go to get assistance and advice. Trust your instincts, you know your child better than anyone else. If you are worried, get further advice.

This is the definition we use to help us identify if a child should be attending nursery.

- A child who is happy and able to take part fully in nursery life
- A child who does not have a temperature
- A child who is not dependent on Calpol (paracetamol products)
- A child who is not reliant on 1-1 care

Guidance for all our health-related policies is from

- NHS

- Public Health England
- Ofsted
- NDNA
- Heath and Safety at work act 1974
- Health and Safety Regulations 1981
- School Premises (England) Regulations 2012

At Manor House Minster Nursery 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 in Health and Safety 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
- Sharing information from the Department of Health that all children aged 6 months – 5 years should take a daily vitamin
- 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 their key person. If a child is too poorly to play parents will be required to collect their child as soon as possible.
- We follow the guidance published by UK Health Security Agency for managing specific infectious diseases[1] 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 48 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. There may also be side effects from the medication and parents/carers should be responsible for their child at home.
- 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
- We make information and posters about head lice readily available and all parents are requested to regularly check their children's hair. 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.

See additional information in the table below.

High Temperature procedure

Fever is extremely common in children and usually suggests that your child has an infection. A child's temperature is defined by the NHS as 38 degrees or above. It's really important a child's temperature is measured accurately - a digital thermometer is recommended for children 5 years and younger. If your child develops a fever or appears to be unwell whilst they are at nursery they will be sent home immediately (we will always use more than one thermometer to check accuracy). Whilst we wait for a parent/carer to collect we will keep your baby/child as comfortable as possible and with your permission give paracetamol/ibuprofen for comfort and to bring the temperature down as quickly as possible. Occasionally, children with fever can have a seizure/fit. This is called a febrile convulsion and most commonly occurs in children aged between 6 months and 3 years. They generally occur on day 1 of the fever, and in most cases have no long-term effects.

We request parents/carers do **not** give their child paracetamol/ibuprofen before they come to nursery. These products can mask infections and while the baby/child

is happy enough for the first few hours they soon start to show they are unwell. During the time they were with us in the setting, they could have potentially passed on an infection to many other children and the viruses continue to spread around the babies and children.

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.

Nurseries and childcare settings are common sites for the transmission of illnesses and infection. Please see our infection control policy for details on how we take the necessary steps to prevent the spread of infection. The table below details our exclusion periods for childhood illnesses. We reserve the right to adjust the time for exclusion due to an outbreak or advice from Public Health England.

Additional information will be provided to parents and carers if any changes to policy are made.

Childhood illness/infection	Symptoms	When can child return to nursery Reporting Procedure
Scarlet Fever	Scarlet fever is a contagious infection that mostly affects young children. It's easily treated with antibiotics. The first signs of scarlet fever can be flu-like symptoms, including a high temperature, a sore throat and swollen neck glands (a large lump on the side of your neck). A rash appears 12 to 48 hours later. It looks like small, raised bumps and starts on the chest and tummy, then spreads. The rash makes your skin feel rough, like sandpaper. On white skin the rash looks pink or red. It may be harder to see on brown and black skin, but you can still feel it. A white coating also appears on the tongue. This peels, leaving the tongue red, swollen, and covered in little bumps (called "strawberry tongue"). The rash does not appear on the face, but the cheeks can look red. The redness may be harder to see on brown and black skin. Scarlet fever lasts for around a week. Your GP will prescribe antibiotics. These don't cure scarlet fever, but they will help you get better quicker. They also reduce the risk of serious illnesses, such as pneumonia. Scarlet fever is very infectious. Check with the GP before you go in. They may suggest a phone consultation. You're infectious from up to 7 days before the symptoms start and until: 24 hours after you take the first antibiotic table 2 weeks after symptoms start, if you don't take antibiotics Contact GP if you suspect Chicken pox and Scarlet Fever. .	**48 hours after taking antibiotics - Return to nursery, if the child is feeling better** **Or if not taking antibiotics** **2 weeks after symptoms start, if the child is feeling better.** **You do not need to report single cases of scarlet fever, but you should contact your UKHSA HPT if any of the following apply:** **There is an outbreak of 2 or more scarlet fever cases within 10 days of each other and the affected individuals have a link, such as mixing in the same class or year group** **There are cases of serious disease which have resulted in overnight stays in hospital** **The setting has cases of chickenpox and/or influenza co-circulating in the group where a case of scarlet fever has been confirmed** **The HPT will require information about the number of cases and classes/year groups affected with dates their symptoms started and may provide written guidance and letters to send out to affected groups or contact you for further information.**

Scabies	**Scabies is very common, and anyone can get it. It should be treated quickly to stop it spreading.** Scabies is passed from person to person by skin-to-skin contact. Tiny mites lay eggs in the skin, leaving lines with a dot at one end. The rash can appear anywhere, but it often starts between the fingers. Can cause Intense itching, especially at night. The spots may look red. They are more difficult to see on dark skin, but you should be able to feel them. A Pharmacist will recommend course of treatment. Usually cream.	Return to nursery 48 hours after the first treatment, if the child is feeling better.
Slapped Cheek	Slapped cheek syndrome (also called fifth disease) is common in children and should get better on its own within 3 weeks. It's rarer in adults but can be more serious. The first sign of slapped cheek syndrome is usually feeling unwell for a few days. Symptoms may include: • a high temperature • a runny nose and sore throat • a headache A red rash may appear on 1 or both cheeks. It may be less obvious on brown and black skin. Adults do not usually get the rash on their face. A few days later, a spotty rash may appear on the chest, arms, and legs. The rash can be raised and itchy. It may be harder to see on brown and black skin. It's hard to avoid spreading slapped cheek syndrome because most people don't know they have it until they get the rash. You can only it spread to other people before the rash appears. Slapped cheek syndrome is caused by a virus (parvovirus B19). The virus spreads to other people, surfaces, or objects by coughing or sneezing near them.	Return to nursery when the child is feeling better.
Conjunctivitis	Conjunctivitis is an eye condition caused by infection or allergies. It usually gets better in a couple of weeks without treatment. It usually affects both eyes and makes them: • red • burn or feel gritty • produce pus that sticks to lashes • itch • water Speak to a pharmacist about conjunctivitis. They can give advice and suggest eye drops or antihistamines to help with your symptoms. *Children under the age of two must be seen by a doctor- we cannot administer drops that are not prescribed.* *Children over two, can have drops from the pharmacist.*	Return to nursery 48 hours after first eye drops have been administered Or When eyes are clear if the child is not showing any signs of being uncomfortable
Measles	Measles is a highly infectious viral illness that can be very unpleasant and sometimes lead to serious complications. It's now uncommon in the UK because of the effectiveness of vaccination. The infection usually clears in around 7 to 10 days. The initial symptoms of measles develop around 10 days after you're infected.	Stay away from nursery/school for at least 5 days from when the measles rash first appears to reduce the risk of spreading the infection. You should also try to avoid contact with people who are more vulnerable to the

	These can include: • cold-like symptoms, such as a runny nose, sneezing and a cough • sore, red eyes that may be sensitive to light • a high temperature (fever), which may reach around 40C • small greyish-white spots on the inside of the cheeks A few days later, a red-brown blotchy rash will appear. This usually starts on the head or upper neck before spreading outwards to the rest of the body The measles virus is contained in the millions of tiny droplets that come out of the nose and mouth when an infected person coughs or sneezes. You can easily catch measles by: • breathing in these droplets • touching a surface, the droplets have settled on and then placing your hands near your nose or mouth (the virus can survive on surfaces for a few hours) People with measles are infectious from when the symptoms develop until about 4 days after the rash first appears.	infection, such as young children and pregnant women. **If you are made aware of any likely or confirmed cases of measles among people who have attended your setting, who have been diagnosed by a doctor or another healthcare professional, then you should contact your local HPT.**
Threadworm	Threadworms (pinworms) are tiny worms in your poo. They're common in children and spread easily. You can treat them without seeing a GP. You can spot worms in your poo. They look like pieces of white thread. You might also see them around your child's bottom (anus). The worms usually come out at night while your child is sleeping. Other symptoms can include: • extreme itching around the anus or vagina, particularly at night • irritability and waking up during the night Less common signs of worms include: • weight loss • wetting the bed • irritated skin around the anus A pharmacist can help with threadworms You can buy medicine (mebendazole) for threadworms from pharmacies. This is usually a chewable tablet or liquid you swallow. Treat everyone in your household, even if they do not have symptoms. Tell the pharmacist if you need to treat a child under 2, or if you're pregnant or breastfeeding. Treatment might not be suitable, and you may need to speak to a GP.	Return to nursery 24 hours after taking first tablet/medicine.
Impetigo	Impetigo is a skin infection that's very contagious but not usually serious. It often gets better in 7 to 10 days if you get treatment. Anyone can get it, but it's very common in young children. impetigo starts with red sores or blisters, but the redness may be harder to see in brown and black skin. The sores or blisters quickly burst and leave crusty, golden-brown patches.	Return to nursery 48 hours after you start using the medicine prescribed by your GP or

	The patches can: • look a bit like cornflakes stuck to your skin • get bigger • spread to other parts of your body • be itchy • sometimes be painful if it's impetigo, they can prescribe antibiotic cream to speed up your recovery or antibiotic tablets if it's very bad. Sometimes, the GP might be able to prescribe a non-antibiotic cream.	When the patches dry out and crust over (if you do not get treatment)
Chicken Pox	Chickenpox is common and mostly affects children, but you can get it at any age. It usually gets better by itself after 1 to 2 weeks without needing to see a GP. An itchy, spotty rash is the main symptom of chickenpox. It can be anywhere on the body Chickenpox happens in 3 stages. But new spots can appear while others are becoming blisters or forming a scab. Stage 1: small spots appear The spots can: • be anywhere on the body, including inside the mouth and around the genitals, which can be painful • spread or stay in a small area • be red, pink, darker or the same colour as surrounding skin, depending on your skin tone • be harder to see on brown and black skin Stage 2: the spots become blisters The spots fill with fluid and become blisters. The blisters are very itchy and may burst. Stage 3: the blisters become scabs The spots form a scab. Some scabs are flaky while others leak fluid. Before or after the rash appears, you might also get: • a high temperature • aches and pains, and generally feeling unwell • loss of appetite Chickenpox is very itchy and can make children feel miserable, even if they do not have many spots. The chickenpox spots look the same on children and adults. But adults usually have a high temperature for longer and more spots than children. It's possible to get chickenpox more than once, but it's unusual.	You'll need to stay away from school, nursery, or work until all the spots have formed a scab. This is usually 5 days after the spots appeared. Return to nursery after 5 days if all the spots have scabbed over and the child is well. **You do not need to contact your UKHSA HPT, unless the setting also has cases of scarlet fever circulating.**

Hand, foot, and mouth disease	Hand, foot, and mouth disease is a common childhood illness that can also affect adults. It usually gets better on its own in 7 to 10 days. The first signs of hand, foot and mouth disease can be: • a sore throat • a high temperature • not wanting to eat After a few days mouth ulcers and a rash will appear. Raised spots usually appear on the hands and feet, and sometimes on the thighs and bottom as well. The spots can look pink, red, or darker than surrounding skin, depending on your skin tone. The symptoms are usually the same in adults and children, but they can be worse in babies and children under 5. It's possible to get hand, foot, and mouth disease more than once. You cannot take antibiotics or medicines to cure hand, foot, and mouth disease. It usually gets better on its own in 7 to 10 days. To help the symptoms: • drink fluids to prevent dehydration – avoid acidic drinks, such as fruit juice • eat soft foods like yoghurt – avoid hot and spicy foods • take paracetamol or ibuprofen to help ease a sore mouth or throat Speak to a pharmacist for advice about treatments, such as mouth ulcer gels, sprays, and mouthwashes, to relieve pain. They can tell you which ones are suitable for children. Hand, foot, and mouth disease is easily passed on to other people. It's spread in coughs, sneezes, poo, and the fluid in the blisters. You can start spreading it from a few days before you have any symptoms, but you're most likely to spread it to others in the first 5 days after symptoms start.	Return to nursery 5-7 days after symptoms start, if the child is feeling better.
Ringworm	Ringworm is a common fungal infection. It's not caused by worms. You can usually buy medicine from a pharmacy to treat it. The main symptom of ringworm is a rash. It may look red, silver, or darker than surrounding skin, depending on your skin tone. The rash may be scaly, dry, swollen, or itchy. Ringworm can appear anywhere on the body, including the scalp and groin. The colour of the ringworm rash may be less noticeable on brown and black skin. Sometimes the rash grows, spreads, or there's more than 1 rash. Ringworm on the face or scalp may also cause patchy hair loss. Ringworm is caused by a type of fungi. It can be passed on through close contact with: • an infected person or animal • infected objects – such as bedsheets, combs, or towels	Return to nursery 48 hours after treatment has been started.

	• infected soil – although this is less common	
Sickness and diarrhoea	Diarrhoea and vomiting are common in adults, children, and babies. They're often caused by a stomach bug and should stop in a few days. The advice is the same if you have diarrhoea and vomiting together or separately. In adults and children: • diarrhoea usually stops within 5 to 7 days • vomiting usually stops in 1 or 2 days	Stay off school or work until you've not been sick or had diarrhoea for at least 48 hours. **Contact your UKHSA HPT if there are a higher than previously experienced and/or rapidly increasing number of absences due to diarrhoea and vomiting.** **For some gastrointestinal infections, longer periods of exclusion are required. For these groups, your UKHSA HPT, or the local authority Environmental Health Officer (EHO) will advise you if any action is required.**
Meningitis	Symptoms of meningitis can appear in any order. Some may not appear at all. In the early stages, there may not be a rash, or the rash may fade on pressure. You should get medical help immediately if you're concerned about yourself or your child. Trust your instincts and do not wait until a rash develops. Symptoms of meningitis, septicaemia and meningococcal disease include: • a high temperature • cold hands and feet • vomiting • confusion • breathing quickly • muscle and joint pain • pale, mottled or blotchy skin • spots or a rash • headache • a stiff neck • a dislike of bright lights • being very sleepy or difficult to wake • fits (seizures) Babies may also: • refuse feeds • be irritable • have a high-pitched cry	Most people are better within 7-10 days. Return to nursery when the child is feeing better. **Notify the UKHSA HPT if 2 cases of meningitis occur in your setting within 4 weeks.**

	• have a stiff body or be floppy or unresponsive • have a bulging soft spot on the top of their head Someone with meningitis, septicaemia or meningococcal disease can get a lot worse very quickly. Call 999 for an ambulance or go to your nearest A&E if you think you or your child might be seriously ill. If a parent informs the nursery that their child has meningitis, the nursery manager will contact the Health and Safety Executive for our area. The H.S.E office will give guidance and support in each individual case. If parents do not inform the nursery, we will be contacted directly by the H.S.E and the appropriate support will be given. We will follow all guidance given and notify any of the appropriate authorities including Ofsted if necessary.	
Meningococcal meningitis and septicaemia (sepsis)	The bacteria Neisseria meningitidis causes meningococcal meningitis and meningococcal septicaemia (known collectively as 'meningococcal infection'). See symptom above for Meningitis Sepsis is a life-threatening reaction to an infection. It happens when your immune system overreacts to an infection and starts to damage your body's own tissues and organs. You cannot catch sepsis from another person. If you suspect sign or sepsis – call 999 immediately A baby or young child has any of these symptoms of sepsis: • blue, grey, pale or blotchy skin, lips or tongue – on brown or black skin, this may be easier to see on the palms of the hands or soles of the feet • a rash that does not fade when you roll a glass over it, the same as meningitis • difficulty breathing (you may notice grunting noises or their stomach sucking under their ribcage), breathlessness or breathing very fast • a weak, high-pitched cry that's not like their normal cry • not responding like they normally do, or not interested in feeding or normal activities • being sleepier than normal or difficult to wake They may not have all these symptoms. n adult or older child has any of these symptoms of sepsis: • acting confused, slurred speech or not making sense • blue, grey, pale or blotchy skin, lips or tongue – on brown or black skin, this may be easier to see on the palms of the hands or soles of the feet • a rash that does not fade when you roll a glass over it, the same as meningitis • difficulty breathing, breathlessness or breathing very fast They may not have all these symptoms. Call 111 if you, your child or someone you look after: • feels very unwell or like there's something seriously wrong	Spread is from person to person through respiratory droplets and direct contact with nose and throat secretions. About 10% of us carry the bacteria harmlessly in our nose and throat. Close and prolonged contact is needed to pass the bacteria to others (such as contacts in a household setting or intimate kissing). Only a small proportion of people develop meningitis or septicaemia if they come into contact with it. For this reason, only people that have had significant close contact with the case in the previous 7 days will be offered antibiotics and immunisation later if applicable. The case is considered non-infectious 24 hours after taking appropriate antibiotic treatment. **Inform your UKHSA HPT if you have a case of meningococcal disease in your setting. They will carry out a risk assessment and organise antibiotics for household and other close contacts.**

	• has not had a pee all day (for adults and older children) or in the last 12 hours (for babies and young children) • keeps vomiting and cannot keep any food or milk down (for babies and young children) • has swelling or pain around a cut or wound • has a very high or low temperature, feels hot or cold to the touch, or is shivering	
Coronavirus	Children and young people aged 18 and under can get coronavirus (COVID-19), but it's usually a mild illness and most get better in a few days. Symptoms of COVID-19 can include: • a high temperature or shivering (chills) – a high temperature means you feel hot to touch on your chest or back (you do not need to measure your temperature) • a new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours • a loss or change to your sense of smell or taste • shortness of breath • feeling tired or exhausted • an aching body • a headache • a sore throat • a blocked or runny nose • loss of appetite • diarrhoea • feeling sick or being sick The symptoms are very similar to symptoms of other illnesses, such as colds and flu. Encourage your child to cover their mouth and nose with a tissue when they cough or sneeze, and to wash their hands after using or throwing away tissues.	**What to do if your child has symptoms** Your child should try to stay at home and avoid contact with other people if they have symptoms of COVID-19 and they are either: • have a high temperature • do not feel well enough to go to school, college, or childcare, or do their normal activities They can go back to school, college or childcare when they feel better or do not have a high temperature. Most children who are unwell will recover in a few days with rest and plenty of fluids.

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.
We reserve the right to amend our exclusion periods, based on the safety and wellbeing of our children and staff. This will be communicated to parents alongside the reasons for making any changes.

Signed on behalf of the nursery	**Date for review**
Amy Penny March 2027	*March 2027*