



Illness and exclusion Policy

'The provider must promote the good health, including the oral health, of children attending the setting. They must have a procedure, discussed with parents and/or carers, for responding to children who are ill or infectious, take necessary steps to prevent the spread of infection, and take appropriate action if children are ill.' (EYFS 2021)

Policy statement

At Lechlade Little Learners, we promote the good health of children attending preschool and take the necessary steps to prevent the spread of infection.

This policy has been devised to ensure that children who become unwell at pre-school are treated sensitively and with respect. It also helps us to protect other children from illness and the spread of infection.

Children should not be left at pre-school if they are unwell. If a child is unwell then they will prefer to be at home with their parent(s) rather than at nursery with their peers.

Procedures

We will follow these procedures to ensure the welfare of all children within the setting:

- If a child becomes ill during the preschool day, the parent(s) will be contacted and asked to pick their child up as soon as possible. During this time the child will be cared for in a quiet, calm area with their key person or another familiar member of staff within the setting.
- Should a child have an infectious disease, such as sickness and diarrhoea, they should not return to nursery until they have been clear for at least 48 hours.
- It is vital that we follow the advice given to us by our registering authority and exclude specific contagious conditions, e.g. sickness and diarrhoea and chicken pox to protect other children in the preschool. Illnesses of this nature are very contagious and it is exceedingly unfair to expose other children to the risk of an infection.

- If a contagious infection is identified in the setting, parents will be informed to enable them to spot the early signs of this illness. All equipment and resources that may have come into contact with a contagious child will be cleaned and sterilised thoroughly to reduce the spread of infection.
- It is important that children are not subjected to the rigours of the preschool 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. Our policy, therefore, is to exclude children on antibiotics for the first 24 hours of the course.
- Little Learners 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 child requires medicine, we will obtain information about the child's needs to this (see Medication Policy)
- Parents/carers are required to inform the nursery where they can be reached in the event of an accident/sudden illness. However, on occasions it may be impossible to contact a parent/carer in an emergency, we will make every effort to contact every named person on the child's emergency contact list, failing this, and parents/carers are required to provide the Manager with signed permission for the setting to act in their absence.
- If a child becomes seriously ill or injured during his/her attendance at Little Learners, we reserve 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 Registration Form). It is therefore vital that this information is kept up to date. Please inform the Manager of any changes to these details as soon as possible. Please inform us as soon as possible if your child will be absent for a long period due to illness.
- We request that parents/ carers give the following information to the manager on the child's registration form:
 - Name, address and date of birth of child,
 - Name, home address and telephone numbers of parents/ carers
 - Name, address and telephone number of the child's doctor,
 - If your child has been immunised and suffered any infectious diseases.

Meningitis procedure

If a parent informs the nursery that their child has meningitis, the nursery manager should contact the Infection Control (IC) Nurse for their area, and Ofsted. The IC Nurse will give guidance and support in each individual case. If parents do not inform the nursery, we will be contacted directly by the IC Nurse and the appropriate support will be given.

Diarrhoea and vomiting

All children must be kept away from preschool for a minimum of 48 hours after the last episode of diarrhoea or vomiting. If a child is sent home from the nursery the 48 hours exclusion still applies. Therefore if your child is due on the following day they will not be able to attend. Children should only return to preschool when they are well enough and have regained their appetite.

Fever

All children must be kept away from the setting for a minimum of 24 hours or until their fever has returned to normal. If a child is sent home from the nursery the 24 hours exclusion still applies. Therefore if your child is due on the following day they will not be able to attend. Preschool staff have the right to refuse to administer any medication with which they feel uncomfortable. Please can all parents respect our staff team's decisions as our policies are in place to prevent infection from spreading around the preschool.

If a child becomes unwell whilst at preschool

- If a child begins to show signs or symptoms that could pertain to illness they should firstly be comforted by staff, preferably the key person. This should be in the form of reassurance, both verbal and physical as appropriate, e.g. cuddles. If possible the child's key person should spend one to one time with the child or a senior member of staff, attempting to find out what is wrong and if necessary administering first aid. No prescribed medication may be given unless prior permission was obtained from the parent/carer that day and the stated dose is due to be given at that time.
- The manager or deputy manager should be informed of any child who appears to be feeling unwell. If, after staff have done everything they can to make the child more comfortable, there is no sign of improvement, then the manager or deputy manager, in conjunction with the child's key person, will discuss whether or not to contact the parent/carers to come and collect their child. Management must be informed when a member of staff wants to call a parent regarding a sick child.
- If it is deemed to be in the best interests of the child to go home, the manager, deputy manager or key person will ring the parent/carers, getting the number from the child's

information which is held in on Family and on the registration forms in the office. They will explain the signs and symptoms the child is displaying and ask them to come and collect him/her.

- If the manager, deputy manager or key person is unable to contact the parent/carer they will then go on to the next person on the contact list, usually the second parent/carer, continuing down the list of authorised persons as necessary.
- Whilst their parents/carers are being contacted the child should continue to be comforted by members of staff.
- Plenty of fluids should be offered to the child and if their temperature is higher or lower than usual this should be addressed immediately. Any other symptoms should be treated as necessary.
- The child should always be treated with the utmost sensitivity and respect as feeling poorly can be distressing and quite frightening for a child. They should have a staff member with them, preferably their key person, until their parent/carer or authorised person arrives to collect them. The child should have privacy as much as possible and be able to be in a quiet area away from other children, with the staff member. Usually a quiet area can be made in the child's playroom.
- Should a child's symptoms deteriorate whilst waiting for their parent/carers the manager or deputy manager should be informed immediately. If the manager or deputy manager feels that it's necessary, they should call for an ambulance. The manager or deputy manager must then inform the parent/carers to meet them at the local hospital. First aid should be administered to the child as necessary.

Measures of high temperature

If you suspect a child has a temperature the following steps must be followed:

- Take the child's temperature with a forehead scanner thermometer.
- Notify parents of the temperature via a phone call.
- Attempt to reduce body temperature slowly – removing excess layers of clothing, opening a window, etc.
- Ensure the child stays hydrated.
- As a rule of thumb we would contact a parent if a child's temperature was 37.8°C or over.
- The child's temperature will be taken at regular intervals.
- Parents will be asked to come and collect their child. Verbal consent may be given for Calpol.
- High temperatures can be extremely dangerous and cause convulsions.

- In emergency cases if no emergency contacts can be contacted the manager will authorise the administration of Calpol to reduce a high fever when children become very poor.

Transporting children to hospital procedure

- If the sickness is severe, call for an ambulance immediately. DO NOT attempt to transport the sick child in your own vehicle.
- Whilst waiting for the ambulance, contact the parent and arrange to meet them at the hospital.
- A senior member of staff must accompany the child and collect together registration forms, relevant medication sheets, medication and the child's comforter. A member of the management team must also be informed immediately.
- Remain calm at all times. Children who witness an incident may well be affected by it and may need lots of cuddles and reassurance. If you are confident and assertive the child will feel reassured.

Calling an ambulance

Dial 999 and ask for an ambulance. Answer all questions honestly and clearly. When asked to give the address and telephone number, use the following details:

Lechlade Little Learners,
Wharf Lane,
Lechlade,
Gloucestershire,
GL7 3AU
01367 253653

The manager or deputy manager and key person if possible, will go with the child to the hospital, taking the child's registration form which includes all their medical details and the consent for medical attention, and any of the child's special comforters.

Reports should be written up by the manager/deputy manager, and key person and any witnesses to be kept on file. Members of staff will be offered time out and an opportunity to discuss what happened and how they are feeling.

Febrile convulsions, anaphylactic shock and other fits/ seizures

If a child has any of the above an ambulance must be called immediately and the same steps taken as above.

Anaphylaxis typically presents with many different symptoms over minutes or hours with an average onset of 5 to 30 minutes if exposure is intravenous and 2 hours for foods. The most common areas affected include: skin (80–90%), respiratory (70%), gastrointestinal (30–45%), heart and vasculature (10–45%), and central nervous system (10–15%) with usually two or more being involved.

Anaphylaxis is a medical emergency that may require resuscitation measures such as airway management, supplemental oxygen, large volumes of intravenous fluids, and close monitoring. Administration of epinephrine (Epipen) may be required and only staff with Epipen training should be called upon to administer such treatment.

All children who are known to have seizures will have a risk assessment and action plan on file.

If the illness appears to be communicable

- It is vital that we follow the advice given to us by our registered authority and exclude specific contagious conditions to protect other children in the setting. It is exceedingly unfair to expose other children to the risk of an infection.
- When determining the nature of a communicable disease and exclusion periods the current local guidance should be used. For guidance on exclusion periods the preschool manager will make reference to the Health Security Agency Guidance on infection control. (Detailed in the table below)
- The preschool manager must follow the exclusion periods laid out by the UK Health Security Agency.
- If a contagious infection is identified by the preschool, the manager must inform parents/carers of their child's exposure to the infection within 24 hours or the next working day. This will enable them to spot early signs of this illness.
- All equipment and resources that may have come into contact with a contagious child but be cleaned and sterilised thoroughly to reduce the spread of infection.
- No child or staff member known to be suffering from a communicable disease or considered too ill to participate in normal preschool activities should be admitted to the setting.
- Attendance at preschool is at the discretion of management and is non-negotiable.
- When the setting becomes aware, or is formally informed of the notifiable disease, the manager informs Ofsted and acts on any advice given by the Health Protection Team.
- There are no exceptions to the exclusion period and any parent attempting to return their child to nursery will be advised as such. If a parent persists and leaves their child within the exclusion period, the nursery will contact the HPT and Local Authority who will notify Social Services.

This policy was reviewed October 2024

This policy is to be reviewed annually unless legislation requires before.

Exclusion table

Condition	Recommended period to be kept away from preschool	Comments
Rashes		
Athletes foot	None	Treatment is recommended. Children 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 five days from onset of rash or until all lesions have scabbed over	Pregnant staff contacts should consult with their GP or midwife.
Cold sores (Herpes simplex)	None	Avoid kissing and contact with sores
German measles (Rubella) *	5 days from onset of rash	Preventable by MMR vaccinations. Pregnant staff should seek prompt advice from their GP or Midwife.
Hand, foot and mouth	Possible exclusion may be necessary- this will be decided at the discretion of the preschool manager	Contact HTP if a large number of children are affected. Exclusion may be considered in some circumstances.
Impetigo	Until lesions are crusted/healed, or 48hrs after antibiotic treatment	Antibiotics required
Measles *	Four days from onset of rash and well enough	Preventable by MMR vaccination
Molluscum contagiosum	None	
Ring worm	Not usually required	Treatment is required
Roseola	None	
Scabies	Return after treatment	Treatment is required
Scarlet fever *	Can return 24 hrs after 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, contact HPT

Slapped cheek/ fifth disease	None- possible exclusion- decided at the discretion of the manager	Pregnant contacts should consult with GP or midwife.
Shingles	Exclude if rash weeping and not covered	Can cause chicken pox in those who are not immune
Warts and verrucae	None	Must be covered
Diarrhoea and vomiting		
Diarrhoea/ vomiting	48hours from last episode	
E-coli *	48hours from last episode Further exclusions may be required for some children until they are no longer excreting	Further exclusion is required for young children under five and those who have difficulty in adhering to hygiene practices Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts of cases who may require microbiological clearance
Typhoid *		
Shigella *		
Cryptosporidiosis	48 hours from last episode	Exclude from water play for 2 weeks
Respiratory infections		
Flu *	Until recovered	Report outbreaks to HPT
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 should 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.

Tuberculosis *	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. Consult HPT	Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread. HPT will organise any contact tracing.
Whooping cough *	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.
Other infections		
Conjunctivitis	Possible exclusion- this will be decided at the discretion of the manager	If an outbreak occurs consult HPT
Diphtheria *	Exclusion is essential Always consult with UKHSA HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by HPT.
Glandular fever	None	
Head lice	None	Treatment for live lice
Hepatitis A *	Exclude seven days after onset of jaundice or seven days after symptoms	If outbreak of Hep A, local HPT who will advise
Hepatitis B *, C *, HIV/AIDS	None	Hep B and C and HIV are blood borne not infectious through casual contact. Contact HPT for more advice
Meningococcal meningitis*/ septicaemia*	Until recovered	Men ACWY preventable by vaccination. Local HPT will advise on action
Meningitis* bacterial	Until recovered	Hib and pneumococcal meningitis preventable by vaccination. Local HPT will advise on action
Meningitis viral*	None	No need to exclude siblings

MRSA	None	Good hygiene, handwashing and environment clean. HPT advise
Mumps*	Exclude for five days after onset of swelling	Preventable by vaccination
Threadworms	None	Treatment recommended for child and family
Tonsillitis	None	

***Denotes a notifiable disease**