**Illness and Exclusion Policy**

**Purpose of Policy**

Rainbow 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.

**If 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 and sponging their heads with cool water, but kept away from draughts. The child's temperature is taken using a thermometer, kept in the first aid box in each room. If the child’s temperature does not go down and is worryingly high, then a member of staff will contact the parents to collect the child.

If a child becomes seriously ill or injured during their attendance at the nursery, the nursery reserves the right to call for emergency assistance and, if necessary, take them to hospital and give permission for emergency treatment to be administered. If we have to take your child to hospital as a result of an illness or accident, we will do our utmost to inform you immediately. It is therefore vital that contact information is kept up to date and that you inform us of any changes to these details as soon as possible.

Children should remain at home if they are unwell. To protect the children in our care, we reserve the right to refuse attendance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease. This is with the best interests of the child, and other children in the nursery. This is non-negotiable – it is exceedingly unfair to expose other children to the risk of an infection. We may ask parents to take their child to the doctor in some circumstances before returning them to the nursery.

**Nits and Head Lice**

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

**Exclusion Periods**

As per the guidance provided by the NHS through the Health Protection Team (2010) and the Care Inspectorate document Infection Prevention and Control in Childcare Settings (Day Care and Childminding Setting)(2018) Rainbow Nursery follows national advice regarding exclusion periods for certain illnesses or infections.

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| **Illness** | **Exclusion Period** | **Comments** |
| Athletes 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). Exclusion may be considered in some circumstances |
| 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. |
| Diptheria | Exclusion is essential. | 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. |
| Glandular fever | None |  |
| 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. |
| 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 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) | 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, and students. | Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread.Your local HPT will organise any contact tracing. |
| 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. |

**Date Completed: October 2023**

**Review Date: October 2024**

*This policy will be monitored in line with relevant legislation and good practice guidelines*