SICKNESS AND ILLNESS POLICY

This policy sets out how the nursery manages illness, infection control and exclusion periods to safeguard the health and wellbeing of all children, staff and visitors.

The nursery follows national guidance issued by the UK Health Security Agency (UKHSA) and the Early Years Foundation Stage (EYFS).

GENERAL PRINCIPLES

The nursery will:

- Promote good hygiene and infection control practices
- Take appropriate action when children or staff are unwell
- Exclude children only when necessary and in line with national guidance
- Work in partnership with parents to manage illness appropriately

Children should not attend nursery if they are unwell or unable to participate in normal activities.

EXCLUSION PERIODS

The nursery follows UKHSA guidance on exclusion periods, including:

VOMITING AND DIARRHOEA

All children must be kept away from nursery 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.

FEVER

If a child develops a temperature whilst in our care, we will, with parental consent, administer Calpol. We will monitor the child's temperature for up to one hour following Calpol and if the child's temperature does not go down, we will ask for the child to be collected.

If the child's temperature does go down following Calpol, but re appears at a later stage, the child will need to be sent home.

Calpol will only be given to alleviate the symptoms of a fever and nursery staff have the right to refuse to administer any medication.

Children will be allowed to return to nursery once their fever has gone without the need for medication.

Common Infectious Illnesses

- **Chickenpox**: minimum 5 days from onset of rash and until spots have crusted
- **Measles**: 4 days from onset of rash
- **Mumps**: 5 days after onset of swelling
- **Scarlet fever**: 24 hours after starting antibiotics
- **Impetigo**: until lesions are crusted or 48 hours after starting antibiotics

The nursery will refer to the latest UKHSA exclusion table for specific illnesses.

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.

FEBRILE CONVULSIONS, ANAPHYLACTIC SHOCK AND ANY OTHER FIT OR SEIZURE

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.

If prescribed, administration of epinephrine (Epipen) may be required and only staff with Epipen training should be called upon to administer such treatment.

IF AN UNWELL OR INFECTIOUS CHILD COMES INTO THE NURSERY:

Children should not attend the nursery if they are unwell and unable to participate in normal activities. The nursery reserves the right not to accept any child who is unwell.

IF A CHILD BECOMES UNWELL WHILST AT THE NURSERY

If a child becomes unwell during the day, 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, or a member of staff from the child's room, should spend one to one time with the child attempting to find out what is wrong and, if required, administering first aid.

Medication will only be administered in line with the Nursery Medicine Policy.

The manager or deputy manager should be informed of any child who appears to be feeling unwell.

If, after staff have done all 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 or Room Leader, will discuss whether or not to contact the parent/carers to come and collect their child.

If it is deemed to be in the best interests of the child to go home, the manager, deputy manager, room leader or key person will contact the parent/carers, getting the number from the child's information which is held in the Nursery Management System 'ParentAdmin.com'.

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, room leader 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 parent/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.

TRANSPORTING CHILDREN TO HOSPITAL PROCEDURE

- If the child's condition 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, along with another 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:

Rainbow Corner Windlesham
12 Kennel Lane
Windlesham
Surrey
GU20 6AA
01276 788950

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.

This policy was reviewed on: 9th April 2026

By: Lucy Whitehead (Managing Director)