



Illness and Exclusion Policy

Beckside Preschool & Nursery aims to promote a healthy environment, good health and to take the necessary steps to prevent the spread of infection for the children in our care and we seek the co-operation of parents to help us implement this policy.

- If parents/carers notice their child becoming ill or infectious they must inform the setting and they must have regard to the exclusion list below.
- If your child becomes ill at the setting, his/her condition should be brought to the attention of one of the senior members of staff or the manager
- A decision is then taken based upon the symptoms, including any visible signs and the child's body temperature, as to whether you are immediately informed or whether continued monitoring of the child should occur
- Should a child's condition deteriorate, you will be contacted by a member of the team and actions will be agreed. This could include administering medicines or requesting collection of the child in order to reduce the risk of cross infection, for example in the case of vomiting or diarrhoea
- If a child becomes ill or infectious at the setting, every effort will be made to contact the parents/carers. It is essential therefore that the setting has up to date information in order to be able to contact the parents/carers during settings hours. If the parent/carer cannot be contacted, setting staff will endeavor to contact the other named contacts on the child's record
- If the setting is unable to contact a parent/carer or other named contact, Beckside Preschool & Nursery reserves the right to take the child to a general practitioner or hospital in an emergency. Parents/carers will be required to give signed consent for this procedure on registering their child at the setting.
- If a child becomes unwell while in our care, with consent from the parent, we can administer Calpol (if available in the setting) to help bring a child's temperature down and until the parent arrives. Calpol will only be administered if the parent is on their way to collect the child, for example the parent will arrive within 30 minutes of the phone call wherever possible or they will arrange for another relative to collect their child if they are not able to come within that time. If someone not known to the setting is collecting the child, please share your password with them.

Notification of exposure to infectious diseases

Illness/Infectious Diseases	Period of Exclusion
Chicken pox/shingles	At least 5 days from onset of rash and until all blisters have crusted over.
Conjunctivitis	None
COVID-19	For children and young people aged 18 and under who test positive for COVID-19, the advice is to try to stay at home and avoid contact with other people for three days . This is because children and young people tend to be infectious to other people for less time than adults.
Diarrhoea and/or vomiting	Children should be excluded from the setting until their symptoms have stopped and until 48 hours after the last episode of diarrhoea or vomiting. If a particular cause of the diarrhea and vomiting is identified, there may be additional exclusion advice, for example E. coli STEC and hep A.
Temperatures High temperature (fever) in children - NHS (www.nhs.uk) * Baby teething symptoms - NHS (www.nhs.uk)	Babies and children with a high temperature should not attend the setting for 24 hours following a temperature and until they feel well and no longer have a high temperature. A high temperature is 38C or more. A normal temperature in babies and children is about 36.4C but this can vary from child to child. *Children who are teething may have a mild temperature of less than 38C and are not excluded if they are teething.
Flu	Until recovered
Glandular fever	There is no benefit in keeping children or staff off once they feel well enough to attend
Hand, foot and mouth disease	There is no exclusion. However, if the child is unwell, they should stay at home but as soon as they are feeling better, they can return. There is no need to wait until all the blisters have healed.
Head lice	None. Treatment is only required if live lice are seen in the hair (not nits (eggs)).
Hepatitis	Hep A- Until 7 days after the onset of jaundice or symptom onset if no jaundice
	Hep B-none
	Hep C-none
HIV / Aids	Should not be restricted or excluded
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment. Until 48 hours after the start of treatment or until the lesions have crusted over
Measles, mumps and rubella	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.
	Rubella- for 5 days after onset of the rash
Meningitis	Children will be too ill to attend and there is no need to exclude siblings or other close contacts. Until recovered
Molluscum contagiosum	None
MRSA	None
Pharyngitis/tonsillitis	If the disease is known to be caused by streptococcal (bacterial) infection the child or member of staff should be kept away from the setting until 24 hours after the start of treatment. Otherwise, they should stay at home while they feel unwell.
Rashes	A child who is unwell and has a rash should visit their GP to establish the reason for it.
Ringworm (Tinea)	Children need not be excluded but spread can be prevented by good personal hygiene, regular hand washing and use of separate towels and toilet articles. Parents should be encouraged to seek treatment.
Scarlet fever / Scarletina	Excluded until 24 hours after starting antibiotic treatment. Individuals who decline treatment with antibiotics should be excluded until resolution of symptoms.
Slapped cheek syndrome (Erythema Infectiosum/fifth disease)	None (once rash has developed). Pregnant contacts of case should consult with their GP or midwife.
Scabies	Child can return after first treatment
Strep A infection	Children should stay away from the setting for 24 hours after starting antibiotic treatment
Tonsillitis	None. There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment. See above if Strep A infection
Typhoid, paratyphoid (enteric fever)	Yes, an infected child is likely to be very ill and whilst infectious unable to attend the setting.
Tuberculosis (TB)	Always consult your local HPT before giving info to staff
Verrucae and warts	None
Whooping cough (Pertussis)	2 days from starting antibiotics or 21 days from onset of symptoms if no antibiotics
Thread worms	None. Treatment recommended for child and household.

We will actively promote the use of the “Catch it, bin it, and kill it” initiative to teach children about good hygiene practices.

We will do this by promoting:

- The use of tissues for coughs and colds
- Access to bins to dispose of used tissues
- Hand washing in warm soapy water immediately, before eating or preparing food and after toileting.

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Please note this list is not exhaustive but contains the most common exclusions. Parents should always seek advice from their GP or Accident and Emergency Department regarding the specific symptoms of their child.

[When to use NHS 111 online or call 111 - NHS \(www.nhs.uk\)](https://www.nhs.uk)

If we have reason to believe that any child is suffering from a notifiable disease identified as such in the Public Health (Infection Diseases) Regulations 1988, we will inform the East Midlands Health Protection Team. We will act on any advice given by them and inform Ofsted of any action taken. [Notifiable diseases and how to report them - GOV.UK](#)

East Midlands HPT

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Out of hours advice 0344 2254 524

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