Illness and Exclusion Policy

Beckside Preschool & Nursery is committed to promoting a healthy environment, supporting good health, and taking all necessary steps to prevent the spread of infection. We rely on the support and cooperation of parents and carers to help us implement this policy effectively.

Parental Responsibility When a Child Becomes Ill

Parents/carers must inform the setting if they notice their child becoming ill or infectious. They must also follow the exclusion guidance provided by the nursery and within this policy.

When a Child Becomes Unwell at Nursery
If a child becomes unwell while in our care:

- Their condition will be brought to the attention of a senior member of staff or the manager.
- A decision will be made based on symptoms, visible signs, temperature, and general wellbeing.
- Staff will determine whether the parent/carer should be contacted immediately or whether the child should continue to be monitored.
- If the child's condition deteriorates, the parent/carer will be contacted and appropriate actions agreed. This may include administering medication (with consent) or requesting that the child is collected to reduce the risk of cross-infection- for example, in cases of vomiting or diarrhoea.

Contacting Parents/Carers
Every effort will be made to contact parents/carers if their child becomes ill or infectious. It is essential that the setting holds up-to-date contact information for all parents/carers.

If parents/carers cannot be reached, staff will contact the other named emergency contacts listed on the child's record.
If no contacts can be reached and the child requires urgent medical attention, Beckside Preschool & Nursery reserves the right to take the child to a general practitioner or hospital. Parents/carers provide signed consent for this procedure during registration.

Administration of Calpol
If a child becomes unwell while in our care, and with prior parental consent, Calpol may be administered (subject to availability) to help reduce a high temperature and/or minor pain and keep the child comfortable until they are collected.

Conditions for administering Calpol:

- Consent must be obtained over the phone at the time of need.
- Calpol will only be given when the parent/carer is on their way to collect the child.

- Ideally, collection should occur within **30 minutes** of the initial phone call.
- If the parent/carer cannot arrive within this timeframe, they must arrange for a relative or friend to collect the child.
- If the person collecting the child is not known to the setting, the parent/carer must ensure the agreed password is provided in advance.
- All medication administered will be recorded on a medication form.

High Temperatures
A high temperature is defined as **38°C or above (NHS)**
Procedure:

- Staff may notice the child feels hotter than usual when touching their back or chest.
- A senior practitioner, room lead, or the nursery manager may need to determine the child's temperature using a thermometer.
- The reading will be recorded on the ***Child Temperature and Wellbeing Check Form*.**
- Excess clothing will be removed if appropriate, and the child will be kept comfortable and hydrated.
- Staff will check the child's temperature regularly and monitor their general wellbeing.
- If the temperature remains above 38°C **and the child is unwell,** parents/carers will be contacted to collect their child.
- Calpol may be administered (with consent) to relieve symptoms while the child waits to be collected.

Teething symptoms can cause a slightly raised temperature but less than 38C (NHS)

If a child is sent home because they are unwell, they must not return to the setting until they are fully better and temperature -free without the use of medication.

Parents and carers must also inform us if their child has been given any pain relief before arriving at the setting, regardless of the reason. Pain relief should only be given for non-illness-related reasons and must not be used to mask symptoms of illness. This information is essential for your child's safety. In the event that emergency medical care is required while your child is in our care, staff must be able to tell healthcare professionals exactly what medication your child has already received. If a child has been given paracetamol or other pain relief at home before their arrival at the setting, there is a risk of accidental overdose should further medication be needed.

Febrile Convulsions, Anaphylaxis, and Seizures
In the event of febrile convulsions, anaphylaxis, or seizures:

- **Call 999 immediately.**
- Administer emergency medication (e.g., an EpiPen) if prescribed and authorised.
- Follow the same emergency transport procedure outlined above.

Emergency Medical Consent
During registration, parents/carers sign the following consent:

- The manager or person in charge will make every effort to inform the parent/carer of any emergency or accident as soon as possible.
- In the parent/carer's absence, staff may seek emergency medical treatment, including taking the child to their GP, the hospital, or calling an ambulance.
- An appropriate adult may accompany the child to hospital in the case of a serious accident or emergency.
- If the parent/carer still cannot be contacted and the child requires emergency treatment, the parent/carer gives permission for the accompanying adult to authorise medical staff to administer essential treatment until the parent/carer arrives.

Notification of exposure to infectious diseases

Exclusion table

This guidance refers to public health exclusions to indicate the time period an individual should not attend a setting to reduce the risk of transmission during the infectious stage. This is different to 'exclusion' as used in an educational sense.

Infection	Exclusion period	Comments
Athlete's 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. **Vaccination Note** **Children who have received the chickenpox (varicella/MMRV) vaccine may experience mild, short-lived side effects.** These are not the same as chickenpox infection and do not require exclusion unless the child is too unwell to participate in nursery activities. **Possible side effects include:** • mild swelling or discomfort at the injection site • a raised temperature • a small, localised rash at the injection site or a more widespread mild rash, which can appear up to one month after vaccination
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores.

Infection	Exclusion period	Comments
Conjunctivitis	None	If an outbreak or cluster occurs, contact your local UKHSA health protection team.
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. For more information, see Managing outbreaks and incidents.
Diptheria*	Exclusion is essential. Always contact your local UKHSA health protection team.	Preventable by vaccination. For toxigenic Diphtheria, only family contacts must be excluded until cleared to return by your local UKHSA health protection team.
Flu (influenza) or influenza like illness	Until recovered	Report outbreaks to your local UKHSA health protection team. For more information, see Managing outbreaks and incidents.
Glandular fever	None	
Hand foot and mouth	None	Contact your local UKHSA health protection team if a large number of

Infection	Exclusion period	Comments
		children are affected. Exclusion may be considered in some circumstances.
Head lice	None	
Hepititis 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 UKHSA health protection team 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. Contact your local UKHSA health protection team for more advice.
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 UKHSA health protection team will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. Your local UKHSA health protection

Infection	Exclusion period	Comments
		team 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.
Mpox	Until confirmed safe to return by their clinician or in line with any current guidance.	Contact your UKHSA health protection team for further advice on management and support for anyone considered a close contact of the confirmed case.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your local UKHSA health protection team 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	None (to avoid close physical contact with others until 24 hours after the first dose of chosen treatment). Those unable to adhere to this advice (such as under 5 years or additional needs),	Household and close contacts require treatment at the same time.

Infection	Exclusion period	Comments
	should be excluded until 24 hours after the first dose of chosen treatment.	
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 local UKHSA health protection team.
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 contact your local UKHSA health protection team 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 UKHSA health protection team will organise any contact tracing.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms.

Infection	Exclusion period	Comments
Whooping cough (pertussis)*	2 days from starting antibiotic treatment, or 14 days from onset of coughing if no antibiotics and feel well enough to return.	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local UKHSA health protection team will organise any contact tracing.

*Denotes a notifiable disease. Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or UK Health Security Agency (UKHSA) health protection team (HPT) of suspected cases of certain infectious diseases.
All laboratories in England performing a primary diagnostic role must notify UKHSA when they confirm a notifiable organism.

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.

Notification of exposure to infectious diseases

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)

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 serious illness and the action taken. Notifiable diseases and how to report them - GOV.UK

East Midlands HPT

UK Health Security Agency
Seaton House
City Link
Nottingham
NG2 4LA

Telephone 0344 2254 524

Out of hours advice 0344 2254 524

Policy adopted: January 2026
Review: January 2027
Version: v4