



Sickness Exclusions and Inclusions Policy

Aligned with EYFS 2025 and UKHSA Health Protection Guidance

Childcare settings are common sites for the transmission of illness and infection. There are a number of reasons why children are more susceptible to becoming unwell such as immature immune systems and the way they play, interact and have close contact with each other. Therefore we take all possible measures to ensure children, staff and families are safe and protected from the risk and spread of infection and illnesses at Little Explorers. We support children's understanding of hygiene through reinforcing hand-washing and learning about germ-spreading, appropriately cleaning toys and surfaces. We always have a supply of tissues available in accessible places and support children to wipe or blow their own nose if its running and to wash their hands afterwards. Being outside in the fresh air is one of the best ways for children to keep healthy and keep germs at bay. We ensure children have suitable clothing to keep them warm, dry and comfortable and of course, remind them to wash their hands when they come back inside.

Little Explorers can care for children with minor coughs and colds but we cannot care for children who are very unwell or infectious.

In line with the Early Years Foundation Stage Statutory Framework we have the following procedure in place, for responding to children who are ill or infectious, to prevent the spread of infection.

PLEASE NOTE: We have the right to refuse admission in the best interest of the child and other children in the nursery this is non-negotiable.

Illness:	Exclusion period:	Comments:
Common cough, cold or ear infection.	None	While there is no specific guidance on children attending settings with coughs, colds or ear infections, there are some basic principles that apply to decide whether they should be at nursery or at home. If a child is really unwell or in pain, then a busy setting probably isn't the right place for them. This is the definition we use: * A child who is happy and able to take part fully in nursery life * A child who does not have a temperature * A child who is not dependent on Calpol * A child who is not reliant on 1-1 care

Temperature above 37.5c	Clear of temperature for 24 hours	A child must not return to the setting until they have been free of a temperature for at least 24 hours without the use of fever-reducing medication. This is because children may still be infectious during this period, even if they appear otherwise well. We will only administer Calpol to reduce a child's temperature while in our care if they are at risk of a febrile convulsion and appear very uncomfortable. This will only be done with your prior signed consent and through telephone contact while we await collection. You will be asked to sign the medication form upon collection or as soon as reasonably practical.
Antibiotics	Initial 24 hours must be given at home	Child must not attend setting until they have received the first 24 hours of treatment at home to ensure no adverse reaction.
Immunisations / Jabs	24 hours.	If your child has had any form of immunisations, they are not permitted to attend nursery for 24 hours following the administration of the immunisation due to possible allergic reactions.
Teething	If generally managing well no exclusion required	We are unable to administer regular pain relief such as Calpol or teething gels, granules etc which have not been prescribed by a doctor.
Undiagnosed rash	Until seen by doctor	We ask that all undiagnosed rashes are looked at by a pharmacist or doctor to ensure they are not contagious.
Wheezing or shortness of breath	We ask children to stay home for close monitoring	Call 111 if you are concerned. Dial 999 if a child's breathing worsens and they are struggling for breath.
Athlete's Foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox	Five days from onset of rash and all the lesions have crusted over	See: Vulnerable children and female staff - pregnancy
Cold sores (Herpes, simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (Rubella) * Notifiable disease	Five days from onset of rash	Preventable by immunisation (MMR x2 doses). See Female staff - pregnancy
Hand, foot and mouth	None	If there is an outbreak of three or more children within the setting exclusion maybe necessary to prevent the spread. Duty room will be informed of any large outbreak.

Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles	Four days from onset of rash	Preventable by vaccination (MMR x2 doses). See: Vulnerable people and female staff - pregnancy.
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlett fever * Notifiable disease	Child can return 24 hours after commencing antibiotic treatment	Antibiotic treatment recommended for the affected child. If more than one child has scarlet fever contact PHA Duty room for further advice.
Slapped cheek (fifth disease or parvovirus B19)	None once rash has developed	See: Vulnerable children and female staff - pregnancy
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. See: Vulnerable children and female staff - pregnancy
Warts and verrucae	None	Verrucae should be covered
Diarrhoea and/or vomiting	Whilst symptomatic and 48 hours after the last symptoms.	
E.coli 0157 VTEC	Should be excluded for 48 hours from the last episode of diarrhoea	Further exclusion is required for young children under five and those who have difficulty in adhering to hygiene practices
Typhoid (and paratyphoid) (enteric fever)	Further exclusion may be required for some children until they are no longer excreting	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
Shingella (dysentery)		Please consult the Duty Room for further advice
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled
Flu (influenza)	Until recovered	Outbreaks must be reported
Tuberculosis * Notifiable disease	Always consult the duty room. Until atleast 2 weeks after effective antibiotic treatment.	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread

Whooping cough (pertussis) * Notifiable disease	48 hours from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non- infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing necessary
Conjunctivitis	None	If an outbreak/cluster occurs, consult the Duty Room
Diphtheria* Notifiable disease.	Exclusions is essential. Always consult with the Duty Room	Family contacts must be excluded until cured to return by the Duty Room. Preventable by vaccination. The Duty Room will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	The duty room will advise on any vaccination or other control measure that are needed for close contacts of single case of hepatitis A and for suspected outbreaks
Hepatitis B, C HIV/AIDS	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact.
Meningococcal * meningitis/ septicaemia * Notifiable disease	Until recovered	Some forms of meningococcal disease are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close contacts. The Duty Room will advise on any action needed.
Meningitis due to other bacteria * Notifiable disease	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. The Duty Room will give advice of any action needed.
Meningitis viral	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required.
MRSA	None	Good hygiene, in particular hand washing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact the Duty Room.
Mumps * Notifiable disease	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts

Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic
Respiratory infections including coronavirus (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.
Broncholitis	48 hours from commencing antibiotic treatment.	Children must have commenced 48 hours of antibiotic treatment and be fever free and well in themselves to return.

All information detailed here has been gathered using the infection control guidance from The Governments website: <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/exclusion-table>

*denotes a notifiable disease. Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or UKHSA health protection team of suspected cases of certain infectious diseases.

Ticks and Other Illnesses:

At Little Explorers, we recognise that children may occasionally present with less common illnesses, such as tick bites or conditions not specifically listed within our sickness policy.

In all such cases, we will always follow the most up-to-date **NHS guidance** (and, where relevant, Public Health advice) regarding treatment, exclusion periods, and safe return to nursery. Parents/carers will be informed of the guidance being followed and asked to seek medical attention where appropriate.

This ensures that our approach remains consistent, evidence-based, and focused on safeguarding the health and wellbeing of all children and staff.

Procedures:

If a child appears unwell when they arrive at Little Explorers or the parent has reported an illness to nursery colleagues, we will ask the parents/carers to take the child home until they are feeling better.

If a child appears or becomes unwell while at Little Explorers

- 1.) The Manager in charge must be informed immediately.
- 2.) In the event that a child falls ill whilst at nursery, the key person or room leader will contact the child's parents/carers.

3.) If the child's parents/carers cannot be contacted, the emergency contacts listed on the registration form should be called. If these are all unavailable, take the necessary action to assist the child's medical health e.g. a key person will reassure your child and make them as comfortable as possible until you arrive.

4.) If the illness is severe, we will call for an ambulance immediately.

a.) Whilst waiting for the ambulance, we will contact the parent and arrange to meet them at the hospital.

b.) The Room Leader / Manager in Charge / Key Person will accompany the child to the hospital taking registration form, relevant medication sheets, medication and the child's comforter.

5.) If a child suffers from a medical incident, such as seizure, allergic reaction an Incident Form must be completed. The form must be signed by the child's parent as soon as reasonably practicable and stored in the child's Blossom file.

6.) If a child needs medication when they are in our care we will need the parent to sign a medication form when they arrive and again at the end of each day.

a.) Medication MUST be clearly labelled and will only be administered if prescribed by a doctor for medical/health reasons. Non-prescription medication such as Calpol will only be administered with parents' previous written consent and only when there is a reasonable enough health reason to do so.

b.) If your child has had Calpol before attending Little Explorers (unless agreed prior with management) they will be turned away. A child who requires Calpol to keep them going throughout the day is deemed too unwell to attend.

7.) If a child in our setting is suffering from a notifiable disease, we will act on advice given by the Health Protection Agency and inform Ofsted of any action we have taken.

a.) We will also inform the parents/carers if another child at Little Explorers has a diagnosed infectious disease, the child's name will always remain confidential.

No matter how minor please always inform us if your child is unwell or has been in anyway at all recently.

If in doubt, please contact us to discuss whether your child should attend childcare or stay at home.

This policy was adopted on	This policy was reviewed on:	Reviewed by:
22/08/2022	23/05/2025	Gemma Roberts