Illness, Infection and Exclusion Policy

This policy is in place to ensure the correct practice to be followed in the instance a child becomes unwell at the setting, outlining ways we control and minimise the spread of infection alongside information relating to exclusion periods.

**Prevention:**

* Parents are not to bring children to the setting when they are unwell or suffering from a infectious/ contagious illness. Practitioners should be notified if a child has been administered Calpol ahead of attending their sessions and explain the need for this, this is because Calpol may mask a child’s symptoms.
* Parents are to notify the setting if their child has developed a contagious infection/ illness (eg: chicken pox, conjunctivitis) and the child should only return to the setting in accordance with the illness exclusion document.
* Information relating to cases of viruses/illness within the setting will be displayed on the specific age rooms door, this will show number of cases and exclusion period.
* This policy, and our exclusion periods is accessible to parents at any time within our policy folder. All policies will also be shared with families at time of enrolment.
* All staff undertake training in controlling the spread of infection, and caring for ill children at the time of induction. Refreshers are available as required.
* In the instance there is an outbreak of any illness/infection/disease staff are required to carry out a deep clean of all areas and resources, completing relevant cleaning checks to document this.
* Staff are to be aware of signs and symptoms of common early years illness, being vigilant in observing any traits within children and acting as required.

**If a child becomes unwell whilst at the setting:**

* Staff are aware of the process to support a children during this time, the Key Person is to be with the child in the first instance and staff deployment is to be altered to ensure ratios are adhered during, especially in the instance a child has to be isolated from the room, a practitioner will always stay with them and wear relevant PPE if required.
* If a child develops a temperature of 38 degrees or above, this is to be monitored and recorded in 10 minute intervals (using a thermometer and monitoring sheet). The child’s parents are to be notified in the first instance and we may be able to administer Calpol. This will be conditional to parent notification and agreement, as well as relevant paperwork being previously completed. Calpol will only be administered if a child has been in the setting over 4 hours. Once Calpol has been administered, staff will continue to monitor the child’s temperature in 10 minute intervals, if after 30 minutes a temperature is still present the child is to be collected promptly, if said temperature returns at any point during the remainder of the session the child is also to be collected promptly as a second dose will not be given.
* Parents will be notified in the first instance when a child has to be collected, if the parents are unable to collect the child the secondary or emergency contacts will be notified, until prompt collection is arranged.
* If a child becomes extremely unwell, or an emergency occurs we will call for an ambulance urgently. Parents will be notified immediately and notified where to meet (whether at the setting or hospital). The key person will accompany the child for the duration, at no point will the child be out of a Nursery Practitioners care until parents arrive.
* Staff will be deployed across the setting accordingly to meet ratios, permission to move between rooms will be granted to ensure ratios are met at all times.

**Exclusion Periods:**

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| **Infection** | **Exclusion period** | **Comments** |
| Athlete’s foot | None | Children 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 | Children are able to return once eyes have stopped weeping, and 48 hour course of antibiotics has been completed. | If an outbreak or cluster  occurs, [consult your local health](https://www.gov.uk/health-protection-team) [protection team (HPT)](https://www.gov.uk/health-protection-team). |
| 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. |
| Diarrhoea and vomiting | Staff and students 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](https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/managing-outbreaks-and-incidents) [incidents](https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/managing-outbreaks-and-incidents). |

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| **Infection** | **Exclusion period** | **Comments** |
| Diptheria\* | Exclusion is essential.  Always consult with your [UKHSA HPT](https://www.gov.uk/health-protection-team). | Preventable by vaccination. Family contacts must be excluded until cleared to return by [your local HPT](https://www.gov.uk/health-protection-team). |
| Flu (influenza) or influenza like illness | Until recovered | Report outbreaks to [your local HPT](https://www.gov.uk/health-protection-team).  For more information,  see [Managing outbreaks and](https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/managing-outbreaks-and-incidents) [incidents](https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/managing-outbreaks-and-incidents). |
| Glandular fever | None, as long as child is well enough to attend nursery |  |
| Hand foot and mouth | Until spots have cleared | [Contact your local HPT](https://www.gov.uk/health-protection-team) if a large number of children are affected. Exclusion may be considered in  some circumstances. |
| Head lice | Until appropriate treatment has been given |  |
| 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](https://www.gov.uk/health-protection-team)  [local HPT](https://www.gov.uk/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 [UKHSA HPT](https://www.gov.uk/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 pupils and 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](https://www.gov.uk/health-protection-team) will advise on any action needed. |

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| **Infection** | **Exclusion period** | **Comments** |
| Meningitis\* due to other bacteria | Until recovered | Hib and pneumococcal meningitis are preventable by vaccination.  Your [UKHSA HPT](https://www.gov.uk/health-protection-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. |
| MRSA | None | Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread.  Contact your [UKHSA HPT](https://www.gov.uk/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 pupils and 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 pupils and 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 48 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.](https://www.gov.uk/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. |

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| **Infection** | **Exclusion period** | **Comments** |
| Tonsillitis | 48 hours after initial course of antibiotics | 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](https://www.gov.uk/health-protection-team)  [local HPT](https://www.gov.uk/health-protection-team) before disseminating information to staff, parents  and carers. | Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread.  [Your local HPT](https://www.gov.uk/health-protection-team) 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](https://www.gov.uk/health-protection-team) will organise  any contact tracing. |

**Recording and Reporting:**

* All appropriate agencies will be notified upon the outbreak of infection disease, eg: Health Protections Agency, OFSTED, etc.
* All forms recording children’s illness in house, will be stored within their folders and reviewed as required.
* Where a child is away from the setting as result of repeat illness/ infection the information will be recorded and monitored as appropriate with action taken as needed.

**Documentation for reference:**

* HPECS guidance: Exclusion table
* GOV.UK Preventing and controlling infections
* Section 3 Safeguarding and Welfare Requirements: Medicines 3.45 Information for parents and carers 3.74.