

# SICKNESS AND ILLNESS POLICY

EYFS: 3.44, 3.45, 3.46

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## BACKGROUND

In line with current health and safety practices, Leaping Lilies Day Nursery adheres to the guidance issued by the UK Health Security Agency (UKHSA) in the document *Guidance on Infection Control in Schools and Other Childcare Settings*. This document provides the most up-to-date information on infection control, recommended exclusion periods, and preventative measures for communicable diseases.

Our policy is reviewed regularly to ensure compliance with UKHSA guidelines and any updates issued by local health protection teams. We also work closely with the local UKHSA Health Protection Team to manage specific outbreaks and implement appropriate exclusion measures where necessary.

Here, at Leaping Lilies Day Nursery, we promote the good health of all children attending. To help keep children healthy and minimise infection, we do not expect children to attend nursery if they are unwell. If a child is unwell, it is in their best interest to be in a home environment with adults, they know well rather than at nursery with their peers.

Leaping Lilies Day Nursery always looks to ensure that the health, safety and wellbeing of our children and staff are paramount to our operations and setting. In order to uphold this, and minimise the spread of infection and illness, we follow clear and rigorous guidelines to inform our practise.

These guidelines are as follows:

## 1. OUR GUIDELINES

- If a child becomes ill during the nursery day, we contact their parent(s) and ask them to pick up their child as soon as possible. During this time, we care for the child in a quiet, calm area with their key person, wherever possible
- We adhere to a strict one episode of sickness and diarrhoea for exclusion. Should a child have an infectious disease, such as sickness and diarrhoea, they must not return to nursery until they have been clear for **at least** 48 hours. Should a child become sick whilst at Nursery we adhere to a strict one episode of sickness and diarrhoea for exclusion. We notify Ofsted as soon as possible and in all cases within **14 days** of the incident where we have any child or staff member with food poisoning. We inform all parents if there is a contagious infection identified in the nursery, to enable them to spot the early signs of this illness. We thoroughly clean and sterilise all equipment and resources that may have come into contact with a contagious child to reduce the spread of infection.
- **Antibiotics Policy** Children who have started a course of antibiotics must remain at home for the first 48 hours after beginning treatment. This exclusion period allows staff and parents to monitor for any adverse reactions to the medication, ensures the child is well enough to participate in group activities without the risk of exacerbating their condition, and reduces the potential spread of infection to other children and staff members.  
Exceptions to this exclusion period may be considered if the antibiotics are part of a long-term treatment plan for a non-contagious condition, such as asthma, and the child is otherwise well enough to attend nursery.
- **Antibiotics Exclusion Period**  
Our standard exclusion period for children who have commenced a course of antibiotics is 48 hours to monitor for any adverse reactions and to ensure they are well enough to return to group activities. However, exceptions will be made for specific conditions where UKHSA (formerly Public Health England) guidance specifies a shorter exclusion period, such as 24 hours for scarlet fever. In these cases, children may return to nursery once the specified exclusion period for that condition has passed, provided they are otherwise well.
- **Vaccinations**  
In line with UK public health guidance, children can generally return to nursery or childcare settings immediately after receiving routine vaccinations, provided they are well. There is no standard exclusion period solely for having been vaccinated. We encourage parents to ensure

their child is feeling well before returning to nursery to reduce the risk of any mild post-vaccination symptoms, such as fever or irritability, affecting their participation in activities.

- We have the right to refuse admission to a child who is unwell. This decision will be taken by the manager on duty and is non-negotiable.
- We make information/posters about head lice readily available, and all parents are requested to regularly check their children's hair. If a parent finds that their child has head lice, we would be grateful if they could inform the nursery so that other parents can be alerted to check their child's hair.

## 2. MENINGITIS GUIDELINES

If a parent informs the nursery that their child has meningitis, the nursery manager will contact the **Infection Control (IC)** Nurse for their area. 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. We will follow all guidance given and notify any of the appropriate authorities including Ofsted if necessary.

## 3. TRANSPORTING CHILDREN TO HOSPITAL PROCEDURE

If a child becomes severely unwell while at nursery, the designated staff member must immediately call for an ambulance. Under no circumstances should a member of staff attempt to transport the child to the hospital in their own vehicle unless advised to do so by emergency services and it is deemed safe.

While waiting for the ambulance to arrive, the staff member must contact the child's parent(s) to inform them of the situation and, if appropriate, arrange to meet them at the hospital. If there is concern that the ambulance wait time is excessive and the child's condition is deteriorating, the management team may decide to transport the child to the hospital, ensuring that the child is adequately secured and that their condition will not be exacerbated by travel.

Staff must ensure that any relevant medical information, including medication sheets, registration forms, and emergency contact details, accompany the child to the hospital. Additionally, a familiar staff member should accompany the child to provide reassurance and support during transit.

It is essential that the nursery remains adequately staffed during such incidents. Therefore, management may need to temporarily redeploy staff or group children together to maintain appropriate ratios and ensure the safety of all children.

Once the emergency has been resolved, the staff member involved in the incident must inform the management team, complete an incident report, and offer support to any children or staff members affected by the event.

Staff should remain calm at all times. Children who witness an incident may well be affected by it and may need lots of cuddles and reassurance. Staff may also require additional support following the incident/accident.

#### 4. GUIDANCE ON INFECTION CONTROL IN CHILDCARE SETTINGS

To minimise the spread of infectious diseases within the nursery, we follow the infection control guidelines issued by the UK Health Security Agency (UKHSA), as outlined in the *Guidance on Infection Control in Schools and Other Childcare Settings*. This document provides up-to-date information on the recommended exclusion periods for various communicable diseases and outlines preventative measures to reduce the risk of infection.

Parents are required to notify the nursery if their child is diagnosed with a contagious illness, enabling us to take appropriate action to prevent further transmission. When a case of a notifiable disease is identified, such as meningitis, tuberculosis, or measles, the UKHSA will be informed, and their recommendations will be strictly adhered to, including any required exclusion periods.

Notices will be displayed at the nursery entrance to inform parents of any confirmed cases of infectious diseases within the setting. Additionally, the nursery will implement heightened cleaning and disinfection protocols to mitigate the risk of spreading the infection.

As nursery staff members are not medical professionals, it is our policy not to make medical diagnoses or determine the severity of a child's condition. If a child presents as unwell in any way during our care, parents will be notified so they are fully informed of their child's health and can make appropriate decisions regarding medical treatment. We acknowledge that parents have varying levels of knowledge and differing concerns about the health of their child. Therefore, we always recommend that parents consult a GP or other medical professional to obtain a qualified opinion if we feel that a child may be unwell or in need of medical assessment.

If a child is unwell but not suffering from a notifiable or contagious illness, they may attend the nursery provided they are able to participate in daily activities without requiring one-to-one care. Staff will monitor the child's condition throughout the day and will contact parents if the child's health deteriorates or if they present with symptoms of a potentially infectious illness.

Parents are encouraged to seek medical advice if they are unsure whether their child is fit to attend nursery or if they suspect their child may have a contagious illness. Staff members are also expected to report any symptoms of illness to management to ensure timely action is taken to protect the health and wellbeing of all children and staff within the setting.

If your child is suffering from any of the following infectious illnesses and therefore is unable to attend Nursery, please contact the nursery on 01277 849 681

#### **Diarrhoea and/or Vomiting**

### Signs and Symptoms

As diarrhoea and vomiting is infectious, please do not bring your child back to Nursery until he/she has been clear of these symptoms for 48 hours.

This is a national policy from OFSTED regarding the care of children under the age of five years.

There may be occasions when this exclusion is extended to 72 hours but all parent/carers will be notified of this.

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](#).

## Measles

### Signs and Symptoms

Early symptoms of measles may include a running nose, watery eyes, high temperature and a cough. Red spots with a white centre may also be seen on the inside of the mouth, behind the ears and on the face and limbs.

### General Medical Advice

As measles is infectious until five days after the appearance of the rash, please exclude your child from Nursery until the rash has disappeared.

### Parents Action – Enforced Exclusion

Please exclude your child minimum of 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.

## Chicken Pox

### Signs and Symptoms



Children who suffer with Chicken Pox can display a wide range of symptoms, but usually they will appear fretful, suffer with a loss of appetite and have a high temperature. A rash will appear on the trunk, face or limbs, and then small blisters will form which may cause an irritation.

#### General Medical Advice

Please provide your child with lots of fluids to help them reduce their temperature. You may find calamine lotion soothes the irritation.

#### Parents Action - Enforced Exclusion

Children with chickenpox must remain at home until all vesicles have crusted over and the child is clinically well enough to participate in nursery activities. While chickenpox is a common childhood illness, it is highly contagious and can have serious implications for vulnerable children, pregnant women, and those with compromised immune systems. We ask parents to work with us to minimise the spread by keeping their child at home during the infectious period.

Pregnant women should be notified of the presence of chickenpox within the nursery to seek medical advice if they are not immune. Additionally, parents are encouraged to inform the nursery as soon as their child is diagnosed with chickenpox, allowing us to take necessary precautions to prevent further transmission.

### **Mumps**

#### Signs and Symptoms

Early symptoms of mumps can include swollen glands on one or both sides of the face, sore throat and a loss of appetite. Your child may also experience difficulty in swallowing.

#### General Medical Advice

Mumps can be infectious for up to one week after the facial swelling appears.

#### Parents Action - Enforced Exclusion

Please exclude your child from Nursery for five days from the onset of swelling.

### **Rubella 'German Measles'**

#### Signs and Symptoms

Symptoms of German measles can include any of the following:

- Slight fever sometimes accompanied by a runny nose.
- Swollen glands behind the ears and around the neck.
- Loss of appetite, Sore throat.
- Rash that starts on the face and then spreads to the body. This rash usually lasts for about 3 days.

#### General Medical Advice

It has an incubation period of up to 21 days. German measles is most contagious before the rash appears and then for about 5 days afterwards.

#### Parents Action - Enforced Exclusion

Please exclude your child Four days from onset of rash (as per “Green Book”)

Preventable by immunisation (MMR x 2 doses)

Pregnant women should be made aware so that they can consult their doctor for advice if they are not immune.

### **Conjunctivitis**

#### Signs and Symptoms

Conjunctivitis causes the following symptoms in one or both eyes:

- soreness, itchiness, redness of the whites of the eye, watering or discharge and / or slight sensitivity to light.

#### General Medical Advice

Conjunctivitis is often caused by an infection of the eye, which may be caused by a virus or bacteria. If you are concerned about your child's eyes, please take them to be seen by a medical practitioner as this infection may need to have prescribed treatment.

To relieve the irritation, you may bathe the eyes in a mild saline solution. Wipe from the centre to the outside of the eye and discard each piece of cotton-wool, it is also advised that you disinfect all toys, towels and facecloths that your child has come into contact with.

#### Parents Advisory Action – No Enforced Exclusion

We do not enforce exclusion solely for conjunctivitis unless the child is significantly unwell or unable to participate in daily activities. If treatment for conjunctivitis is initiated, the child must remain at home for 24 hours to monitor for any adverse reactions before returning to nursery. This precaution ensures that the treatment is effective and prevents the spread of infection to other children and staff members. It is

important that the full course of treatment is completed to reduce the risk of symptoms reoccurring.

## **Head-lice**

### Signs and Symptoms

Head-lice are still common amongst school children and can very often be passed through to nurseries. They have a lice appearance and form eggs on the hair follicles. They spread very easily and are passed from one head to another during head to head contact. Symptoms may include your child scratching their head and eggs appearing particularly behind the ears.

### General Medical Advice

If you are at all concerned that your child might have head-lice, treatment is available from your chemist or pharmacist. It would be appreciated if you let a member of staff know if you are treating your child.

### Parents Advisory Action – No Enforced Exclusion

No enforced exclusion however please treat your child's hair appropriately before they return to nursery. It may be advisable for you to routinely check your family's hair, as the lice like to transfer to a clean head of hair. It is also advisable to treat the whole household.

## **Thread-worms**

### Signs and Symptoms

If you note your child scratching his/her bottom, especially at night it may be due to threadworms. They are tiny, white thread-like worms that may be visible in faeces.

### General Medical Advice

They are easy to treat, and medicine can be bought without prescription from a Pharmacist. It is wise to treat all the members of the household.

### Parent Advisory Action – No Enforced Exclusion

There is no enforced exclusion for children with head lice or threadworms; however, we require that treatment is initiated before the child returns to the nursery. This measure helps prevent the spread of these conditions to other children and staff members. Parents are encouraged to inform nursery staff if treatment has commenced so that further preventative measures can be implemented as necessary.

Routine checks and regular treatment for all household members are advisable to minimise re-infestation.

### **'Fifth Disease' Parvovirus B19 (Slapped Cheek)**

#### **Signs and Symptoms**

Fifth Disease is usually a mild illness caused by a human virus B19. It particularly affects children and typically causes a mild rash that may resemble a "slapped-cheek". The rash then spreads to the trunk, arms, and legs. As the centres of the blotches begin to clear, the rash takes on a lacy net-like appearance. Other symptoms that can occur include joint pain (arthralgia), fever and general flu-like symptoms.

#### **General Medical Advice**

Parvovirus B19 spreads easily from person to person in fluids from the nose, mouth, and throat of someone with the infection, especially through large droplets from coughs and sneezes. The incubation period (the time between infection and the onset of symptoms) for fifth disease ranges from 4 to 28 days, with the average being 16 to 17 days.

#### **Parents Advisory Action – No Enforced Exclusion**

If your child is unwell then please exclude them from the nursery until they are well. If you're pregnant and develop a rash or if you've been exposed to someone with fifth disease (or to anyone with an unusual rash), consult your doctor for medical advice.

### **Hand, Foot and Mouth**

#### **Signs and Symptoms**

Hand, Foot and Mouth is usually a mild illness which often starts with a feeling of being unwell for a day or so. This might include a high temperature. After this a sore throat commonly occurs, quickly followed by small spots that develop inside the mouth. Blisters also often appear on palms, soles of the feet as well as in the mouth. Spots sometimes also appear on the buttocks, legs and genitals.

#### **General Medical Advice**

The incubation period is 3-6 days. If suffering from this, children are generally unwell in themselves.

### Parents Advisory Action – No Enforced Exclusion

While we do not enforce exclusion for hand, foot and mouth disease unless the child is unwell or the blisters are open and weeping, it is important to note that this is a highly contagious condition. We ask parents to work with us in keeping their children at home to prevent the spread to other children and staff members. Repeated instances of hand, foot and mouth disease within the nursery have previously impacted our ability to maintain consistent staffing levels and provide adequate care, as staff members have also become unwell. If blisters are open, the child must remain at home until they have dried completely and the child is clinically well enough to participate in nursery activities. Pregnant women should be made aware of the presence of hand, foot and mouth disease to enable them to seek medical advice if they are not immune.

### **Impetigo**

#### Signs and Symptoms

Impetigo is an infection of the skin caused by bacteria. It most commonly occurs in the skin around the nose and mouth, but it can also affect skin in other parts of the body. The spots may be clustered or merge together. The centre of each one rapidly becomes a blister, which then bursts, oozing a typical golden fluid. Crusts form over the red spots, which may be itchy or slightly sore.

#### General Medical Advice

An infected person scratching the rash, and passing it on their fingers, to another person usually spreads it. Good personal hygiene is very important, particularly through hand washing after touching the rash. The affected person should use separate towels and flannels until the rash has cleared.

### Parents Action – Enforced Exclusion

If impetigo is suspected, you must take your child to see your doctor as the condition is infectious, and antibiotic treatment is important. In mild cases, antibiotic cream applied locally to the spots may be all that is needed, but in more severe cases antibiotic tablets or syrup must be taken. Because the condition is contagious, children with impetigo must be excluded from nursery until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment

### **Scabies**

#### Signs and Symptoms

Scabies is more of a nuisance than a serious medical problem. However, it does require medical treatment. Scabies it is caused by a tiny mite (half the size of a pinhead) which burrow into the surface of the skin causing visible raised lines or small red spots or blisters. These occur particularly in the wrists, back of hands and between the fingers.

#### General Medical Advice

It may take between 2-6 weeks from the first infestation for the itching to start. Scabies can usually be successfully treated using special creams which need to be applied in two applications, one week apart. To prevent re-infection, it is important that all members of the household are treated at the same time.

#### Parents Action – Enforced Exclusion

Children who are infested with Scabies should not attend Nursery until at least 24 hours has passed after the first application. Household and close contacts require treatment at the same time.

### **Meningococcal Meningitis Septicaemia**

#### Signs and Symptoms

Meningitis and Septicaemia are the inflammation of the lining covering the brain and spinal cord.

Symptoms in babies and small children include:

- Stiff body with jerky movements, or very floppy
- Irritability, or dislike of being handled
- A shrill cry or unusual moaning
- Refusal to feed
- Tense or bulging fontanelle (soft spot on head)
- Pale, blotchy skin
- Rapid breathing
- Fever/vomiting
- Drowsiness/impaired consciousness
- Severe headache, stiff neck and dislike to bright lights.

Not all the symptoms have to be present at the same time.

#### General Medical Advice

In most cases someone with Meningitis or Septicaemia will become seriously ill rapidly. Trust your instincts – seek medical help immediately if you are concerned. You may also wish to try the glass

tumbler test by pressing firmly against your child's skin. If it is a Septicaemia rash, the rash will not fade, and you will be able to see the rash through the glass. If this happens get medical help immediately.

#### Parent Action – Enforced Exclusion

Exclusion period: Until recovered.

Meningitis and septicaemia are serious and potentially life-threatening conditions that require immediate medical attention. If a child is diagnosed with meningitis or septicaemia, they must be excluded from nursery until they have fully recovered and are well enough to participate in all nursery activities.

In the event of a confirmed case, the UK Health Security Agency (UKHSA) will be notified, and the nursery will follow all guidance provided regarding infection control measures, potential exposure to other children and staff, and any further exclusion requirements. Staff must remain vigilant for symptoms and notify management immediately if any child presents with concerning signs, including severe headache, fever, vomiting, stiff neck, or a rash that does not fade under pressure.

Parents are advised to inform the nursery immediately if their child is diagnosed with meningitis or septicaemia so that appropriate measures can be taken to protect the health and wellbeing of other children and staff.

### **Scarlet Fever**

#### Signs and Symptoms

Scarlet fever is a contagious infection that mostly affects young children. It's easily treated with antibiotics.

The first signs of scarlet fever can be flu-like symptoms, including a high temperature, a sore throat and swollen neck glands (a large lump on the side of your neck).

A rash appears 12 to 48 hours later. It looks like small, raised bumps and starts on the chest and tummy, then spreads. The rash makes your skin feel rough, like sandpaper.

On white skin the rash looks pink or red. On brown and black skin it might be harder to see a change in colour, but you can still feel the rash and see the raised bumps.

A white coating also appears on the tongue. This peels, leaving the tongue red, swollen and covered in little bumps (called "strawberry tongue").

#### General Medical Advice

A GP will prescribe antibiotics. These will:

help you get better quicker  
reduce the chance of a serious illnesses, such as pneumonia  
make it less likely that you'll pass the infection on to someone else

Scarlet fever lasts for around 1 week.

You can spread scarlet fever to other people until 24 hours after you take your 1st dose of antibiotics.  
If you do not take antibiotics, you can spread the infection for 2 to 3 weeks after your symptoms start.

#### Parents Action – Enforced Exclusion

You can relieve symptoms of scarlet fever by:

- drinking cool fluids,
- eating soft foods if you have a sore throat,
- taking painkillers like paracetamol to bring down a high temperature (do not give aspirin to children under 16)
- using calamine lotion or antihistamine tablets to ease itching

Exclusion period: Child can return 24 hours after commencing appropriate 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.](#)

## **Hepatitis A**

### Signs and Symptoms

Hepatitis A is a liver infection caused by a virus that's spread in the poo of an infected person.

Some people, particularly young children, may not have any symptoms. But hepatitis A can occasionally last for many months and, in rare cases, it can be life-threatening if it causes the liver to stop working properly (liver failure).

Symptoms can include:

Feeling tired and generally unwell



Joint and muscle pain  
A high temperature (fever)  
Loss of appetite  
Feeling or being sick  
Pain in the upper-right part of your tummy  
Yellowing of the skin and eyes (jaundice)  
Dark urine and pale stools  
Itchy skin

#### General Medical Advice

Someone with hepatitis A is most infectious from around two weeks before their symptoms appear until about a week after the symptoms first develop.

You can get the infection from:

- eating food prepared by someone with the infection who hasn't washed their hands properly or washed them in water contaminated with sewage
- drinking contaminated water (including ice cubes)
- eating raw or undercooked shellfish from contaminated water
- close contact with someone who has hepatitis A-

#### Parents Action – Enforced Exclusion

Exclude period: Until seven days after onset of jaundice (or seven days after symptom onset if no jaundice) In an outbreak of hepatitis A, [your local HPT](#) will advise on control measures.

## 5. OTHER IMPORTANT INFORMATION

### **Breaks and Fractures**

Before your child can return to nursery following a break or fracture, we require a letter from the attending doctor or hospital. This documentation is necessary to confirm that your child is medically fit to attend and to outline any specific care instructions or activity restrictions. This applies whether the child is in a cast, splint, brace, walking boot, or other orthopaedic support. The information provided will enable us to complete a comprehensive risk assessment in line with our insurance policy requirements.

The risk assessment will consider factors such as the child's mobility, their ability to safely participate in nursery activities, and the potential for further injury. It is important to note that the routine activities

of a nursery day can be particularly challenging when recovering from a fracture or break. Everyday bumps, falls, or physical play may pose a higher risk of exacerbating the injury or delaying recovery.

If, after completing the risk assessment, we determine that your child requires additional support that we are unable to provide, such as one-to-one supervision, we may not be able to accept their return until they are more fully recovered. This decision is made in the interest of the child's safety, the wellbeing of other children, and the capacity of staff to effectively manage the needs of the room.

Parents will be kept fully informed throughout the risk assessment process and are encouraged to discuss any specific concerns or recommendations from their child's medical team with nursery management.

### **Medicines**

If your child has been prescribed antibiotics, please provide them to the nursery along with clear, written instructions detailing the dosage and timing of administration. To ensure the medication has time to take effect and to monitor for any potential adverse reactions, children must have been receiving the antibiotics for a minimum of 48 hours before returning to nursery.

For all other prescribed or over-the-counter medications, including creams, children must have been receiving the treatment for a minimum of 24 hours before returning to nursery. This allows time to observe for any adverse reactions and to ensure the child is well enough to participate in daily activities.

If a new medication has been given to your child in between their last scheduled attendance and the next, please notify the nursery by email or inform staff at handover on the next scheduled attendance. This is essential to ensure accurate record-keeping and to prevent the risk of double dosing or to monitor any adverse reactions.

A completed consent form must be submitted prior to administration of any medication or cream. Medications will only be administered at the discretion of the nursery management. Verbal consent is not acceptable; written authorisation is mandatory.

All medications and creams must be provided in their original packaging, clearly labelled with the child's name, dosage, and administration instructions. The child's name must be clearly visible on the medication packaging to ensure correct identification and prevent administration errors.

If a consent form is not provided, staff will not administer any medication or apply creams under any circumstances.

### **Calpol**

When your child starts at the nursery, you will be asked to sign a form granting permission for Calpol to be administered if necessary. Calpol will only be administered to reduce a high temperature or to alleviate discomfort from teething, and only with prior written consent.

Parents must inform staff if Calpol has been administered to the child prior to attending nursery to prevent the risk of double dosing, which could be harmful. It is important to emphasise that Calpol should not be used to mask symptoms of illness or to circumvent our policy regarding the health and wellbeing of children in our care. High temperatures are often indicative of underlying illness and should be treated as such. If a child is too unwell to attend nursery without the need for medication, they should remain at home to recover. Administering Calpol to temporarily reduce a high temperature may only delay proper medical assessment and potentially cause further harm to the child.

Calpol will only be administered if a child's temperature reaches 38°C (100.4°F) or higher and they are showing signs of discomfort or distress. If a child's temperature reaches 38.5°C (102.2°F) or higher, parents will be contacted immediately to collect the child and seek medical advice, as this may indicate a more serious infection. If the temperature is less than 38°C, Calpol will not be administered unless there are other significant symptoms or specific parental instructions due to a diagnosed medical condition.

A temperature of 38°C or above can indicate a potential infection or illness, but if the child is displaying other concerning symptoms such as lethargy, rash, difficulty breathing, persistent crying, or vomiting, medical attention should be sought regardless of the specific temperature reading.

If a child develops a high temperature during nursery hours, parents will be contacted to collect the child and seek appropriate medical advice. This ensures that the health of the child is managed effectively and that any underlying illness is properly assessed and treated.

### **Coughs, Cold and Flu**

Naturally in this kind of environment we are open to all kinds of disease and as the majority of germs are air-borne, we do appreciate that children will pick-up illnesses. If your child is unwell and would not cope with a nursery day it would be appreciated if you could keep them at home, to reduce the risk of spreading the infection to the other children.

### **Summary**

The health, safety, and wellbeing of all children and staff at Leaping Lilies Day Nursery are of paramount importance. This Sickness and Illness Policy is designed to minimise the spread of infectious diseases, ensure appropriate care for unwell children, and maintain a safe and hygienic nursery environment.

We adhere strictly to the infection control guidelines issued by the UK Health Security Agency (UKHSA) and follow recommended exclusion periods for communicable diseases to protect all children and staff members. Notices of confirmed infectious illnesses will be communicated promptly to parents, and heightened cleaning protocols will be implemented to prevent further transmission.

While we do not enforce exclusion for all conditions, we strongly encourage parents to keep their child at home if they are unwell, particularly in cases where the child may struggle to participate in nursery activities or if their condition poses a risk to other children and staff.

Whilst we fully support parents as the primary decision-makers regarding their child's health, we reserve the right to request that a child be collected if we feel they are too unwell to remain in the nursery setting or if we believe that staying at nursery may exacerbate their condition. As we are not medical professionals, we rely on parents to work collaboratively with us by seeking medical advice in such instances to safeguard the health of the child and to ensure that appropriate care is provided.

If a child presents as unwell during nursery hours, parents will be notified so they are well-informed of their child's health and can seek medical advice if necessary. This approach ensures that parents remain the primary decision-makers in relation to their child's health, while the nursery provides transparent and consistent communication regarding any concerns observed.

We appreciate the cooperation of all parents and carers in adhering to this policy, as working together is essential in maintaining a safe, healthy, and supportive nursery environment. For further clarification on this policy or any health concerns, please contact a member of the management team.