



Policy Document Illness and Exclusion Policy for Little Stars Day Nursery.

Change Control

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Revision History

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V1	New	October 2015	New
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Little Stars Day Nursery aims to promote a healthy environment for the children in our care and we need and appreciate your co-operation to support this.

- 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. We also need to be informed if your child is unwell for attendance /safeguarding purposes.
- If a child becomes ill or infectious at the setting and we feel the child needs to go home, we will contact you straight away to collect your child.
- Babies /children who have had 2 loose nappies/stools at nursery will be sent home to minimise the risk of infections. To assess the consistency of the stool we are using the Bristol stool chart which enables us to categorize this. If stools are presenting as a 6/7 this is classed as diarrhoea and you will be asked to collect your child and keep off for 48 hours or the last bout of diarrhoea. Please see appendix 1.
- Children will be sent home if they have a vomiting episode at nursery to minimise the risk of infection. We will ask that you keep off for 48 hours or the last bout of sickness.
- 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 endeavour to contact the other named contacts on the child's record.
- Our staff will adhere to this policy in relation to having to send children home and exclusion periods.
- If the setting is unable to contact a parent/carer or other named contact, Little Stars Day Nursery reserves the right to take the child to hospital in an emergency. Parents/carers will be required to give signed consent for this procedure on registering their child at the setting.
- **Please note that all sickness absences are payable in full as per our payment policy.**

Infectious Childhood Illnesses.

Illness	Incubation period / nursery exclusion period	Symptoms	Care
Conjunctivitis	12 hours from starting drops.	Red, itchy, watery eyes, irritation of the eye area, sticky, yellowy/white discharge and swollen eye lids	Consult doctor or pharmacist. Please note children and babies under 2 years will have to see a GP. Consult PHE if clusters or outbreaks occur
Chickenpox	5-6 days from the onset of rash and once scabs are covered with crust and are starting to dry up.	Spots on chest and back, red at first, becoming blisters, then forming a dry scab. The spots can come in successive crops and can be very itchy.	Consult your doctor, discourage scratching and ease the itching by keeping your child cool and apply lotion such as calamine. Vulnerable children and females that is pregnant.
Croup	48 hours	Begins with a cold, stuffy, runny nose, and a mild fever. A 'barking' cough will emerge along with a hoarse voice. Child may have difficulty breathing and it might be painful. Symptoms worsen at night.	Consult doctor. Keep child calm, give plenty of fluids. Warm, moist air can help the breathing sit your child in a steamy bathroom or place a damp towel near a radiator for moisture

Diphtheria	Exclusion essential. Consult your local HPT(Health Protection Team)	Difficulty in breathing. White membrane forms in the throat High temp above 38	Consult PHE (Public Health England) family members must be excluded and cleared by the PHE department. Preventable by vaccination. PHE will help you organise contact tracing if necessary
Diarrhoea/ vomiting	48 hours from last episode of diarrhoea/vomiting	Loose, frequent, watery stools.	Give plenty of fluid to avoid dehydration. Consult a doctor if your child is a baby or if the symptoms persist.
Ear infections	2-7 days (extended if ear still weeping)	Pain, discharge from ear, and high temperature.	Consult your doctor as antibiotics and pain relief may be prescribed.
Gastro-enteritis	2-14 days	Severe and persistent vomiting and diarrhoea and high temperature	Consult your doctor, give plenty of fluids
German Measles(Rubella)	Four days from onset of rash		Preventable by immunisation(MMRx2)

Hand, foot & mouth	None Can be highly contagious	Early symptoms – fever, loss of appetite, and sore throat. After 12-26hrs yellowy ulcers develop on the roof of the mouth, tongue and cheeks. After a day sores on palm of hand, soles of feet and between toes/fingers. These are itchy and uncomfortable	Contact local HPT if a large number of children are infected. Exclusion may be considered in some circumstances this on an individual basis.
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Head lice	None	Presence of head lice, itching of the scalp. Detecting them: - check the base of the hair for eggs and around the ears.	Treat at home by using a wet comb with conditioner or medicated lotions (ask for advice when using on young babies). Special nit comb available from pharmacies. Treatment is recommended only when live lice are seen. Treatment must be done before children can come back.
Impetigo	Until scabs are crusted over or 48 hours after starting antibiotics		Antibiotic treatment speeds up healing.

Measles	4 days from onset of rash	Raised temperature, sore eyes, spots in the mouth, red blotchy rash that quickly spreads over the body	Consult your doctor.
Meningitis Meningococcal/ Septicaemia	Until recovered	High temperature, headache, vomiting, rash, pain and stiffness of the neck, and sensitivity to light	Consult your doctor. Meningitis C is preventable by vaccination. Local PHE will advise on action to be taken.
Meningitis due to bacteria	Until recovered		Hib and pneumococcal meningitis are preventable by vaccination. Local PHE will advise on action to be taken.
Meningitis viral	None		Milder illness no reason to exclude/siblings or other close contacts.
Mumps	Exclude child for 5 days from onset of swelling	Pain, tenderness and swelling around the jaw and ear, usually on one side of the face and then the other. Headache, feeling sick, dry mouth, mild abdominal pain, feeling tired, loss of appetite	Consult your doctor. Preventable by vaccination (MMRx2 doses)
Rotavirus	3-8 days	Vomiting, diarrhoea, stomach cramps, it may cause a fever and convulsions.	Consult your doctor, frequent sips of water; give foods high in carbohydrates and soups. If breast or bottle feeding continue to feed as normal.

Scarlet fever	2-6 days	Red tongue, sore throat, rash on face and body	Consult doctor, antibiotics may be given <i>(see note on antibiotics below)</i>
Sickness	2-7 days	Difficulty in keeping down solids or liquids	Give small amount of fluid – even if still vomiting as this will stop your child becoming dehydrated. Consult doctor if the sickness is very severe.
Thrush	Exclusion not usually required however is dependent on each child's symptoms	White patches in the mouth, usually on the tongue and inside the cheeks. A baby may have a sore bottom too. Not usually contagious . But a child with a weakened immune system may get thrush by sharing toys or pacifiers with a child who has the infection (babies).	Seek medical advice and treatment. If a child has mild oral thrush and medical advice and treatment has been sought, the child will be allowed to attend nursery, but the situation will be monitored. Sterilise the equipment which the child has been in contact with.
Whooping cough	5 days from starting antibiotic treatment or 21 days if no antibiotic treatment.	Long bouts of coughing and choking, difficulty in breathing during the coughing, whooping noise as the child draws in a breath. Vomiting during coughing bouts.	Consult doctor. Support during coughing bouts and give reassurance.

Cold sores (Herps simplex)	none	Blisters develop around and inside the mouth.	usually clear up without treatment within 7 to 10 days
Ringworm	Exclusion not usually required	Ringworm is a common fungal infection that can cause a red or silvery ring-like rash on the skin. Ringworm commonly affects arms and legs, but it can appear almost anywhere on the body. Despite its name, ringworm doesn't have anything to do with worms	Treatment is required before child can attend nursery.
Slapped cheek (fifth disease or parvovirus B19)	Exclude only if rash is weeping and cannot be covered	After a few days, a distinctive bright red rash on both cheeks (the so-called "slapped cheeks") normally appears, although adults may not get this.	You don't usually need to see your GP if you think you or your child has slapped cheek syndrome, as the condition normally gets better on its own. Pregnant women need to be informed.
Roseola (infantum)	none	Fever over 37.5C, sore throat, runny nose, cough, mild diarrhoea, loss of appetite, swollen eye lids,	Consult doctor if worried but can be treated at home with rest if they seem unwell, paracetamol

		RASH- usually appears once the fever has gone down, pinkish red spots – THEY SHOULD DISSAPEAR WITH A GLASS ROLLED OVER, not itchy.	can be given for the high fever. Contact doctor if rash does not disappear within 3 days
Tonsillitis	None	Sore throat, ear ache, High temperature, coughing, headache.	See doctor May need antibiotics <i>(see note on antibiotics below)</i> Should pass within 3-4 days

Antibiotics:

Please note that if antibiotics are prescribed for any of the above the nursery requires children to have 48hours off nursery, this is due to the following reasons:

- The child may be allergic to the antibiotics they have been prescribed. Allergies do not always present themselves until they have had 2 or 3 doses of the medicine. In some cases allergies may not present themselves until the child has had multiple courses of the same medicine.
- If the child has been prescribed antibiotics this would generally suggest that the child isn't well enough to be at nursery and therefore would be required to stay at home until they are well enough to return.

Contacts:

Please note the information in the table above could vary due to each individual child. If you are ever concerned about your child's health, phone your family Doctor, or the NHS Direct as these will be able to advise you further:

- **NHS DIRECT** - www.nhsdirect.nhs.uk (Available 24 hours)
- **999 for emergencies**
- **111 for all non emergency**

Notifying others:

If a child contracts any of the above infectious diseases, other parents will be informed by text and or tapestry along with signs for the room doors.

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 Health Protection Agency and Ofsted as a reportable incident.








We will act on any advice given by the Health Protection Agency and inform Ofsted of any action taken. The Health Protection Agency's list of notifiable diseases can be found at www.hpa.org.uk is displayed on our parent's notice board.

Further guidance on infection control in schools and childcare settings can also be found at www.hpa.org.uk

Appendix 1

THE BRISTOL STOOL FORM SCALE (for children)
choose your

POO!

type 1		looks like: rabbit droppings Separate hard lumps, like nuts (hard to pass)
type 2		looks like: bunch of grapes Sausage-shaped but lumpy
type 3		looks like: corn on cob Like a sausage but with cracks on its surface
type 4		looks like: sausage Like a sausage or snake, smooth and soft
type 5		looks like: chicken nuggets Soft blobs with clear-cut edges (passed easily)
type 6		looks like: porridge Fluffy pieces with ragged edges, a mushy stool
type 7		looks like: gravy Watery, no solid pieces ENTIRELY LIQUID

Concept by Professor DGA Candy and Emma Dwyer
 based on the Bristol Stool Form Scale produced
 by Dr RW Heaton, Professor in Medicine at the
 University of Bristol
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 Limited, manufacturer of Movicol Paediatric Plain

MOVICOL[®] Paediatric
 macrogol 3350, sodium bicarbonate, sodium chloride, potassium chloride **Plain**