



## **Nursery Sickness Policy**

We are committed to safeguarding and ensuring the health, safety and well-being of all pupils in accordance with safeguarding procedures and guidance for staff outlined in the schools' Health and Safety, Child Protection, Security and Safeguarding policies.

## Nursery Sickness Policy

### Document Information

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### 1. Aims

At The Oak Partnership, we are committed to promoting the good health of all children attending our nursery. This policy outlines the procedures we follow to ensure that children who become unwell while in our care are treated with sensitivity, dignity, and respect, while also safeguarding the wellbeing of others in the setting.

This policy aims to:

- Promote and protect the health and wellbeing of all children, staff, and families.
- Prevent the spread of infection and contagious illnesses within the nursery.
- Ensure children, parents/carers, and staff understand the procedures followed when a child becomes unwell.
- Clarify the roles and responsibilities of all stakeholders in managing illness and emergencies.
- Comply with relevant legislation and statutory responsibilities.

### 2. Legislation and Statutory Responsibilities

This policy complies with the following legislation and guidance:

- Section 100 of the Children and Families Act 2014, which places a duty on governing bodies to make arrangements to support pupils with medical conditions.
- Department for Education's statutory guidance: "Supporting Pupils at School with Medical Conditions."
- Guidance from the UK Health Security Agency (formerly Public Health England) on infection control in schools and other childcare settings.

### 3. Roles and Responsibilities

The Governing Board will:

- Ensure this policy is effectively implemented across the nursery.
- Provide resources for staff training and development.
- Monitor compliance with the procedures detailed herein.

The Early Years Strategic Lead is the named person responsible for overseeing this policy.

Nursery Management will:

- Ensure that staff are fully trained and aware of procedures when a child becomes unwell.
- Maintain appropriate cover to support unwell children.
- Follow exclusion guidance in line with public health recommendations.
- Ensure accident and illness records are accurately maintained.

Staff will:

- Follow health and safety procedures when a child shows signs of illness.
- Monitor and record symptoms, contact parents/carers promptly, and take appropriate action.
- Maintain professional communication with families regarding their child's wellbeing.
- Comply with hygiene and infection control procedures.

Parents/Carers must:

- Inform the nursery if their child is unwell and will not attend.
- Keep children at home if they are unwell or within the exclusion period after an illness.
  - Provide up-to-date contact information and emergency contact details.
- Complete and update health information as required, including consent for emergency treatment.

#### **4. Equal Opportunities**

All children at The Oak Partnership will be treated equally, with respect and care, regardless of their health condition. We will make reasonable adjustments to support children with chronic health issues or disabilities, in line with our commitment to inclusion and the Equality Act 2010.

### **5. Procedures for Managing Illness**

#### **5.1 Admission and Attendance**

- Children who appear visibly unwell or have been given Calpol (or equivalent) at home in the morning should not be brought to nursery. Staff may refuse entry if they judge a child to be too unwell to attend.
- The nursery reserves the right to refuse admittance to children with a contagious illness, in line with health agency guidance.

#### **5.2 Emergency Contact and Consent**

- Parents/carers must be reachable in the event of illness or injury.
- Where immediate contact cannot be made, staff will contact alternative persons listed in the child's emergency contact form.
- Parents/carers must provide signed permission authorising the nursery to act in their absence in an emergency.

#### **5.3 Emergency Medical Situations**

- In the case of serious illness or injury, staff will call an ambulance and contact parents immediately.

- A senior staff member will accompany the child to the hospital if parents cannot arrive in time and bring all necessary documentation and medication.

#### 5.4 Monitoring High Temperatures

- Staff will check a child's temperature using an approved forehead scanner.
- Parents will be notified, and temperatures will be logged on a monitoring form.
- Staff will attempt to reduce fever by removing layers and encouraging hydration.
- If a child's temperature exceeds 37.5°C and does not decrease, parents will be asked to collect their child.
- Emergency Calpol may be administered only with prior parental consent and if the child becomes acutely unwell. Parents must then collect their child immediately.

#### 6. Common Early Years Illnesses and Exclusion Periods

Please refer to the table below for recommended exclusion periods in line with public health advice. Parents are expected to follow these guidelines strictly. Any attempts to return a child during an exclusion period may result in contact with the local authority or social services.

#### 7. Reporting and Communication

- All incidents are recorded on accident or illness forms stored securely in the Nursery Office.
- Notifications are shared with parents via FAMLY, and acknowledgments must be confirmed.
- Parents must inform the nursery of long-term absences due to illness.

#### 8. Record Keeping Requirements

In accordance with Local Authority regulations, parents/carers must provide the following information:

- Child's full name, address, and date of birth.
- Full names, addresses, and workplaces of parents/carers, along with contact numbers.
- Names and contact details of each child's GP.
- Details of immunisations received and illnesses previously contracted.

#### 9. Confidentiality

All medical information shared with the nursery is treated in the strictest confidence and stored securely in accordance with our Data Protection Policy.

## 6. Common Early Years Illnesses

Please ensure you take the following precautions:

| Condition                      | Exclusion Period                                   | Comments                                                |
|--------------------------------|----------------------------------------------------|---------------------------------------------------------|
| Athlete's Foot                 | None                                               | Treatment is recommended                                |
| Chickenpox                     | Five days from onset or until lesions have scabbed | Vulnerable children and female staff pregnancies        |
| Cold Sores                     | None                                               | Avoid kissing and contact with sores                    |
| German Measles (Rubella) *     | Six days from onset of rash                        | Preventable by MMR immunisation                         |
| Hand, Foot and Mouth           | Possible exclusion                                 | At nursery manager's discretion; contact PH if outbreak |
| Impetigo                       | Until crusted/healed or 48 hrs after antibiotics   | Antibiotics required                                    |
| Measles *                      | Four days from onset of rash                       | Preventable by MMR vaccination                          |
| Molluscum Contagiosum          | None                                               | None                                                    |
| Ringworm                       | Not usually required                               | Treatment required                                      |
| Roseola (Infantum)             | None                                               | None                                                    |
| Scabies                        | Return after treatment                             | Treatment required                                      |
| Scarlet Fever *                | 24 hrs after antibiotics                           | Treatment required                                      |
| Slapped Cheek / Parvovirus B19 | None (manager's discretion)                        | Vulnerable children/female pregnancies                  |
| Shingles                       | Exclude if weeping rash                            | Can cause chickenpox                                    |
| Warts/Verrucae                 | None                                               | Must be covered                                         |
| Diarrhoea/Vomiting             | 48 hrs from last episode                           |                                                         |
| E. Coli, Typhoid, etc.         | 48 hrs (may vary)                                  | Young children may need longer; consult PH              |

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|                                                           |                                         |                                      |
|-----------------------------------------------------------|-----------------------------------------|--------------------------------------|
| Cryptosporidiosis                                         | 48 hrs from last episode                | Exclude from water play for 2 weeks  |
| Flu *                                                     | Until recovered                         | Vulnerable children                  |
| COVID-19                                                  | 10 days isolation                       | Notify Ofsted & Environmental Health |
| Tuberculosis *                                            | Always consult PH                       |                                      |
| Whooping Cough *                                          | Five days antibiotics / 21 days without | PH to organise tracing               |
| Conjunctivitis                                            | Possible exclusion                      | Manager's discretion                 |
| Diphtheria *                                              | Exclusion essential                     | PH to trace family contacts          |
| Glandular Fever                                           | None                                    | None                                 |
| Head Lice                                                 | None                                    | Treatment if live lice present       |
| Hepatitis A *                                             | Seven days after symptoms/jaundice      | PH will advise if outbreak           |
| Hepatitis B/C, HIV/AIDS                                   | None                                    | Blood borne, not spread casually     |
| Meningitis (Meningococcal, Septicaemia, Bacterial, Viral) | Until recovered                         | PH to advise                         |
| MRSA                                                      | None                                    | Good hygiene required                |
| Mumps *                                                   | Five days after swelling                | Preventable by vaccination           |
| Threadworms                                               | None                                    | Treatment for child and family       |
| Tonsillitis                                               | None                                    | Usually viral                        |