**Infection control illness exclusions – staying safe** (revised April 2022)

A day in nursery is an intense and busy one filled with fun, running, singing and puddle jumping. If your child is not fully fit for this busy day please do not send them in. Along with the needs of your child we must also consider the health of our wider nursery community this exclusion policy aims to hold all of our staff and children’s health in consideration.

**We do not admit children who have had a dose of calpol or ibuprofen in the previous 12 hours as this indicates that these children are not fully fit for nursery and this medication can mask illness.**

Our policy on administering **Prescription medication**: If your child is recovering well and you feel they are fit to be here we will administer medication as directed by your GP/Pharmacist when supplied in original labelled container detailing child’s name and dosage and our medication authority form is completed by parent/carer with parental responsibility.

**Antibiotics:** We require that any Antibiotics have been administered at home for a minimum of 24 hours before children return to nursery. This is to ensure that any adverse reaction to medication can be identified quickly and that your child has an opportunity to recover from their initial acute illness. Once this first 24 hours has passed if your child is fit for nursery they are welcome to attend and we will administer their prescription medication during their time in nursery.

**None Prescription medication**: We will administer a maximum of one dose of off the shelf medication per day. Medicine must be presented in original packaging and our Sandcastles medication authority form completed by parent/carer with parental responsibility e.g. cough syrup / eye drops. Please note many medications are available to buy without prescription for older children/adults but require individual medical advice for nursery age children e.g. steroid creams.

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| **Infection** | **Minimum Exclusion period** | **Comments** |
| Chickenpox | A minimum of 5 days from onset of rash (often longer) all blisters must have crusted over before return, inform nursery. | Nursery will advice pregnant staff contacts to consult with their GP or midwife |
| Cold sores (herpes simplex) | None if fully well and not requiring medication. Inform nursery. | Children to be discouraged from kissing and contact with the sores |
| Conjunctivitis | None if fully well. Inform nursery. Nursery can administer a maximum of one dose of drops. | If an outbreak or cluster occurs, consult your local health protection team (HPT) |
| Respiratory infections including coronavirus (COVID-19) | Children and young people should not attend if they have a high temperature / are unwell.    Children and young people who have a positive test result for COVID-19 should not attend the setting for 5 days after the day of the test, negative test is not required on return. Inform nursery. | Children with mild symptoms such as runny nose, who are otherwise well can continue to attend their setting. |
| **Diarrhoea and vomiting** | **Staff and children can return 48 hours after diarrhoea and vomiting have stopped. Inform nursery.** | 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 |

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| **Infection** | **Minimum 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 |
| Flu (influenza) or influenza like illness | Until recovered. Inform nursery. | Report outbreaks to your local HPT |
| Glandular fever | None if fully well. Inform nursery. |  |
| Hand foot and mouth | None if fully well, for most children it will take 5-7 days to feel fully well. Inform nursery. | Contact your local HPT if a large number of children are affected. Exclusion may be necessary in some circumstances. |
| Head lice | Can return after first treatment. Inform nursery. | Treatment usually requires several treatments and vigilance. |
| 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 local HPT will advise on control measures |
| Hepatitis B*, C*, HIV | None once staff training and insurance risk assessments are completed, Inform nursery | Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact [UKHSA HPT](https://www.gov.uk/health-protection-team) |
| Impetigo | Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment. Inform nursery | Antibiotic treatment speeds healing & reduces 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. Inform nursery. | Meningitis ACWY and B are preventable by vaccination. Your local HPT will advise on any action needed |
| Meningitis\* due to other bacteria | Until recovered. Inform nursery. | Hib and pneumococcal meningitis are preventable by vaccination. Your [UKHSA HPT w](https://www.gov.uk/health-protection-team)ill advise on action needed |
| Meningitis viral | None. Inform nursery. | Milder illness than bacterial meningitis. Siblings and other close contacts of a  case need not be excluded |
| MRSA | None. Inform nursery. | Good hygiene, in particular handwashing & environmental cleaning, are important to minimise spread. Contact [UKHSA HPT](https://www.gov.uk/health-protection-team) |
| Mumps\* | 5 days after onset of swelling. Inform nursery. | Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff |
| Ringworm | Not usually required once first treatment completed. | Treatment is needed |
| **Infection** | **Minimum Exclusion period** | **Comments** |
| 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 & close contacts require treatment at the same time |
| Scarlet fever\* | Exclude until 24 hours after starting antibiotic treatment, return if fully fit. Inform nursery. | A person is infectious for 2 to 3 weeks if antibiotics are not administered. In the event of 2 or more suspected cases, please contact your UKHSA HPT |
| Slapped cheek/  Fifth disease  /Parvovirus B19 | None (once rash has developed) | Pregnant contacts of case should consult with their GP or midwife |
| **Temperature** | **If your child has had a dose of calpol / ibuprofen / paracetamol in the 12 hours before nursery then we will not admit them. These medicines can mask a raised temperature and typically indicate that the child is not fit to attend.** | |
| Threadworms | None once had first dose of treatment. Inform nursery. | Treatment recommended for child and whole household |
| Tonsillitis | None | 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. Always consult your local HPT 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 will organise any contact tracing |
| Warts & Verrucae &  Athlete’s foot | None. Inform nursery | Verrucae/ athlete’s foot should be covered at all times in nursery and children should not share towels, socks or shoes if suffering. |
| 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 will organise any contact tracing. |

Many thanks,

Helen O’Hagan