

# Ill or Infectious Children Policy

## Reflections Nursery

Applies to:

[Reflections Nursery (Ofsted ID: EY343114)]

Primary person responsible for the implementation and monitoring of this policy:	Ben Murray, Nazish Usman, Georgina Stanley
Adopted:	June 2026
Last review:	May 2026
Next review due:	September 2027



## Contents

1. ....	Scope and Application	3
2. ....	Policy Aims	3
3. ....	Procedure when a Child is Unwell	3
4. ....	Hygiene and Infection Control Measures	8



## 1. Scope and Application

- 1.1 This policy applies to: Reflections Nursery Westerfields, 54 Richmond Road, Worthing, West Sussex, BN11 1PS ("**Reflections Nursery**").
- 1.2 Under this policy all employees, including directors, apprentices, casual workers, whether on permanent or temporary contracts are collectively referred to as '**staff**'.
- 1.3 This policy does not form part of any contract and Reflections Nursery may amend it at any time.

## 2. Policy Aims

- 2.1 This policy aims to ensure:
- 2.1.1 sick children are identified and receive proper care;
  - 2.1.2 children and adults are protected from preventable infection; and
  - 2.1.3 staff and parents/carers (together '**parents**') are clear about the requirements when a child is unwell.
- 2.2 The health and wellbeing of all the children, staff and parents who attend the nursery is of paramount importance to us. We recognise it is our responsibility to ensure the health and safety of our children, staff members and parents by identifying and discussing health issues in an open and positive way. Doing this will allow us to achieve and maintain our high standards.

## 3. Procedure when a Child is Unwell

- 3.1 To support the health of all our children and staff, we ask that parents inform us if their child is a little unwell at the start of the day in accordance with the Attendance Policy. We understand the needs of working parents and will not ask that children return home from nursery unnecessarily. It is however at the discretion of the Head of Nursery when deciding that a child is too sick to attend. That decision is final and will consider the needs of the child, other children and adults within the nursery.
- 3.2 As a basic principle we use our 'Sickness Traffic Light System' to decide whether a child can attend nursery:
- 3.2.1 Red: Child should not attend nursery if any of the below are present:
    - any illness or infection is within an exclusion period as specified by the [UK Health Security Agency](#) and/or as described below.
    - fever of 37.8 degrees Celsius or higher;
    - wheezing or shortness of breath;



- continuous cough;
- constant runny nose with yellow or green tint;
- diarrhoea or vomiting within the last 48 hours;
- sore throat or swollen glands;
- undiagnosed rash;
- persistent itching;
- uncovered sores; and/or
- inability to take part in a daily routine or normal nursery activities.

3.2.2 Amber: Child can attend nursery provided their parents can collect them within an hour of being contacted if any of the below are present:

- minimal green/yellow runny nose;
- lethargy; or
- redness or runny eyes.

3.2.3 Green: Child can attend nursery if the below are present:

- clear runny nose; and/or
- child is active, playful and rested.

3.3 If staff suspect that a child has an infectious or contagious disease, they will advise parents to consult a doctor before returning to nursery. Should a child become ill whilst at nursery, the parent or emergency contact will be called, and we shall ask for the child to be collected within one hour if possible. The child will be comforted by a member of staff who will take appropriate action, if necessary, whilst awaiting the arrival of the parent.

3.4 Staff will report any worries about a child's health or well-being to the parent immediately. Parents are responsible for keeping Reflections Nursery informed about their child's health.

3.5 Parents will be contacted should their child have a high temperature of 38°C/100.4°F or higher and will be requested to collect their child within one hour if possible (permission to administer calpol whilst waiting for collection may be asked).



3.6 If your child has not been their normal self at home but is not showing signs of illness when brought into nursery, please mention it to staff and let them know how to best contact you during the day and how they can support your child whilst they are at nursery.

3.7 Should the Head of Nursery consider an illness needs immediate medical attention, the emergency services will be contacted to take the child directly to hospital and the parent will be contacted accordingly in line with our Accident and Incident Policy.

### 3.8 Exclusion Periods

3.8.1 Where a child has a contagious illness, we will follow the NHS recommendations concerning attendance and enforce the periods of exclusion listed below. If the nursery has three separate cases of a contagious illness, this information will be communicated to our families, and we will report in line with regulatory procedures.

Disease / Illness	Exclusion Period	Notes
Chicken pox	At least five to seven days from onset of rash and until the last blister have crusted over.	Pregnant staff should seek prompt advice from their GP or midwife
Cold sores	None	Children should avoid kissing others or otherwise making contact with the sores.
Conjunctivitis	None	To prevent the spread, suspected cases will be reported to parents immediately who will be requested to take their child from the nursery to be seen by the doctor or pharmacist for advice on what treatment is required.  Once the child has been treated and the conjunctivitis appears controlled, providing the child is happy they may return to nursery, again this will be at the discretion of the Headteacher and in discussion with the parent.
Coughs, colds and sore throats		Slight coughs and cold are accepted at nursery as long as they are not otherwise unwell and don't have a high temperature
Flu	Until recovered	Outbreaks will be reported to the local UKHSA health protection team.
Hand, foot and mouth disease	None	The local UKHSA health protection team will be contacted and parents will be notified if there are several cases. Exclusion may be considered in some cases.



Headlice	None	There is no requirement for exclusion; however, the child's parents will be required to notify the nursery and use a course of treatment before the child can return to nursery to prevent the spread.
Hepatitis A	Until seven days after the onset of jaundice (or seven days after symptom onset if no jaundice)	Reflections Nursery will require a note from a doctor that your child is fit to attend nursery.
Hepatitis B, C, HIV	None	These are blood borne viruses that are not infectious through casual contact
Impetigo	Until lesions are crusted or healed or 48 hours after starting antibiotic treatment	
Measles	Until the child is well enough to attend nursery and at least four days from the onset of rash	Pregnant staff should seek prompt advice from their GP or midwife
Meningitis (meningococcal, bacterial)	Until recovered	Reflections Nursery will require a note from a doctor that your child is fit to attend nursery.
Meningitis (viral)	None	
MRSA	None	Good hygiene will be encouraged to minimise the spread.
Mumps	Until swelling has gone and temperature is back to normal—at least five days after onset of swelling	
Plantar warts and athlete's foot	None	Children should not be barefoot or share towels, socks or shoes with others.
Poliomyelitis	Until declared free from infection by a doctor or appropriate public health official	
Respiratory infections including Covid-19	Until recovered	Children should stay at home and avoid contact with others if they do not feel well enough to carry out normal activities.  Children with mild symptoms can still attend nursery.
Ringworm	None	No exclusion period, provided treatment is being given to the child.



Rubella	Five days from onset of rash at a minimum	Pregnant staff should seek prompt advice from their GP or midwife.
Scabies	24 hours after first dose of treatment	Siblings require treatment at the same time, whether or not they show symptoms.
Scarlet fever	24 hours after starting antibiotic treatment or until resolution of symptoms if antibiotics are not taken	In the event of 2 or more suspected cases, we will contact the local UKHSA health protection team.
Slapped cheek syndrome	None	Once the rash appears, the child will no longer be infectious.  Pregnant staff should seek prompt advice from their GP or midwife.
Strep A	24 hours after starting antibiotic treatment or until resolution of symptoms if antibiotics are not taken	
Threadworms	None	additional handwashing supervision should be put in place
Tonsillitis	None	
Tuberculosis	Two weeks after the start of antibiotic treatment for pulmonary TB.  None for non-pulmonary or latent TB.	Parents should liaise with the local UKHSA health protection team.
Typhoid fever	Until declared free of infection	Reflections Nursery will require a note from a doctor that your child is fit to attend nursery.
Vomiting and diarrhoea	48 hours after the last instance of vomiting / diarrhoea	
Whooping cough	48 hours after the start of antibiotic treatment or 14 days from onset of coughing if antibiotics are not taken and the child feels well enough to return.	



#### **4. Reporting Notifiable Diseases**

- 4.1 If a child or adult is diagnosed suffering from a notifiable disease under the Public Health (Infectious Diseases) Regulations 1988, this will be reported to the health protection agency and Ofsted. Reflections Nursery will act on advice given.

#### **5. Hygiene and Infection Control Measures**

- 5.1 As young children's immunity may not have fully developed, they are often highly susceptible to infectious diseases. In a nursery, where children are in close and frequent contact with each other, infectious diseases can spread rapidly.

- 5.2 Fortunately, there are a number of ways to reduce the risk of infections in children. Routine immunisations can protect children against many severe and sometimes fatal infections. Providing children with a healthy diet helps to ensure that their bodies are better equipped to combat infections. We also implement clear and consistent procedures to ensure that the risk of infection is minimised including:

- 5.2.1 reducing or eliminating sources of infection through hygiene practices;
- 5.2.2 preventing transfer of contamination;
- 5.2.3 educating staff on good hygiene practices and ensuring they follow relevant policies around mealtimes, intimate care and health and safety;
- 5.2.4 checking premises are clean and safe before children arrive each day;
- 5.2.5 establishing a daily cleaning routine for the premises, including the nappy changing facilities, play areas, toilets and kitchens;
- 5.2.6 ensuring that all staff members involved in the preparation and serving of food receive appropriate training that includes storing, preparing, cooking and serving food safely and hygienically;
- 5.2.7 ensuring that regulated food hygiene standard requirements in the maintenance of food preparation areas and preparation of food are followed;
- 5.2.8 implementing a robust and regular system for cleaning toys, resources and activity equipment;
- 5.2.9 implementing additional cleaning following on from a confirmed case of a contagious disease;
- 5.2.10 providing suitable hand washing and drying equipment and ensuring that children wash their hands frequently throughout the day;



- 5.2.11 champion and educate staff members, parents and children on the importance of immunisation as a tool against infections whilst recognising the individual's right to choose; and
- 5.2.12 raising children's awareness of good hygiene practices by teaching them about the importance of:
- handwashing;
  - cleaning teeth;
  - nose wiping and disposal of tissues; and
  - using the toilet correctly.

### 5.3 Handwashing

- 5.3.1 Handwashing is essential to ensure that contamination and infection carried on hands through activities such as going to the toilet, nappy changing, and general play are eliminated.
- 5.3.2 Staff should ensure that:
- all children are taught how to wash their hands properly and educated as to the importance of why we wash our hands;
  - children wash their hands frequently throughout the day, particularly:
    - if they appear dirty;
    - before eating;
    - after blowing their noses;
    - if they have been playing with materials that are susceptible to cross infection of germs e.g. sand;
    - after playing outdoors;
    - after contact with animals; and
    - they supervise children's handwashing on a regular basis to ensure that they are observing good practice.



## 5.4 Toilet Hygiene

5.4.1 Staff should enable children to understand the importance of good toilet hygiene.

5.4.2 The toilets will be cleaned each evening by the domestic support staff and by staff throughout the day. Soap and paper towels will be replenished when required.

5.4.3 Staff should:

- check toilets in the morning before children arrive and regularly throughout the day to ensure that they are clean;
- if toilets have become soiled, staff members should use the appropriate protective clothing (plastic apron and gloves) before cleaning. A separate mop and cloth should be used for the toilet area. The mop should be rinsed thoroughly, and the cloth should be washed at a temperature of 60 degrees Celsius or more;
- ensure that there is an adequate supply of soap and paper towels;
- ensure the taps are at the correct temperature between 41-43C to meet hygiene requirements and record this on the daily checklist;
- ensure that children are supported in implementing good toilet hygiene procedures including using the toilet, flushing and hand washing and that staff are aware of which children require support within their room; and
- discuss with children the importance of good hygiene in the toilet area and ask them to report to staff members if the toilets need to be cleaned. This will encourage children to consider toilet hygiene on an ongoing basis.

5.4.4 When changing nappies, staff should:

- ensure changing facilities are kept in good order and to a high level of cleanliness with all of the appropriate equipment at hand;
- ensure that they have access to all of the equipment they need (including running water) to change a child's nappy before beginning this process;
- wash hands thoroughly before and after each nappy change (including after disposal of nappy);
- wear a disposable apron and gloves (double gloves if soiled, when appropriate);
- use a waterproof changing mat;

- clean any surface after every change and during changing with a detergent solution followed by a disinfectant and then dry the surface; and
- dispose of nappies safely by putting them in an individual nappy sack before placing them in a nappy bin that is also lined with a plastic liner.

## 5.5 Toys and Resource Hygiene

5.5.1 Toys and play equipment are a source of fun and learning for children but toys that are frequently shared between children can become a source of infection. Every nursery will have a resource cleaning schedule that ensures that all toys and equipment are maintained to minimise the spread of infections.

5.5.2 Staff should:

- ensure that any resources purchased are age and stage appropriate and carry a safety mark (CE, BS or BSI);
- ensure that any resources purchased can be cleaned;
- check toys regularly for broken bits and rough edges. Discard any toys that are unsafe;
- clean toys according to the resource cleaning rota and whenever they appear dirty or soiled;
- clean hard, plastic toys by washing them with detergent and drying thoroughly;
- disinfect hard plastic toys that cannot be washed;
- clean dirty soft toys in a washing machine;
- store toys in a clean container or cupboard;
- rake and check sandpits before use outdoors and change the sand regularly as well as ensure a cover is placed over the sandpit at night;
- carry out appropriate risk assessments on activities and the environment in which they take place;
- clean and disinfect toys during an outbreak of illness;
- immediately clean and disinfect toys that are contaminated with bodily fluids;
- wash their hands after handling contaminated toys;



- ensure that children wash their hands after playing outdoors, in the sand or water or in the ball pool;
- replace soft modelling materials and dough regularly; and
- discourage children from putting toys into their mouths.

## 5.6 Pets/Animal Hygiene

5.6.1 Animals and/or pets within the nursery can add a great dimension to children's learning, as can trips out to visit animals in a variety of settings but animals can pose a risk of infection.

5.6.2 Staff should:

- ensure that animals in the nursery have been declared healthy by a vet and have received all of the appropriate vaccinations;
- ensure any defaecation or urine is cleaned up as soon as possible;
- ensure that pets in the nursery who become ill are treated immediately by a vet;
- ensure that the pet is fed, watered and housed appropriately and safe from harm, exercised regularly, groomed and examined for signs of injury or illness on a regular basis;
- ensure that children wash their hands after touching animals and/or their equipment;
- discuss with children the conditions necessary to keep their pet safe and healthy and to keep themselves safe and healthy when handling the pet;
- clean pet living quarters daily;
- keep animal feeding utensils clean and ensure that they are cleaned separately from all other utensils;
- keep pet food separate from all other food;
- discourage children from "kissing" pets/animals or allowing the animals to lick them;
- have a nominated staff member who is responsible for the animal;
- ensure that hygiene and hand washing procedures are implemented on trips out of the nursery to animal enclosures; and



- ensure any animal stools are cleared from any outdoor surfaces before allowing children to play in those areas and sign this off in the daily checklist.

