**Sickness Policy**

**Aim**

At Chalke Valley Play School, we are committed to promoting the health and wellbeing of every child in our care. We take proactive steps to prevent the spread of infection and ensure that appropriate action is taken when a child becomes unwell.

Our goal is to ensure that children with medical needs receive the necessary support and proper care. We also aim to provide clarity regarding the roles and responsibilities of both the setting and parents in managing each child’s medical needs.

**Method**

For a child to fully benefit from their time at Chalke Valley Play School and thrive in a healthy environment, they must be well enough to attend. We ask that parents do not bring their child to school if they are unwell. This includes, but is not limited to, symptoms such as a cough or cold, flu, fever, earache, sickness, diarrhoea, sore throat, or lethargy.

If your child is unwell prior to attending school, we kindly request that parents contact us by phone or email as soon as possible. This is important as the child may have an infectious condition, and we will need to inform other parents and carers. Children cannot return to school until they are no longer infectious to prevent the spread of illness.

It is our policy that parents are **not** allowed to bring into Playschool any child who has been vomiting or suffered from diarrhoea until at least **48 hours** has elapsed since the last attack (or since a formed stool is passed).

Children should **not** attend the setting if they require Calpol or any other medication to regulate their temperature. To help prevent the spread of illness, we ask that children be free from Calpol (or similar medications) for at least **8 hours** before returning to the setting. This ensures they are well enough to participate in activities and helps maintain a healthy environment for all children.

**Hand, Foot, and Mouth Disease - Updated Exclusion Policy**

To help prevent the spread of Hand, Foot, and Mouth Disease and protect the health of all children and staff, we are implementing a new policy. Effective immediately, children diagnosed with Hand, Foot, and Mouth Disease will be excluded from the setting for a period of **five days**. This is to ensure the infection rate is minimized and to contain the spread within the setting.

Playschool staff have the right to turn away children that they believe are not well enough to attend Playschool.

If a child becomes unwell during a session, we will make every effort to contact the parent or carer to discuss the situation and determine the appropriate course of action. Our staff members are trained to handle these situations effectively. In an emergency, we will contact emergency services before reaching out to parents or carers.

We obtain parental consent for emergency medical treatment and the administration of prescribed medication, in line with Chalke Valley Play School’s medication procedure policy.

When deciding on the best course of action, we consider the well-being of all the children and adults in our care, as well as the needs of the unwell child.

* Parents will be informed if there is an infectious disease, such as chickenpox, at the Pre-school.
* Children and families are never excluded from attending due to HIV.
* We maintain high standards of hygiene, ensuring any bodily fluids are cleaned up promptly and safely.
* If a staff member becomes ill during a session, arrangements will be made for suitable cover to ensure the session continues smoothly. The staff member will be supported to go home, and, if necessary, we will contact a relative or another staff member to assist with transportation.

Head lice and Nits

Children with head lice are not excluded, but **must** be treated to remedy the condition, although in exceptional cases a parent may be asked to keep the child away until the infestation has cleared.

On identifying cases of head lice, all parents are informed and asked to treat their child and all the family if they are found to have head lice.

**Exclusion table**

This guidance refers to public health exclusions to indicate the time period an individual should not attend a setting to reduce the risk of transmission during the infectious stage. This is different to ‘exclusion’ as used in an educational sense.

| **Infection** | **Exclusion period** | **Comments** |
| --- | --- | --- |
| Athlete’s foot | None | Individuals should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others. |
| Chickenpox | At least 5 days from onset of rash and until all blisters have crusted over. | Pregnant staff contacts should consult with their GP or midwife. |
| Cold sores (herpes simplex) | None | Avoid kissing and contact with the sores. |
| Conjunctivitis | None | If an outbreak or cluster occurs, [contact your local UKHSA health protection team](https://www.gov.uk/health-protection-team). |
| Respiratory infections including coronavirus (COVID-19) | Individuals should not attend if they have a high temperature and are unwell.  Individuals who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test. | Individuals with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting. |
| Diarrhoea and vomiting | Individuals can return 48 hours after diarrhoea and vomiting have stopped. | 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](https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/managing-outbreaks-and-incidents). |
| Diptheria\* | Exclusion is essential.  Always contact your [local UKHSA health protection team](https://www.gov.uk/health-protection-team). | Preventable by vaccination. For toxigenic Diphtheria, only family contacts must be excluded until cleared to return by your  [local UKHSA health protection team](https://www.gov.uk/health-protection-team). |
| Flu (influenza) or influenza like illness | Until recovered | Report outbreaks to your [local UKHSA health protection team](https://www.gov.uk/health-protection-team).  For more information, see [Managing outbreaks and incidents](https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/managing-outbreaks-and-incidents). |
| Glandular fever | None |  |
| Head lice | None |  |
| Hepatitis 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 UKHSA health protection team](https://www.gov.uk/health-protection-team) will advise on control measures. |
| Hepatitis B, C, HIV | None | Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact.  Contact your [local UKHSA health protection team](https://www.gov.uk/health-protection-team) for more advice. |
| Impetigo | Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment. | Antibiotic treatment speeds healing and reduces the infectious period. |
| Measles | 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. |
| Meningococcal meningitis\* or septicaemia\* | Until recovered | Meningitis ACWY and B are preventable by vaccination.  Your [local UKHSA health protection team](https://www.gov.uk/health-protection-team) will advise on any action needed. |
| Meningitis\* due to other bacteria | Until recovered | Hib and pneumococcal meningitis are preventable by vaccination. Your [local UKHSA health protection team](https://www.gov.uk/health-protection-team) will advise on any action needed. |
| Meningitis viral | None | Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded. |
| Mpox | Until confirmed safe to return by their clinician or in line with [any current guidance.](https://www.gov.uk/government/collections/monkeypox-guidance) | Contact your [UKHSA health protection team](https://www.gov.uk/health-protection-team) for further advice on management and support for anyone considered a close contact of the confirmed case. |
| MRSA | None | Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your [local UKHSA health protection team](https://www.gov.uk/health-protection-team) for more information. |
| Mumps\* | 5 days after onset of swelling | Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff. |
| Ringworm | Not usually required | Treatment is needed. |
| Rubella\* (German measles) | 5 days from onset of rash | 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. |
| Scabies | None (to avoid close physical contact with others until 24 hours after the first dose of chosen treatment). Those unable to adhere to this advice (such as under 5 years or additional needs), should be excluded until 24 hours after the first dose of chosen treatment. | Household and close contacts require treatment at the same time. |
| Scarlet fever\* | Exclude until 24 hours after starting 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 [local UKHSA health protection team](https://www.gov.uk/health-protection-team). |
| Slapped cheek/Fifth disease/Parvovirus B19 | None (once rash has developed) | Pregnant contacts of case should consult with their GP or midwife. |
| Threadworms | None | Treatment recommended for child and 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 (if pulmonary TB.  Exclusion not required for non-pulmonary or latent TB infection.  Always contact your [local UKHSA health protection team](https://www.gov.uk/health-protection-team) before disseminating information to staff, parents and carers, and students. | Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread.  Your [local UKHSA health protection team](https://www.gov.uk/health-protection-team) will organise any contact tracing. |
| Warts and verrucae | None | Verrucae should be covered in swimming pools, gyms and changing rooms. |
| Whooping cough (pertussis)\* | 2 days from starting antibiotic treatment, or 14 days from onset of coughing if no antibiotics and feel well enough to return. | Preventable by vaccination.  After treatment, non-infectious coughing may continue for many weeks. Your [local UKHSA health protection team](https://www.gov.uk/health-protection-team) will organise any contact tracing. |