

Chuckles Nursery Sickness / Illness Policy

Chuckles nursery strives to minimise the risk of infection within the nursery by ensuring that the highest hygiene standards are maintained and infection control procedures are in place to minimise the risk and spread of illnesses. All of our staff are given training in Infection Control and Illness Procedures and are aware that they have a responsibility to ensure that they put these procedures into practice

We know that part of growing up means that children will go through a whole of series of illnesses, all quite common and in most cases nothing to be feared. For the parents of a child, it must seem that their children are constantly suffering from something or other whether it is a common cold or an ear infection. When children first attend nursery, they are coughed over by infants with a multitude of viruses, and this is frequently their worst year for infections. Eventually some immunity is acquired, and the number of illnesses gradually decreases each year until adulthood.

At Chuckles we have a duty of care to minimise illnesses and infections so even though the child may be quite happy to come to nursery, we reserve the right to refuse admittance. We understand it is difficult, but it is imperative you collect your child as soon as possible after being contacted. We have to act quickly to reduce the spread of infection within the Nursery; also as we are not trained medical professionals we are unable to know the exact nature of your child's illness and how serious it may turn out to be.

We will **no longer administer Calpol** for a child who is unwell due to CIW regulations stating that it is only to be given in an emergency, these regulations are a legal requirement, and we are unable to be flexible with this. This medication can be given as pain relief alongside some illness/injuries as part of treatment plans – this can be discussed with the manager for individual cases.

If your child is teething, we will administer teething gel. We are also unable to accept children who have been given paracetamol or ibuprofen-based medication before coming to nursery due to the risk of them being infectious to other children or becoming more seriously unwell throughout the day once the medication starts to wear off.
Any child requiring this medication will need to stay home.

The following chart shows the most common types of illnesses/infections (thankfully we do not see most of them) alongside these are the exclusion period your child **must** be kept away from nursery. These are not guidelines but procedures that we have put in place in order to minimise the risks of spreading the infection/illness to the other children in our care and our team.

Exclusion periods are the minimum time your child must remain off nursery; however individual children will react differently to illness so it's important to consider before bringing your child back to us and allow them to remain off if not fully recovered – fully recovered means being able to eat/drink normally and take part fully in nursery activities.

**Please note that there may be times when increased inclusion periods may be put in place if an outbreak occurs – this will be done following advice taken from Public Health Wales.*

Required to report to public health – please ensure that if your child has any of these illness that you inform us immediately.

Chuckles Nursery – Illness Chart

Diarrhoea and Vomiting illnesses

Infection/complaint	Exclusion Period	Comments
Diarrhoea and/or vomiting/Norovirus/Gastroenteritis	48 hours from last episode of diarrhoea or vomiting	Children cannot return to nursery until they have been symptom free for over 48 hours (i.e. no diarrhoea or vomiting), even if the child seems well. This is because they may still be contagious and can spread infections very easily, so we have to ensure they are completely well before attending so to minimise the risk of infection to others
E. coli 0157 VTEC	Until they are completely recovered	Child will need to be excluded from nursery until there is evidence of microbiological clearance (by a doctor). Nursery will take advice from public health regarding close contacts who may also need microbiological clearance.

Rashes and Skin Infections *Children with rashes will be considered infectious until checked and parents will be contacted immediately to collect and have the child assessed by their doctor/pharmacist.

Infection/complaint	Exclusion Period	Comments
Chicken Pox *Only if we also have cases of scarlett fever.	Until all spots have crusted over	Chicken pox can make children vulnerable to infections that would rarely be serious in most children; these include those being treated for leukaemia or with conditions that seriously reduce immunity. Chickenpox can affect the pregnancy if a woman has not already had the infection.
Cold sores (Herpes Complex)	Age dependant	Each case will be assessed according to the severity of the infection and the risk of infection to others
German Measles (Rubella)	Four days from the onset of the rash unless child has other symptoms and is not well enough to attend	Most children will be immunised against this as part of their immunisation schedule, so cases are rare.
Hand, foot and Mouth	48 hours (or longer if child is not well enough to attend) **If an outbreak occurs additional exclusion periods may be	Children must be assessed by a doctor to confirm hand, foot and mouth before returning (it is often confused with chicken pox). Children may sometimes have high temperatures and can also become dehydrated and have a lack of appetite due to the sores within the mouth making eating and drinking painful. If a child is not eating/drinking or has additional symptoms they must be kept

	considered	from nursery until well enough to attend.
Impetigo	Until all lesions are crusted and healed (at least 48 hours after antibiotics have been started)	Antibiotic treatment speeds healing and reduces the infectious period so some children may be able to attend after 48 hours depending on the severity of the infection – evidence of antibiotic to be shown to team
Measles	Minimum of 4 days from onset of rash unless child has other symptoms and is not well enough to attend	Most children will be immunised against this as part of their immunisation schedule.
Ringworm	Able to attend once treatment has been started	
Scabies	Can return after child has received first treatment	Households and close contacts also require treatment and must be excluded until they have received it
Scarlet fever	Child can return 24 hours after antibiotic treatment has begun if well enough	Anti-biotic treatment must be given – evidence of anti-biotics to be shown to team
*Only if 2 or more cases		
Slapped cheek/fifth disease	None once rash has developed (child will be ill beforehand)	*slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks)
Shingles	Exclude if rash cannot be covered (i.e. on the face) or if child is unwell	See chicken pox guidance
Thrush	Mouth – 24 hours after treatment. Genitals – no exclusion necessary although treatment and good hygiene required	Exclusion period will be longer if child is not eating/drinking due to risk of dehydration and if child is not well enough to attend

Respiratory Infections

Infection/complaint	Exclusion Period	Comments
Flu	Until completely recovered (no sign of temperature, breathing difficulties etc.)	Risk of infection to others is high and is particularly dangerous to vulnerable children
*Only if we have chicken pox/scarlett fever		
Tuberculosis	Guidance will be taken from public health	
Whooping	5 days after starting anti-biotics	Preventable by vaccination, after treatment non-infectious coughing may continue for many weeks

cough		
Acute respiratory illness (e.g., COVID-19)	48 hours after fever has cleared and other symptoms have become mild	
Respiratory syncytial virus (RSV)	Mild symptoms no fever can still attend. Severe symptoms high temperature – 48 hours.	Individual children react differently to RSV illness so it's important to consider this before bringing your child back to us and allow them to remain off if not fully recovered – fully recovered means being able to eat/drink normally and take part fully in nursery activities

Other infections

Meningitis (bacterial)	Until completely recovered	Nursery will take guidance from public health if cases occur. Siblings or other close cases of contact can still attend
Meningitis (Viral)	Until completely recovered	Nursery will take guidance from public health if cases occur. Siblings or other close cases of contact can still attend
Conjunctivitis	24-48 hours after treatment starts - will depend on severity of infection – each case will be assessed individually.	This is extremely contagious so we will look at the risk of infection to others when assessing each child. If drops are given infection period will be much shorter and some children may return after 24 hours however if not treatment is given it could take up to 7 days to recover. Children's eyes need to be clear and show no signs of infection.
Ear Infections	48 hours minimum or until improvement begins with medication from GP	
Glandular fever	None if child is well enough to attend	Usually young children, under 2 or 3 years, do not have any clear signs or symptoms of glandular fever, so you may not know they have been infected.
Mumps	Five days after the onset of swelling	Preventable by vaccination
Threadworm	None	However treatment is recommended for children and close contacts
Tonsillitis	None – if child is well enough to attend and is eating and drinking normally	Severity can differ for each child so each child will be assessed individually If child receives antibiotics 48-hour rule will apply. 24 hours of no fever – without being given medication
Streptococcal A (Strep throat)	48 hours – as long as antibiotics have been started	24 hours of no fever – without being given medication
Temperatures	24 hours of no fever – without being given medication	Normal range for child is 36.1-37.7 degrees C. A high temperature is 38C or more.