



6.1 Medication, Sickness, Infectious Illness and Allergies

1) Purpose

We prioritise the health, safety and wellbeing of all children and staff. Parents are responsible for keeping sick children at home. The manager on duty decides whether a child is well enough to attend or remain in nursery, and this decision is made in the best interests of all children and staff.

2) Main rule / nursery commitment

- Children who are unwell must not attend nursery. The nursery may refuse admission or send a child home if they are not well enough to cope, are contagious, or require one-to-one care because of illness.
- The nursery follows current public health guidance, including United Kingdom Health Security Agency (UKHSA) guidance, and may tighten exclusion rules during outbreaks if illness is spreading.
- Parents must be contactable and collect promptly when asked.

3) Sickness and exclusion

- Children with fever, vomiting, diarrhoea, cough, conjunctivitis, fatigue or other signs of illness should stay at home and recover fully.
- In cases of contagious illness such as COVID-19, the child is separated from others where possible and parents must collect immediately. Current government and UKHSA guidance on testing or isolation should be followed where applicable.
- Vomiting and diarrhoea require exclusion for at least 48 hours after the last symptom.
- The nursery may require medical advice before return if needed.

4) Temperature and pain relief rules

- If a child's temperature is over 38°C, parents are called. If parents cannot be reached, Calpol may be administered, and parents collect within 1 hour.
- If a child's temperature is over 39°C, Calpol is given immediately and then parents are called.
- Collection must be immediate, though up to 1 hour journey time is allowed if parents are working away from home.
- If a child has had a temperature for 3 days, parents must consult a doctor before the child returns and the child must be fever-free for 24 hours before returning.
- Children are not admitted if they have had pain relief (for example Calpol or Nurofen) within the previous 8 hours to avoid risk of overdose and to ensure they are well enough for nursery.

5) Allergies and medication

- Parents must disclose all allergies on admission. Allergy details are recorded, shared with relevant staff and an individual health plan is created and reviewed regularly.
- The nursery operates a no-nuts policy and no food may be brought in from outside.
- For serious allergies (for example nuts or bee stings), parents must provide a medical action plan and written consent for emergency medication such as an adrenaline auto-injector.
- Only prescribed medication is administered unless specific prior consent exists for agreed non-prescription items such as nappy cream or teething gel.



- All medication must be in original packaging, clearly labelled with the child's name and within expiry date.
- Parents must complete and sign a medication consent form before medication is given. Each dose is recorded and shared with parents.
- If a child refuses medication, staff will not force it. The parent must keep the child at home or come in and administer it themselves.
- New prescribed medication must first be given at home for at least 24 hours before the child attends nursery.
- Medication is stored securely in the office or fridge and collected by parents at the end of the day. Staff receive training for long-term conditions and a risk assessment / health plan is in place where required.

6) Reporting

- If a child or staff member has a notifiable disease, the manager follows reporting rules and informs Ofsted and the appropriate public health body where required.

7) Policy details

- Provider: Aspire Day Nursery Ltd
- Adopted: May 2015
- Date last reviewed March 2026
- Signed by: C Moxon
- Name of signatory: Christine Moxon
- Role: Manager

Medication		
Administration of Calpol/nurofen or other pain relief	If you have given your child a medication that can mask illnesses within 8 hours of nursery, they are not to attend that day. If you have a teething child, we suggest you administer alternative pain relief specifically that treats teething.	
Rashes and skin infections		
Illness	Exclusion required	
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox*	Until all vesicles have crusted over and a minimum of 5 days	See: Vulnerable children and female staff – pregnancy
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash	Preventable by immunisation (MMR x 2 doses). See: Female staff – pregnancy
Hand, foot, and mouth	None	Contact the Duty Room if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x 2).



		See: Vulnerable children and female staff – pregnancy
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever	Child can return 24 hours after commencing appropriate antibiotic treatment	* Antibiotic treatment recommended for the affected child. If more than one child has scarlet fever, contact PHA Duty Room for further advice
Slapped cheek (fifth disease or parvovirus B19)	None	once rash has developed See: Vulnerable children and female staff – pregnancy
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact the Duty Room. SEE: Vulnerable Children and Female Staff – Pregnancy
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms
Diarrhoea and vomiting illness		
Illness	Exclusion required	
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
Salmonella and Dysentery	24 hours or until advised by the doctor	
E. coli O157 VTEC* Typhoid* [and paratyphoid*] (enteric fever) Shigella* (dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea Further exclusion may be required for some children until they are no longer excreting	Further exclusion is required for young children under five and those who have difficulty in adhering to hygiene practices Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts of cases who may require microbiological clearance Please consult the Duty Room for further advice
Cryptosporidiosis*	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled
Norovirus	48 hours clear	
Gastro-enteritis, food poisoning	48 hours or until advised by the doctor	Gastro-enteritis, food poisoning
Respiratory infections		
Illness	Exclusion required	
Flu (influenza)	Until recovered	See: Vulnerable children
Tuberculosis*	Always consult the Duty Room	Requires prolonged close contact for spread



Whooping cough* (pertussis)	48 hours from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. The Duty Room will organise any contact tracing necessary
Covid-19	Advised to remain at home until you no longer have a high temperature, or no longer feel unwell, inline with government guidance	
Other infections		
Illness	Exclusion required	
Antibiotics prescribed	Any medication prescribed by a doctor must be administered at home for a minimum of 24 hours before the individual is allowed to attend nursery. This ensures that the medication is well-tolerated and any potential side effects can be monitored prior to attending.	
Conjunctivitis	None unless we have an outbreak or child is to unwell/cleaning of the eyes frequently.	If an outbreak/cluster occurs, consult the Duty Room
Diphtheria *	Exclusion is essential	Always consult with the Duty Room Family contacts must be excluded until cleared to return by the Duty Room. Preventable by vaccination. The Duty Room will organise any contact tracing necessary
Glandular fever	None	
Head lice	Children will be sent home when headlice are seen, and not allowed back until treated.	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	The duty room will advise on any vaccination or other control measure that are needed for close contacts of a single case of hepatitis A and for suspected outbreaks.
Hepatitis B*, C, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills. SEE: Good Hygiene Practice
Meningococcal meningitis*/ septicemia* close contacts. The Duty Room will advise on any action needed.	Until recovered	Some forms of meningococcal disease are preventable by vaccination (see immunisation schedule). There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close contacts. The Duty Room will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no



		reason to exclude siblings or other close contacts of a case. The Duty Room will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact the Duty Room
Mumps*	Exclude child for five days after onset of swelling)	Preventable by vaccination (MMR x 2 doses
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic
Typhoid fever	Until declared free from infection by a doctor	
Plantar warts	Should be treated and covered	
Poliomyelitis	Until certified well	