



Sickness and Illness Policy

Setting's Name:	Morning Star Nursery & Morning Star Educational Centre
Date Last Reviewed:	17 th September 2026
Date of Next Review:	17 th September 2027

1. Policy statement

Morning Star Nursery is a 'well nursery'. Children should attend when they are well enough to participate safely and comfortably in the normal nursery day. We recognise that childhood illness can be difficult for working families; however, our first responsibility is to protect the health, safety and wellbeing of all children and staff.

This policy sets out how we respond when a child becomes ill or infectious, how we reduce the spread of infection, when a child should remain away from nursery, and the responsibilities of parents/carers and staff.

2. Legal and guidance framework

This policy has been updated with regard to the Early Years Foundation Stage (EYFS) statutory framework for group and school-based providers in force from 1 September 2026, and current UK Health Security Agency (UKHSA) health protection guidance for children and young people's settings.

EYFS requires providers to promote children's good health and to have a procedure, discussed with parents/carers, for appropriate action when children are ill or infectious and for preventing the spread of infection.

Morning Star will follow current UKHSA public-health exclusion periods. Where a Health Protection Team (HPT) or healthcare professional gives case-specific advice, that advice will take precedence.

This policy should be read alongside the Nursery Terms and Conditions, Medication Policy, Safeguarding Policy, Health and Safety Policy and Infection Prevention procedures.

3. When a child is not well enough to attend

A child should not attend, or may be sent home, where they:

have a high temperature/fever and are unwell;

have vomiting and/or diarrhoea and are within the required exclusion period;

have symptoms of an infectious illness for which a public-health exclusion period applies;

are unusually lethargic, distressed, persistently crying, in significant discomfort, or unable to participate in normal nursery activities;

are unable to eat or drink adequately, or require one-to-one care beyond what can safely be provided in the group environment;

have breathing difficulty, a concerning rash, repeated vomiting, signs of dehydration, or other symptoms requiring urgent medical assessment;

have been advised by a healthcare professional or HPT to remain away from the setting.

A mild runny nose, slight cough or other minor symptom does not automatically mean a child must remain at home if they are otherwise well, have no high temperature and can participate normally.

4. If a child becomes unwell at nursery

A practitioner will assess the child's presentation and inform the Room Leader/Manager.

The child will be comforted and supervised in an appropriate area away from close group contact where practicable, while maintaining safeguarding and staffing requirements.

The parent/carer will be contacted if collection is required. Parents/carers must arrange prompt collection and should ensure emergency contacts are available.

Staff will record relevant symptoms, temperature where taken, time of onset, action taken and collection details.

If symptoms are severe or there is an immediate risk to life, staff will call 999 and then contact the parent/carer.

Any contaminated areas, toys, bedding or equipment will be cleaned in accordance with infection-control procedures.

5. Parent/carer responsibilities

Do not bring a child to nursery when they are too unwell to participate or when an applicable exclusion period has not ended.

Inform the nursery as soon as possible if your child is absent because of illness and tell us of any confirmed or suspected infectious disease.

Provide accurate, up-to-date emergency contact details and arrange prompt collection when requested.

Tell the nursery about medication, medical advice, recent hospital attendance or other information relevant to safe care.

Follow the nursery's sickness procedures and current public-health advice, including any setting-specific advice issued during an outbreak.

Plan, where possible, for alternative childcare when a child is unable to attend because of illness.

Morning Star recognises that unexpected exclusion can cause difficulty for families. However, parents/carers must not place practitioners or managers under pressure to disregard the policy or make an unsafe exception. Abusive, threatening, intimidating or aggressive behaviour towards staff will not be accepted. Decisions will be communicated respectfully and applied consistently.

6. Fees and absence due to illness

Illness or exclusion does not automatically alter a child's contracted nursery place or fees. Fees and funding arrangements are governed by the Nursery Terms and Conditions and the child's individual placement agreement. Parents should refer to those documents for the financial arrangements that apply during sickness, holiday or other absence.

7. Hand, foot and mouth disease (HFMD)

HFMD is a common viral infection in young children. It can spread readily in early years environments through close contact, respiratory secretions, faecal contamination and contaminated hands, toys and surfaces. Babies and toddlers are particularly likely to share germs because they play closely together and frequently place toys and objects in their mouths.

Morning Star Nursery asks that where a child has Hand, Foot and Mouth Disease and has active blisters, the child remains at home until the blisters have dried and are no longer weeping. This is a nursery infection-control measure intended to help minimise the spread of illness within our setting, particularly within the Baby Room where children have close contact, share resources and frequently mouth toys and objects.

This requirement is applied consistently to all families and is intended to protect children, staff and the wider nursery community. Parents/carers must inform Morning Star of a suspected or confirmed case. During an increase in cases, the nursery will

reinforce hand hygiene, environmental cleaning and communication with families. If cases are unusually numerous, severe, or otherwise concerning, management will seek advice from the local HPT and follow any additional measures advised.

Morning Star Nursery's Infection-Control Requirement:

Where a child has Hand, Foot and Mouth Disease and has active or weeping blisters, Morning Star Nursery requires the child to remain at home until the blisters have dried and are no longer weeping. This is an additional nursery infection-control measure intended to reduce the risk of transmission within our setting, particularly where babies and young children have close contact, share resources and frequently mouth toys and objects. This requirement is applied consistently to all families to protect children, staff and the wider nursery community.

8. Diarrhoea and vomiting

Children with diarrhoea and/or vomiting must remain away from nursery until at least 48 hours (2 full days) after the last episode. Some diagnosed infections require longer exclusion or additional clearance; Morning Star will follow UKHSA/HPT advice.

9. Fever and respiratory illness

Children who are unwell with a high temperature should remain at home until they are feeling better and the fever has resolved. Children with mild respiratory symptoms who are otherwise well and do not have a high temperature may usually attend. Where symptoms become more than mild, the child is struggling to breathe, or the child cannot participate normally, the nursery will contact the parent/carers.

10. Public-health exclusion quick reference

The following table summarises selected current UKHSA exclusion periods relevant to early years. It is a quick reference only; current UKHSA guidance and HPT advice will be checked where necessary.

Condition	Minimum public-health exclusion / return guidance
Chickenpox	Stay away until 5 days after the rash first appears.
Conjunctivitis	No routine exclusion required.
Diarrhoea and vomiting	Stay away until 2 days after diarrhoea and vomiting have stopped.
Flu / respiratory infection	Stay away if more than mild symptoms, e.g. high temperature; return when better and no longer feverish.
Group A strep / scarlet fever	Stay away until 24 hours after starting antibiotics.

Hand, foot and mouth disease	Temperature has left blisters have dried up.
Head lice	No routine exclusion required; treatment should be arranged.
Impetigo	Stay away until all blisters have formed scabs OR 2 days after starting antibiotics.
Measles	Stay away until 4 days after the rash started; HPT must be contacted.
Mumps	Stay away until 5 days after onset of swelling.
Ringworm	Stay away until treatment has started.
Rubella (German measles)	Stay away until 5 days after the rash started.
Scabies (age 5 and under)	Stay away until 24 hours after first treatment.
Slapped cheek	No routine exclusion required.
Threadworms	No routine exclusion required.

11. Head lice

Head lice are common and are not a sign of poor hygiene. Current UKHSA guidance does not require routine exclusion. If head lice are identified, parents/carers will be informed discreetly and asked to arrange appropriate treatment/checking. The nursery may provide a general reminder to families without identifying an individual child.

12. Conjunctivitis

Current UKHSA guidance does not routinely require children with conjunctivitis to be excluded from an early years setting. However, **Morning Star Nursery operates an additional infection-control precaution, particularly due to the difficulties of managing active conjunctivitis safely amongst babies and very young children.**

Where a child has **active conjunctivitis with weeping, sticky or discharging eyes**, Morning Star Nursery requires the child to remain at home **until the eyes have stopped weeping/discharging and the symptoms can be hygienically managed within the nursery environment.**

Babies and young children frequently touch and rub their eyes, have close physical contact with practitioners and other children, and share toys and resources. This can make effective infection control particularly challenging within the Baby Room.

This nursery requirement is applied consistently to all families and is intended to reduce the spread of infection and protect **children, staff and the wider nursery community**. A child who is also generally unwell, in pain, distressed or unable to

participate comfortably in their normal nursery day should remain at home until they are well enough to return.

13. Medication

Medication will only be administered in accordance with Morning Star's Medication Policy and the EYFS requirements.

Written parental/carers permission is required for medicine to be administered.

Prescription medicines must have been prescribed for the child by an authorised healthcare professional.

Where administration requires medical or technical knowledge, appropriately trained staff must administer it.

All administration will be recorded and parents/carers informed in accordance with nursery procedures.

Medication must never be used simply to mask symptoms so that a child who is unwell can attend nursery.

14. Infection prevention and control

Morning Star will reduce the spread of infection by:

supporting frequent and effective handwashing for children and staff;

using appropriate PPE for nappy changing, bodily fluids and cleaning tasks;

cleaning and disinfecting frequently touched surfaces, toys and equipment appropriately;

removing mouthed toys from circulation for cleaning before they are shared again, particularly in the Baby Room;

following safe nappy-changing, waste disposal, laundry and bodily-fluid spill procedures;

promoting respiratory hygiene and safe disposal of tissues;

maintaining appropriate ventilation and letting fresh air into occupied spaces where safe and practicable;

ensuring food hygiene and safe drinking-water practices;

providing staff with appropriate information and training on infection prevention.

15. Staff illness

The same public-health principles apply to staff. Staff who are unwell or within an applicable exclusion period must not work with children. Infectious illness among staff can affect safe staffing and ratios, which is one reason cooperation from the whole nursery community is essential. Management will take appropriate steps to maintain required staffing levels and may seek public-health advice during outbreaks.

16. Outbreaks and clusters of illness

Where several linked cases occur, or there is serious or unusual illness, Morning Star will review the pattern of illness and current UKHSA guidance and contact the local HPT where indicated. Additional measures may include enhanced cleaning, reinforcing hand and respiratory hygiene, reviewing activities or shared resources, increasing ventilation, communicating with families, and following any HPT instructions.

Parents/carers may be informed that an infectious illness is circulating so that they can monitor symptoms. The identity and personal medical information of individual children or staff will not be disclosed unnecessarily.

17. Children or adults at increased risk

Some infections may present greater risks to pregnant people, newborn babies, or people with weakened immune systems or particular medical conditions. Where relevant, Morning Star will seek appropriate professional/public-health advice and will communicate necessary precautions without disclosing confidential information.

18. Recording and confidentiality

Illness, accidents, medication and collection records will be completed in accordance with nursery procedures.

Information will be shared internally only where necessary for the child's care, infection control or safeguarding.

Parents may be notified of circulating illness without naming the affected child or family.

Records will be stored and retained in accordance with Morning Star's data protection and record-retention arrangements.

19. Consistent decision-making and disagreements

Room Leaders and Managers will use this policy, the child's presentation, current UKHSA guidance and any professional advice available when making decisions. The fact that another child with a different presentation was permitted to attend does not mean the same decision will be appropriate in every case.

If a parent/carer disagrees with a decision, they should raise the matter calmly with the Nursery Manager or Operations Manager. Concerns will be reviewed, but staff

will not be required to disregard a health and safety decision while a disagreement is being considered.

20. Review of policy

This policy will be reviewed at least annually and sooner if there is a significant outbreak, a change in statutory requirements or UKHSA guidance, or learning from an incident indicates that procedures should be strengthened.

21. Key reference documents

Department for Education: Early Years Foundation Stage statutory framework for group and school-based providers (effective 1 September 2026).

UK Health Security Agency: Health protection in children and young people's settings, including education (updated 7 September 2026).

UK Health Security Agency: Public health exclusion periods in children and young people's settings (updated 7 September 2026).

UK Health Security Agency: Managing outbreaks and incidents in children and young people's settings (updated 7 September 2026).

Approved by: _____ **Date:** _____

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Condition	This disease is spread by	Early Symptoms	Time between exposure and sickness	Exclusion from school, early childhood centre, or work*
Rashes and skin infections				
Chickenpox 	Coughing, sneezing and contact with weeping blisters.	Fever and spots with a blister on top of each spot.	10–21 days after being exposed	1 week from appearance of rash, or until all blisters have dried.
Hand, foot and mouth disease	Coughing, sneezing, and poor hand washing.	Fever, flu-like symptoms – rash on soles and palms and in the mouth.	3–5 days	Exclude until blisters have dried. If blisters able to be covered, and child feeling well, they will not need to be excluded.
Head lice (Nits)	Direct contact with an infested person's hair.	Itchy scalp, especially behind ears. Occasionally scalp infections that require treatment may develop.	N/A	None, but ECC/school should be informed. Treatment recommended to kill eggs and lice.
Measles 	Coughing and sneezing. Direct contact with an infected person. Highly infectious.	Runny nose and eyes, cough and fever, followed a few days later by a rash.	7–18 days	5 days after the appearance of rash. Non-immune contacts of a case may be excluded.
Ringworm	Contact with infected skin, bedding and clothing.	Flat, ring-shaped rash.	4–6 weeks	None, but skin contact should be avoided.
Rubella (German Measles) 	Coughing and sneezing. Also direct contact with an infected person.	Fever, swollen neck glands and a rash on the face, scalp and body.	14–23 days	Until well and for 7 days from appearance of rash.
Scabies	Contact with infected skin, bedding and clothing.	Itchy rash.	4–6 weeks (but if had scabies before it may develop within 1–4 days)	Exclude until the day after appropriate treatment.
School sores (Impetigo)	Direct contact with infected sores.	Blisters on the body which burst and turn into scabby sores.	Variable	Until sores have dried up or 24 hours after antibiotic treatment has started.
Slapped cheek (Human parvovirus infection) 	Coughing and sneezing. The virus may be passed from mother to child during pregnancy.	Red cheeks and lace-like rash on body.	4–20 days	Unnecessary unless unwell.