

# Sickness Policy

The following is a list of the most common communicable diseases that young children experience. The list has been devised using guidance from the Health Protection Agency and Public Health England.

When your child enters Pavilion we ask you to advise of any medical issues. If your child's medical history changes, please let us know so that we can keep our records up to date.

The following information has been produced as a guideline for you but if you are concerned about your child and unable to get an appointment with your GP, please consult a Pharmacist or NHS direct.

If you child is suffering from any of the following infectious illnesses and therefore unable to attend Pavilion, please contact us on 0151 345 6364 or send a message on Famly. Please note our policy may be different to that of your child's school.

Please notify a member of our team if you feel your child is unwell or is recovering from illness to enable us to provide the appropriate care if needed.

# Diarrhoea and/or Vomiting

As diarrhoea and vomiting can be infectious, please do not bring your child to Pavilion until he/she has been clear of their symptoms for 48 hours.

#### Measles

Early symptoms of measles may include a running nose, watery eyes, high temperature and a cough. Red Spots with a white centre may also be seen on the inside of the mouth, behind the ears and on the face and limbs.

As measles is infectious until five days after the appearance of the rash, your child will be unable to attend Pavilion until such times as the rash has disappeared.

#### Chicken Pox

Children who suffer with Chicken Pox can display a wide range of symptoms but usually they will appear fretful, suffer with a loss of appetite and have a high temperature. A rash will appear on the trunk face or limbs and then small blisters will form which may cause an irritation.

Chicken Pox is infectious for up to five days before and not more than five days after the appearance of the last spots. To reduce the risk to others your child will be excluded from Pavilion for up to five days after the appearance of the spots or until all the spots/blisters are dry.

# Mumps

Early symptoms of mumps can include swollen glands on one or both sides of the face, sore throat and a loss of appetite. Your child may also experience difficulty in swallowing.

Mumps can be infectious for up to one week after the facial swelling appears. Your child will be excluded from Pavilion for five days from the onset of swelling.

#### Rubella "German measles"

Symptoms of Rubella can include any of the following:

- Slight fever sometimes accompanied by a runny nose
- Swollen glands behind the ears and around the neck
- Loss of appetite
- Sore throat
- Rash that starts on the face and then spreads to the body. This rash usually lasts for about 3 days

Rubella has an incubation period of up to 21 days. Rubella is contagious before the rash appears and then for about 5 days afterwards. Your child will be excluded from Pavilion for 5 days after the appearance of the rash.

# Conjunctivitis

Conjunctivitis causes the following symptoms in one or both eyes:

• soreness, itchiness, redness of the whites of their eyes, watering or discharge and/or slight sensitivity to light

Conjunctivitis is often caused by an infection of the eye, which may be caused by a virus or bacteria. If you are concerned about your child's eyes, please consult a medical practitioner as this infection may need to have prescribed treatment. Your child will be excluded from Pavilion until they have been receiving treatment for 24 hours.

#### Head Lice

Head lice are very common amongst school children. They have lice appearance and form eggs on the hair follicles. They spread very easily and are passed from one head to another during head to head contact. Symptoms may include your child scratching their head and eggs appearing particularly behind the ears.

If you are concerned that your child might have head lice, treatment is available from your chemist or pharmacist. It would be appreciated if you could let a member of the team know if you are treating your child. Although your child will not be excluded from Pavilion we ask that you treat the hair before they return,

#### Thread worms

If you notice your child scratching his'her bottom especially at night it may be due to threadworms. They are tiny thread-like worms that may be visible in faeces.

They are easy to treat and medicine can be purchased with the need for a prescription from a Pharmacist. It is recommended that you treat all members of the household at the same time. Your child will not be excluded from Pavilion but we would appreciate it if you could begin treatment prior to their return.

### "Fifth Disease" Parvovirus B19 (Slapped Cheek)

Fifth Disease is usually a mild illness caused by a human virus B19. It particularly affects children and typically causes a mild rash that may resemble a "slapped cheek." The rash then spread to the trunk, arms, and legs. As the centres of the blotches begin to clear, the rash takes on a lacy net-like appearance. Other symptoms that can occur include joint pain (arthralgia) fever and general flu-like symptoms.

Parvovirus B19 spreads easily from person to person in fluids from the nose, mouth and throat of someone with the infection especially through large droplets from coughs and sneezes. The incubation period (the time between infection and onset of symptoms) for fifth disease ranges from 4 to 28 days with the average being 16 to 17 days.

If your child is unwell they will be excluded from the nursery until they are well.

#### Hand, Foot and Mouth

Hand, foot and mouth is usually a mild illness which often starts with a feeling of being unwell for a day or so. This might include a high temperature. After this a sore throat commonly occurs, quickly followed by small spots that develop inside the mouth. Blisters also often appear on palms, soles of the feet as well as in the mouth. Spots sometimes also appear on the buttocks, legs and genitals. It can be infectious if the blisters are weeping or sore.

The incubation period is 3 to 6 days. If suffering from this, children are generally unwell in themselves, Your child will be excluded from Pavilion if the blisters are weeping or until the are "clinically well."

#### Impetigo

Impetigo is an infection of the skin caused by bacteria. It most commonly occurs in the skin around the nose and mouth but it can also affect skin in other parts of the body. The spots may be clustered or merged together. The centre of each one rapidly becomes a blister, which then bursts, oozing a typical golden fluid, Crusts form over the red spots, which may be itchy or slightly sore.

An infected person scratching the rash and passing it on their fingers to another person usually spreads it. Good personal hygiene is very important particularly through hand washing after touching the rash. The affected person should use separate towels and flannels until the rash has cleared.

If impetigo is suspected you should take your child to a medical practitioner as the condition is infectious and antibiotic treatment is important. In mild cases, antibiotic cream applied locally to

the spots may be all that is needed but in more severe cases antibiotic tablets or syrup may be prescribed. Because the condition is contagious, children with impetigo will be excluded from Pavilion until all the spots have crusted and dried.

#### Scabies

Scabies is more of a nuisance than a serious medical problem. However, it does require medical treatment. Scabies is caused by a tiny mite (half the size of a pinhead) which burrow in the surface of the skin causing visible raised lines or small red spots or blisters. These occur particularly in the wrists, back of hands and between the fingers.

It may take between 2 to 6 weeks from the first infestation for the itching to start. Scabies can usually be successfully treated using special creams which need to be applied in two applications, one week apart. To prevent re-infection, it is important that all members of the household are treated at the same time.

Children who are infested with Scabies will be excluded from Pavilion until at least 24 hours have passed after the first application of treatment.

# • Meningococcal Meningitis Septicaemia

Meningitis and Septicaemia are the inflammation of the lining covering the brain and spinal cord. Symptoms can include:

- Stiff body with jerky movements or very floppy
- Irritability or dislike of being handled
- A shrill cry or unusual moaning
- Refusal to eat
- Tense of bulging fontanelle (soft spot on head)
- Pale, blotchy skin
- Rapid breathing
- Fever/vomiting
- Drowsiness/impaired consciousness
- Severe headache, stiff neck and dislike to bright lights

Not all symptoms have to be present at the same time.

In most cases someone with Meningitis or Septicaemia will become seriously ill rapidly. Trust your instincts - seed medical help immediately if you are concerned. You may also wish to try the glass tumbler test by pressing firmly against your child's skin. If it is a Septicaemia rash, the rash will not fade and you will be able to see the rash through the glass. If this happens you should seek medical advice immediately.

When a case of Meningococcal Meningitis or Septicaemia is diagnosed the Public Health Doctor will make sure that all those who need antibiotics are contacted.

#### Breaks and fractures

We require a letter from your doctor or the hospital before your child can return to Pavilion while having a cast on. This is for your child's safety and to meet our insurance requirements We will complete a risk assessment. If there are any special circumstances while your child has a cast on such as not being able to play outside, please inform a member of the team.

#### Medicines

If your child has been prescribed antibiotics, please bring them to Pavilion if a dose is required to be taken whilst they are attending a club with clear instructions of when you would like them to be given to your child.

For the best interests of your child and to allow the medication to being working your child must have been receiving the medication for 24 hours before they attend Pavilion.

The administration of all other medication/creams will require the completion of a consent form and will be administered at our discretion. If a consent form has not been signed by either parent/carer then staff will not be able to administer medicine or apply cream. Verbal confirmation will not be acceptable.

Please note - all medications and creams need to be in their original packaging.

# Calpol

When your child starts at Pavilion you will be asked to sign a form which gives permission for Calpol to be administered to your child. This will only be administered in order that we can reduce the temperature.

So that we do not put your child at risk we ask you to inform us if your child had Calpol before they arrive at Pavilion.

With written consent, we will administer Calpol to your child if their temperature exceeds 38 degrees celsius.

# Coughs, Cold and Flu

Naturally in this kind of environment we are open to all kinds of disease and as the majority of germs are air-borne, we do appreciate that children will pick up illnesses. If your child is unwell and cannot cope with an extended day of school and clubs it would be appreciated if you could keep them at home to reduce the risk of spreading the infection to other children.

# Other illnesses and exclusion details

| Infection   | Exclusion period  | Comments  |
|---|---|---|
| Athlete's foot  | None  | Children should not be barefoot and should not share socks or shoes with other children   |
| Cold sores (herpes simplex)                                   | None  | Avoid kissing and contact with the sores  |
| Conjunctivitis  | None  | If an outbreak or cluster occurs, settings should contact the local health protection team  |
| Respiratory Infections<br>(including Coronavirus<br>COVID-19) | Children should not attend if<br>they have a high temperature<br>or are unwell              | Children with mild symptoms such as a runny nose and headache who are otherwise well can attend the setting                           |
|   | Children who have tested positive should not attend for 3 days after the day of the test    |   |
| Diarrhoea and vomiting  | Staff and students can return<br>48 hours after diarrhoea and<br>vomiting have stopped      | If a particular cause of the diarrhoea and vomiting is identified there may be additional exclusion advice eg. E Coli, STEC and Hep A |
| Diphtheria  | Exclusion is essential  | Preventable by vaccination. Family contacts must be excluded until cleared to return  |
| Flu (influenza) or influenza like illness                     | Until recovered   |   |
| Glandular Fever   | None  |   |
| Hand foot and mouth   | None  |   |
| Head lice   | None  |   |
| Hepatitis A   | Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice) | Staff to report any outbreak to local HPT   |
| Hepatitis B, C, HIV   | None  | Hepatitis B and C and HIV are<br>blood borne viruses that are<br>not infectious through casual  |

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|   |  | contact.  |
| Impetigo                                      | Until lesions are crusted or healed or 48 hours                | Antibiotic treatment speeds healing and reduces the infectious period   |
| Measles                                       | 4 days from onset of rash and well enough                      | Preventable with 2 doses of MMR vaccine   |
| Meningococcal meningitis or septicaemia       | Until recovered  | Meningitis ACWY and B are preventable by vaccination  |
| Meningitis due to other<br>bacteria           | Until recovered  | Hib and pneumococcal meningitis are preventable by vaccination  |
| Meningitis                                    | None   | Milder illness than bacterial<br>meningitis. Siblings and other<br>close contacts of a case need<br>not be excluded |
| MRSA  | None   | Good hygiene, in particular handwashing and environmental cleaning are important to minimise spread                 |
| Mumps   | 5 days after onset of swelling                                 | Preventable by vaccination with 2 doses of MMR.   |
| Ringworm                                      | Not usually required   | Treatment is needed   |
| Rubella (German measles)                      | 5 days from onset of rash                                      | Preventable by vaccination with 2 doses of MMR vaccine  |
| Scabies                                       | Can return after first treatment                               | Household and close contacts require treatment at the same time   |
| Scarlet fever                                 | Exclude until 24 hours after starting antibiotic treatment     | A person is infectious for 2 to<br>3 weeks. Staff will report 2 or<br>more suspected cases to<br>UKHSA HPT          |
| Slapped cheek/Fifth<br>disease/Parvovirus B19 | None ( once rash has developed)                                | Pregnant contacts should consult with their GP or midwife   |
| Threadworms                                   | None   | Treatment recommended for child and household   |
| Tonsilitis                                    | None   | Does not usually respond to antibiotics if viral  |
| Tuberculosis                                  | Until at least 2 weeks after the start of effective antibiotic | Only pulmonary TB is infectious to others   |

|                    | treatment ( pulmonary TB)   |   |
|--------------------|---|---|
| Warts and verrucae | None  | Verrucae should be covered in swimming pools, gyms and changing rooms                           |
| Whooping cough     | 2 days from starting antibiotic treatment or 21 days from onset of symptoms if no antibiotics | Preventable by vaccination. After treatment non-infectious coughing may continue for many weeks |

If you would like to discuss any of the illnesses mentioned in further detail please contact your GP or other health professional.

Your child's health is primarily your responsibility, if they are ill and need one to one comfort we would prefer it if they stayed at home as we are unable to offer one to one care on an extended basis.

This policy was adopted on 16th September 2022.

It will be reviewed annually or as required.

Last updated 13.11.2025

Signed by Chair of Trustees:

Signed by Operations Manager: