EARLY YEARS INFECTIOUS DISEASE POLICY

1 Introduction

This policy is based on the EYFS statutory framework for group and school-based providers effective 1 September 2026 and operates alongside Keeping Children Safe in Education 2026 and Working Together to Safeguard Children 2026. It is provided to ensure that a safe, healthy environment is maintained at New Hall School Nursery and Pre-Prep Division. It is recognised that infectious diseases can spread quickly amongst children in a childcare environment, therefore we will endeavour to ensure that infections are controlled, and good hygiene and health policies are adhered to.

It is the responsibility of the Head of Nursery and Nursery Manager to ensure that any child, parent or staff member who has a contagious illness are excluded from the Nursery for the recommended period (as per the UKHSA, Health protection in children and young people's settings, including education guidance). In Reception, the Class Teacher or Head of Pre-Prep Division will ensure that a child or staff member is excluded as per the NHS exclusion guidelines. The Head of Nursery or the Nursery Manager/Head of Pre-Prep Division will inform parents/ carers and the Health Centre when a contagious illness i.e. chicken pox has been diagnosed. Parents/carers will be notified by My School Portal. All staff have the responsibility to report to the Head of Nursery/Nursery Manager/Head of Pre-Prep Division any child that arrives at Nursery/Reception unwell before a decision can be made to send the child home.

2 Procedures

The School is responsible for the following measures in accordance with current guidance:

- Excluding children with infectious diseases for the recommended period (as per UKHSA, Health protection in children and young people's settings, including education guidance)
- Excluding all members of staff with infectious diseases for the recommended period (as per UKHSA, Health protection in children and young people's settings, including education guidance)
- Identifying signs and symptoms of illness whilst in the setting
- Calling 999 for life-threatening symptoms; provide paediatric first aid; inform parents; document action; and consider Ofsted, safeguarding and RIDDOR reporting separately
- Informing parents and carers of sick children that their children are ill and arranging for them to be collected as soon as possible
- Limiting the contact of sick children with others in the setting by moving to a suitable, comfortable and appropriately supervised area away from others where practicable such as the the Medical Room/Nursery office in a sensitive and caring manner accompanied with either the Key Person, Class Teacher where practical and/or the Manager/or Health and Wellbeing Centre Staff
- Preventing the spread of infection by adhering to New Hall's *Health and Safety Policy*, good personal hygiene practice and food safety guidelines
- Reporting the occurrence of certain infections to parents whilst maintaining the child's anonymity
- Reporting the occurrence of a serious illness affecting a child while in the setting's care, and the action taken as soon as reasonably practicable and within 14 days

- Notifying Ofsted of food poisoning affecting **two or more children** cared for on the premises, as soon as reasonably practicable and within 14 days
- Informing parents via My School Portal of infections such as Headlice, Chicken Pox, Measles, Mumps, Whooping Cough, Meningitis
- Highlight the importance of immunisation; any child that has not had all their immunisations is at a higher risk of infection if infection presents itself in the setting
- Close monitoring of children and staff at Nursery/Reception for signs and symptoms when there has been an exclusion

3 Exclusions

When a child or staff member has contracted an infectious illness that could affect the other children or staff of the Nursery/Reception, the following exclusion guidelines will be implemented:

- Any child who has an illness that results in a greater need for care than members of staff can provide and who may be placing other children and staff at risk will be excluded until such time as treatment has been received and the child is feeling better
- Any member of staff who has an illness that affects their ability to carry out their duties and who may be placing parents, children and other members of staff at risk may be excluded until such time a treatment has been received and they are feeling better
- **Vomiting and diarrhoea:** 48 hours after the last attack (this includes incidents over the weekend whilst at home)
- **Rash:** assessment of symptoms, exclusion until medical advice has been sought and a determination of further infection
- **Fever (temperature above 37.8C) / throat infections:** a child or staff member with more than mild symptoms, such as a high temperature, should stay away until sufficiently recovered and well enough to attend
- **Headlice**: parents advised and ask to seek treatment
- **Conjunctivitis:** parent advised and asked to seek treatment or further advice

For all other exclusion periods, please see UKHSA, Health protection in children and young people's settings, including education:

https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities

4 Legislation and guidance

This policy draws guidance from a number of legislative documents and reference should be made where applicable to the following:

1. **Early Years Foundation Stage statutory framework for group and school-based providers**, effective 1 September 2026
2. **Keeping Children Safe in Education 2026**
3. **Working Together to Safeguard Children 2026**
4. **UKHSA: Health protection in children and young people's settings, including education**, including:
    - public-health exclusion periods;
    - preventing and controlling infections;

- managing outbreaks and incidents; and
- the infectious-diseases A–Z.

5. **DfE: Emergency planning and response for education, childcare and children's social care settings**
6. **Ofsted: Report a serious childcare incident**, where applicable to the registration
7. **Food Standards Agency allergen guidance**, where food is supplied
8. **RIDDOR 2013 and HSE reporting guidance**
9. **COSHH Regulations 2002**, for biological hazards and cleaning substances
10. **Data Protection Act 2018 and UK GDPR**, for health and outbreak records

APPENDIX A

Health Protection for schools, nurseries and other childcare facilities.

Infection	Exclusion period	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended; children should not be bare foot in the setting
Chicken Pox	5 days from onset of rash and the lesions have crusted over	Pregnant staff contacts should consult with their GP or Midwife
Cold sore (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment
Conjunctivitis	Once noticed, parents asked to get treatment and not to return until it is received	If an outbreak/cluster occurs consult your local HPT Children can stay at Nursery if noticed during session, parents to be notifed to make GP appointment or to visit a pharmacy. They can return with cream or drops for us to administer
Respiratory Infections including Coronavirus (COVID-19)	Children and young people should not attend if they have a high temperature and are unwell Children and young people who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test	Children with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting
Diarrhoea and vomiting	Whilst symptomatic and 48-hours after the last symptoms	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
Diphtheria	Exclusion is essential. Always consult with your local HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Flu (Influenza)	Until recovered	Report outbreaks to your local GPT
Glandular Fever	None	
Hand, Foot and Mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances
Headlice	Until treatment received	Treatment recommended only when live lice seen
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 HPT will advise on control measures
Hepatitis C*, C*, HIV	None	Hepatitis B, C and HIV are blood borne viruses that are not infectious through casual contact. Contact your local HPT for more advice
Impetigo	Until lesions are crusted/healed or 48 hours	Antibiotic treatment speeds healing and reduces the infectious period

	after starting antibiotic treatment	
Measles	4 days from onset of rash and recovered	Preventable by vaccination (2 doses of MMR). Promote MMR to staff and students. Pregnant staff contacts should seek prompt advice from GP or local HPT
Meningococcal/ Meningitis Septicaemia	Until recovered	Meningitis AGWY and B are preventable by vaccination (see national schedule). Your local HPT will advise on action required.
Meningitis due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. (See national schedule). Your local HPT will advise on action required.
Meningitis viral	None	Milder illness than bacterial meningitis. Siblings and close contacts of a case need not be excluded
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning are important to minimise spread. Contact your local HPT for more information.
Mumps	5 days after onset of swelling	Preventable by vaccination with 2 doses of MMR (see national schedule). Promote MMR for staff and students
Ringworm	Not usually required	Treatment is needed
Rubella (German Measles)	5 days from onset of rash)	Preventable with 2 doses of MMR
Scabies	Can return after first treatment	Household and close contacts require treatments at same time
Scarlet Fever	Exclude until 24 hours after antibiotic treatment	A person is infectious for 2 to 3 weeks if antibiotics are not administered. In the event of 2 or more suspected cases, please contact your UKHSA HPT
Slapped Cheek/Fifth Disease/Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with GP or midwife
Threadworms	None	Treatment recommended for household
Tonsillitis	None	
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 consult your local HPT before disseminating information to staff, parents and carers	Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread Your local HPT will organise any contact tracing
Warts and Verrucae	None	Verrucae Should be covered
Whooping Cough (pertussis)	2 days from starting antibiotic treatment or 21 days from onset of symptoms if no antibiotics	Preventable with vaccination. After treatment, non-infectious coughing may continue
Monkey Pox	UKHSA health protection teams are contacting people considered to be	a safe smallpox vaccine (called Imvanex) is being offered to identify close contacts of someone

	high-risk contacts of confirmed cases and are advising those who have been risk assessed and remain well to isolate at home for up to 21 days.	diagnosed with monkeypox to reduce the risk of symptomatic infection and severe illness. Vaccination against smallpox can be used for both pre and post-exposure and is up to 85% effective in preventing monkeypox. People vaccinated against smallpox in childhood may experience a milder disease.