Little Acorns Montessori

Ascot | Bracknell | Crowthorne

Policy for a Sick / Absent Child

Document Control

Version	Date of Issue	Review Date	Author	Summary of Changes
1.0	June 2026	June 2027	Jonathan Duffy	Original Document.
1.1	June 2026	June 2027	Jonathan Duffy	Chickenpox: added parent advisory note on late-appearing spots. Scarlet Fever/GAS: corrected HPT contact triggers. Whooping cough: corrected exclusion period from 21 to 14 days. Aligned to UKHSA table updated 8 April 2026.
1.2	June 2026	June 2027	Jonathan Duffy	Age scope updated to 0–5. Emergency procedure updated to reflect 999 call requirement ahead of A&E for life-threatening symptoms. Exclusion table expanded to include Mumps, German Measles (Rubella), Hepatitis A, E. coli (STEC), Meningitis, Diphtheria, and Influenza. Supersedes Health and Illness Policy v1.0.

1. Policy Statement

Little Acorns Montessori is committed to safeguarding the health, safety, and well-being of every child in our care. This policy sets out the procedures we follow when a child is unwell in the setting, is absent, or requires management of a medical condition. Our aim is to protect all children and staff from the spread of infectious disease, whilst supporting families with clear, compassionate, and legally compliant guidance.

This policy applies to all children aged 0 to 5 years attending our Ascot, Bracknell, and Crowthorne settings and to all members of staff, volunteers, and students on placement.

2. Statutory Framework and Legal Basis

This policy is written in accordance with, and fulfils obligations under, the following legislation and guidance:

- Early Years Foundation Stage (EYFS) Statutory Framework for Group and School-Based Providers (DfE, 2025, effective 1 September 2025) — Section 3: Safeguarding and Welfare Requirements, specifically paragraphs relating to promoting good health, managing medicines, and maintaining records.
- Health Protection (Notification) Regulations 2010 — places a statutory duty on registered medical practitioners to notify the relevant local authority (or UKHSA) of notifiable diseases.
- Public Health (Control of Disease) Act 1984 — the primary legislative framework for health protection measures in England.
- UK Health Security Agency (UKHSA) Guidance: Health Protection in Children and Young People Settings, including Education (last updated May 2026).

- Children Act 1989 and Children Act 2004 — overarching duties to safeguard and promote children's welfare.
- Ofsted Renewed Education Inspection Framework (EIF), effective 10 November 2025 — Ofsted will assess whether policies and procedures effectively protect children. Safeguarding is now evaluated as a discrete area graded as 'met' or 'not met', separate from the setting's overall report card evaluation.

3. Definition of a 'Well Child'

A child is considered well enough to attend the setting if they meet all of the following criteria:

- The child is not reliant on pain-relief or fever-reducing medication (such as paracetamol or ibuprofen) to feel comfortable or to attend the setting.
- The child does not have a temperature of 37.8°C or above.
- The child is well enough to participate in all nursery activities.
- The child has their normal appetite and is happy and sociable.
- The child has their normal bowel functions (see Section 5.4 for the Bristol Stool Chart guidance).

⚠ *Children must not attend the setting if they have been given paracetamol or ibuprofen (e.g. Calpol) to manage a fever, pain, or illness symptoms in the hours prior to their session. If staff suspect that a child has been given medication to mask symptoms, the Manager will speak sensitively with the parent or carer.*

If paracetamol or ibuprofen is administered at the nursery in an emergency (see Section 7 of the Medication Procedure Policy), the parent or guardian will be contacted immediately and the child must be collected. The child should not return to the nursery until they have been free of fever for a minimum of 24 hours without the need for pain relief medication, in line with UKHSA guidance on managing fever in young children.

See the Medication Procedure Policy for more details.

4. Procedures for Children Who Are Sick or Infectious

4.1 Child Becomes Unwell During the Session

- If a child appears unwell during the day — displaying symptoms such as a high temperature, sickness, diarrhoea, or significant pain, particularly in the head or stomach — the key person will alert the Manager or Supervisor immediately.
- The Manager or designated member of staff will contact the parent or carer and request that the child be collected as soon as possible.
- If the parent or carer cannot be reached, the setting will contact a named emergency contact as recorded on the child's registration form.
- The child's temperature will be taken using a forehead thermometer, which is kept in the first aid box. Staff must not use sponging with cool water or cold flannels as a method of reducing a child's temperature, as this is no longer recommended practice.
- If a child has a temperature of 37.8°C or above, staff will help to keep the child comfortable, encourage fluids where appropriate, and contact parents or carers to arrange collection. The child will be kept in a quiet, calm area away from other children until they are collected.

Emergency — Life-Threatening or Rapidly Deteriorating SymptomsIf a child shows signs of a life-threatening or rapidly deteriorating condition — including but not limited to difficulty breathing, a non-blanching rash, a seizure, or loss of consciousness — staff must call 999 immediately. Staff must not wait for parental consent before calling emergency services. A qualified First Aider must remain with the child until the ambulance arrives, and the parent or carer must be informed as soon as possible after the emergency call has been made.For a medical emergency that does not present the signs above but still requires urgent professional assessment, the child will be taken to the nearest A&E and the parent or carer informed without delay.

4.2 Exclusion from the Setting — When Children Must Stay at Home

The following table summarises the most common conditions and the exclusion periods recommended by the UKHSA. The full UKHSA exclusion table is available at:

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

Condition	Exclusion Period	Notes
High temperature (37.8°C or above)	Until the child has been free of fever for 24 hours without fever-reducing medication and is well enough to return.	Child must not attend if paracetamol or ibuprofen has been given to manage fever.
Diarrhoea and/or vomiting	Minimum 48 hours from the last bout of diarrhoea or vomiting.	See Section 5.4 for Bristol Stool Chart guidance. Medical advice should be sought if symptoms persist.
New cough, cold or respiratory illness	Keep off if coughing, spluttering, or has a heavy or green nasal discharge. Refer to current UKHSA/COVID guidance.	Mild runny nose with no other symptoms does not require exclusion.
Chickenpox	5 days from the date the rash first appeared, in line with current UKHSA guidance.	Contact UKHSA HPT only if chickenpox and scarlet fever are circulating in the same group at the same time. See note below table regarding spots that have not crusted by day 5.
Group A Strep (GAS) / Scarlet Fever	Until 24 hours after commencing antibiotic treatment, provided the child is well enough to return.	Contact UKHSA HPT if scarlet fever, chickenpox, or flu are circulating in the same group at the same time, or if anyone at the setting has invasive Group A strep (iGAS). Parents should seek GP advice promptly.
Impetigo	Until all blisters have formed scabs, or 48 hours after starting antibiotics.	Affected area should be covered.
Conjunctivitis	Exclusion not required unless the child is particularly unwell.	Maintain good hand hygiene practices.
Head lice	Exclusion not required.	See Section 6. All families will be notified via Famly.
Ringworm	Exclusion not required once treatment has commenced.	Affected area should be covered.
Hand, Foot and Mouth Disease	Exclusion not required if child is well enough.	Maintain good hand hygiene practices.
Whooping Cough (Pertussis)	Stay away from the setting until 48 hours after starting antibiotic treatment, or for 14 days from onset of cough if untreated.	Contact UKHSA HPT only if there are more than 2 linked cases at the setting.

Condition	Exclusion Period	Notes
Measles	4 days from onset of rash.	Contact UKHSA HPT immediately.
Mumps	5 days from onset of swelling.	Contact UKHSA HPT if an outbreak is suspected.
German Measles (Rubella)	5 days from onset of rash.	Contact UKHSA HPT.
Hepatitis A	7 days after symptoms started.	Contact UKHSA HPT if 2 or more linked cases.
E. coli (STEC) — children under 6	Until cleared by a healthcare professional.	Contact UKHSA HPT immediately.
Meningitis / Meningococcal disease	Until the child is symptom-free.	Contact UKHSA HPT immediately.
Diphtheria	Until cleared by a healthcare professional.	Contact UKHSA HPT immediately.
Flu (Influenza)	Until the child is better and no longer has a temperature.	Contact UKHSA HPT if serious illness or increasing absences across the setting.
COVID-19	Exclusion if the child has more than mild symptoms (e.g. a high temperature). Child may return when they no longer have a high temperature and feel well enough to attend.	Maintain good hand hygiene practices.

Note on Chickenpox: UKHSA's 5-day exclusion period is measured from rash onset, not from when all spots have crusted. In practice, some children continue to develop new spots after day 5. As a matter of setting practice (rather than a UKHSA requirement), parents are asked to use their judgement: if a child still has multiple weeping or uncrusted spots on day 5, we would encourage keeping them home a little longer where possible, and to let us know if new spots are still appearing on return. Staff will not refuse admission solely on this basis once the 5-day UKHSA exclusion period has passed, unless the child is otherwise unwell.

A full list of excludable diseases and current exclusion periods is maintained by the UKHSA and is available to parents upon request. Certain diseases are notifiable (see Section 8).

4.3 Returning to the Setting Following Illness

- Children should only return to the setting when they are genuinely well and meet the criteria set out in Section 3 of this policy.
- Children must not be sent to the setting while reliant on fever-reducing medication to feel comfortable.
- Little Acorns Montessori strongly encourages parents to seek medical advice if they are concerned about a contagious or infectious illness, or if symptoms persist. However, the setting will not routinely require a medical certificate or GP appointment before a child returns, unless there is a reasonable suspicion of a notifiable or highly infectious condition, in which case we may ask parents to confirm medical clearance.
- The setting reserves the right to refuse admission to children who present with a temperature, active vomiting, diarrhoea, or who have been given medication to mask symptoms. This will always be handled sensitively and in the best interests of the child.

4.4 Antibiotics

- Children prescribed antibiotics should remain at home until they are well enough to return, in line with current UKHSA public health guidance and the exclusion periods set out in Section 4.2.
- Return-to-setting decisions are illness-specific rather than based on a fixed number of hours. For example, a child with scarlet fever or Group A strep may return 24 hours after their first antibiotic dose if well enough; a child with whooping cough (pertussis) may return 48 hours after commencing antibiotic treatment. For other infections, exclusion will depend on clinical advice and the nature of the illness.
- There is no blanket rule requiring exclusion for a fixed number of hours after the first dose of any antibiotic; this approach is no longer recommended by UKHSA.
- Parents and carers must ensure that any prescribed antibiotic course is completed in full.

5. Specific Procedures

This section should be read alongside the Little Acorns Montessori Medication Procedure Policy (current version).

5.1 Fever Management in the Setting

- If a child develops a temperature of 37.8°C or above whilst in the setting, staff will remain calm and reassure the child.
- Staff will take the child's temperature using a forehead thermometer stored in the first aid box.
- The child will be made comfortable in a calm, quiet area. Top clothing may be loosened to help with comfort.
- Staff must not sponge children's heads or bodies with cool water.
- The child will be offered fluids (water) where safe and appropriate.
- Parents or carers will be contacted without delay to arrange prompt collection.
- The child should not be given paracetamol or ibuprofen by nursery staff unless it is prescribed medication with written parental consent and a signed medication form.
- All temperature readings and actions taken will be recorded in the child's incident and welfare log on Famly.
- If paracetamol or ibuprofen is administered at the nursery in an emergency, the child should not return to the nursery until they have been free of fever for a minimum of 24 hours without the need for pain relief medication, in line with UKHSA guidance on managing fever in young children.

5.2 Vomiting

- Any child who vomits in the setting will be cared for calmly and the area made safe and hygienic immediately.
- Parents or carers will be contacted and the child will be sent home as soon as possible.
- The child must remain at home for a minimum of 48 hours from the last episode of vomiting before returning to the setting.

5.3 Coughs and Colds

- A child with a mild runny nose and no other symptoms who is otherwise well may attend the setting.
- A child with a new persistent cough, heavy or green nasal discharge, or who is spluttering and is not well enough to participate in activities must be kept at home.
- Parents and carers are asked to refer to current UKHSA guidance regarding COVID-19. If a child has a new continuous cough or high temperature, they must not attend.
- Please keep your child off for a minimum of 48 hours from when symptoms started if they are coughing, spluttering, or have an extreme green/runny nose, until they feel significantly better.

5.4 Diarrhoea — Bristol Stool Chart Procedure

Little Acorns Montessori has adopted the following procedure for managing diarrhoea in the setting, based on the NHS Bristol Stool Chart:

- Any stool classified as Type 7 on the Bristol Stool Chart (entirely liquid, watery) will result in the child being sent home immediately. Parents will be contacted without delay.
- Any stool classified as Type 6 (soft blobs with ragged edges, mushy) will be monitored closely. If a second Type 6 stool occurs during the same session, the child will be sent home.
- Once sent home due to diarrhoea, the child must remain at home for a minimum of 48 hours from the last loose stool before returning to the setting.
- Practitioners are not qualified to determine whether a child's loose stools are caused by a digestive issue or an infectious illness. If diarrhoea persists, recurs frequently, or parents are concerned, they should seek advice from their GP or NHS 111.
- Where the nursery has received written guidance from a medical professional regarding a child's ongoing or chronic bowel condition (for example, toddler's diarrhoea), practitioners will apply that guidance and this standard procedure may be adjusted accordingly.
- Unless otherwise confirmed by a medical professional, this procedure applies to all children regardless of the perceived cause of their loose stool.

6. Nits and Head Lice

- Nits and head lice are not an excludable condition, and children are not required to stay at home. However, in exceptional circumstances, a parent may be asked to keep their child away until the infestation has been treated.
- When the nursery becomes aware of a confirmed or suspected case of head lice, all parents and carers will be informed via a notification on the Famly app. They will be asked to check their child's hair and treat the whole family if live lice are found.
- Treatment is only recommended when live lice have been confirmed. Staff will handle all cases with sensitivity and confidentiality. Individual families will not be identified in group communications.

7. HIV, AIDS, and Hepatitis Procedure

- HIV, Hepatitis A, B, and C are spread through body fluids, not through normal social contact. Hygiene precautions for dealing with body fluids are the same for all children and adults regardless of known diagnosis.
- Single-use disposable vinyl gloves and aprons must be worn when changing children's nappies, pants, or clothing soiled with blood, urine, faeces, or vomit.
- Protective rubber gloves are used for cleaning and sluicing soiled clothing after changing.

- Soiled clothing is rinsed, double-bagged, and kept securely for parents or carers to collect.
- Spills of blood, urine, faeces, or vomit must be cleared using a mild disinfectant solution. Any cloths or mops used must be disposed of in the clinical waste bin.
- Tables and other furniture, furnishings, or toys contaminated by body fluids must be cleaned immediately with an appropriate disinfectant.

8. Notifiable Diseases

- The setting maintains an up-to-date list of excludable diseases and current exclusion periods in line with UKHSA guidance. The full list is available at:
- https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report
- If a child or adult at the setting is diagnosed with a notifiable disease under the Health Protection (Notification) Regulations 2010, their registered medical practitioner is required by law to report this to the proper officer at the local authority or UKHSA.
- When the setting is formally notified of a notifiable disease, the Manager must inform Ofsted and follow any advice given by the UKHSA Health Protection Team (HPT).
- Ofsted must be notified of any notifiable disease or serious illness, injury, or death at the setting as required by the EYFS Statutory Framework (2025), Section 3.
- Records of all notifications to Ofsted and UKHSA will be retained and must be available for inspection, as safeguarding compliance is assessed as a discrete area under the Ofsted framework (2025).

9. Procedures for Children with Allergies

This section should be read alongside the Little Acorns Montessori Medication Procedure Policy (current version).

9.1 Registration and Risk Assessment

- When parents enrol their child, they are asked if their child has any known allergies. This information is recorded on the child's Registration Form.
- If an allergy is identified, a risk assessment form will be completed with the parent or carer, detailing: the specific allergen; the nature of the allergic reaction including the risk of anaphylactic shock, rash, swelling, breathing difficulties, or skin reddening; what action to take in the event of an allergic reaction including any medication to be used (e.g. Epipen / adrenaline auto-injector); control measures including how the child is prevented from coming into contact with the allergen; and a review date for the risk assessment.
- This risk assessment is stored in the child's personal file and a copy is displayed in an accessible location for all staff.
- Parents will train relevant staff in how to administer any specific medication in the event of an allergic reaction.
- A Healthcare Plan will also be completed for any child with a significant allergy.
- Generally, no nuts or nut-containing products are permitted within our settings. Parents are asked to check all food brought into the setting (e.g. for birthday celebrations) to ensure it is nut-free.

9.2 Insurance Requirements for Children with Allergies and Disabilities

- Our insurance covers children with disabilities or allergies, but certain procedures must be strictly followed for life-threatening conditions or those requiring invasive treatment.

- For children requiring adrenaline injections (Epipens) for anaphylaxis, or invasive treatments such as rectal administration of Diazepam for epilepsy, the setting must hold: a letter from the child's GP or consultant stating the child's condition and any medication to be administered; written consent from the parent or guardian allowing staff to administer the medication; and proof of training in the administration of the medication (provided by the GP, district nurse, children's nurse specialist, or community paediatric nurse).
- Asthma inhalers are classified as oral medication and do not require prior notification to the insurance provider. All oral medications must be prescribed by a GP or bear clear manufacturer's instructions.
- Written consent and all related documents must be kept on file.
- All medication administration is compliant with the Safeguarding and Welfare Requirements of the EYFS Statutory Framework (2025).

10. Managing Absences

This section should be read alongside the Little Acorns Montessori Attendance Policy (current version).

10.1 Notifying the Setting of an Absence

- Parents and carers must notify the setting of any planned or unplanned absence before the start of the relevant session.
- For illness or unexpected absences, parents must use the Famly app to notify the setting at the start of the session.
- For planned absences (e.g. holidays, medical appointments), parents should notify the setting in advance, providing the dates and reason for absence.

Little Acorns Montessori is fully committed to safeguarding and promoting the welfare and well-being of all children and expects all staff and parents to share this commitment. Whilst attendance at nursery is not a statutory requirement, informing staff of your child's absence is requested as part of our safeguarding policies and procedures.

10.2 Attendance Monitoring

- The setting has a duty to report continued absences or attendance falling below 90% to Early Help (the local authority early help team). Parents will be informed if this threshold is being approached.

10.3 Absence Follow-Up Procedure

The following steps will be taken if the setting does not receive notification of a child's absence:

- If no contact has been received by midday on the first day of absence, the child's key person or Manager will attempt to contact the parent or carer via the Famly app.
- If the setting does not hear back from the parent or carer by the end of the first day of absence, a further attempt will be made by telephone.
- If the setting cannot reach the parent or carer, the emergency contacts on the child's file will be contacted.
- If the child is absent for a second consecutive day without contact, the setting will attempt to contact both the parent or carer and the emergency contact by telephone.

- All attempts to make contact will be recorded on Famly, including the name of the person spoken to, the reason given for absence, and the name of the staff member who made contact.
- If staff are unable to establish the whereabouts of a child after one week from the first date of unexplained absence, the setting's safeguarding procedures will be activated and a referral to the Multi-Agency Safeguarding Hub (MASH) will be made by the Designated Safeguarding Lead (DSL).
- We are required to report prolonged absences (more than 10 consecutive days) or where a child fails to return following a period of absence the nursery was made aware of (such as a holiday) to the relevant Local Authority early help team.

10.4 Nursery Fees During Absence

- Nursery fees remain payable during periods of absence, unless alternative arrangements have been agreed in writing with the Manager in advance.

11. Roles and Responsibilities

11.1 Management (Manager and DSL)

- Ensure this policy is reviewed annually and whenever there is a change in relevant legislation or UKHSA guidance.
- Ensure all staff are trained on this policy during induction and through ongoing CPD.
- Lead on all communications with UKHSA, Ofsted, and the Local Authority regarding notifiable diseases or safeguarding concerns arising from absence.
- Make the final decision on whether to refuse admission to a child who presents as unwell.
- Ensure all records are accurately maintained on Famly.

11.2 All Staff

- Follow this policy consistently for every child without exception.
- Conduct a daily health check of each child on arrival, noting any concerns on Famly.
- Observe children throughout the session for signs of illness and alert the Manager or key person promptly.
- Record all health observations, temperature readings, and contact with parents on Famly.
- Follow strict hygiene procedures at all times when managing bodily fluids.

11.3 Parents and Carers

- Ensure that up-to-date emergency contact details are provided and kept current on the child's file.
- Notify the setting via the Famly app at the start of each session of any unplanned absence (illness).
- Notify the setting in advance of any planned absences, including holidays, providing the dates and reason.
- Collect their child as quickly as possible when contacted by the setting because the child is unwell.
- Adhere to all exclusion periods set out in this policy before returning their child to the setting.

- Not send their child to the setting if fever-reducing medication has been given to manage an illness.
- Seek medical advice where appropriate and inform the setting of any diagnosis that may affect other children.

12. Recording and Reporting

- All incidents of illness, temperature readings, first aid administered, and contact made with parents must be recorded on the child's profile in Famly by the staff member who carried out the action.
- All records of absence contact attempts (who called, when, who spoke to, and the reason given) must be recorded on Famly.
- A record of any child's bowel movements monitored using the Bristol Stool Chart will be documented on Famly and stored in the child's confidential file.
- All allergy risk assessments and healthcare plans are stored securely in the child's personal file and a current copy is accessible to all relevant staff.
- Any notifiable disease will be reported to Ofsted and the UKHSA as required by law. Records of such reports will be retained.

13. Policy Review

This policy will be reviewed annually, or sooner in the event of:

- A change to the EYFS Statutory Framework or associated guidance.
- Updated UKHSA exclusion or infection control guidance.
- An incident, accident, or complaint that identifies a gap in this policy.
- A change in staffing structure or key contacts.
- A material update to UKHSA exclusion period guidance or the UKHSA A–Z of Infectious Diseases.

The most current version of this policy supersedes all previous versions. All staff will be notified of any updates. This policy (v1.2) supersedes the Little Acorns Montessori Health and Illness Policy v1.0.

14. Key Contacts

Role	Name	Campus	Contact
Designated Officer / Nominated Individual	Jonathan Duffy	All Campuses	
Designated Safeguarding Lead (DSL)	Rachel Terry (and Manager)	Ascot	
Designated Safeguarding Lead (DSL)	Agata Payne (and Manager)	Bracknell	
Designated Safeguarding Lead (DSL)	Emma Gray (and Manager)	Crowthorne	
Deputy DSL	Jessica McGrath (and Deputy Manager)	Ascot	

Role	Name	Campus	Contact
Deputy DSL	Joanne Broughton (and Deputy Manager)	Bracknell	
Deputy DSL	Martine Loveridge (and Deputy Manager)	Crowthorne	
Deputy DSL	Kira King	Crowthorne (in the absence of Emma and Martine)	
Manager on Duty	As rostered	All Campuses	
UKHSA South East Health Protection Team	UKHSA HPT	—	0344 225 4524
NHS 111	Health advice (24 hours)	—	111

15. Sign Off

Policy Author	Jonathan Duffy
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Next Review Date	June 2027