When to Stay Home

Common Illnesses and Attendance Policy
Toddle Hut and Lodge | Children, staff and students
Policy date: 18 October 2026 | Review: October 2027, or sooner if guidance changes
Policy lead: Jennifer Utting, Owner / Manager

Our approach

We want children to enjoy nursery comfortably while protecting others from infection. We follow UKHSA guidance for England and NHS advice. The illness table gives minimum absence periods; children must also be well enough to return. Individual medical or health protection advice takes priority.

Please keep your child at home when they:

• Have a high temperature (38°C or above).
• Are too unwell, unusually sleepy or distressed to manage their normal nursery day.
• Cannot drink adequately or are in significant pain.
• Have vomiting or diarrhoea, or are still within the required absence period.
• Have an infection requiring time away, as shown on the next page.

Children should return when their temperature has settled without fever-reducing medicine, they can drink and take part comfortably, and any required absence period has ended. Please do not give Calpol or ibuprofen simply to enable an unwell child to attend. Tell us about any medicine given before arrival.

Mild symptoms and individual needs

A slight cough, runny nose or mild sore throat does not usually prevent attendance if the child is otherwise well and has no high temperature. We will consider each child's normal health, disability and medical care plan. Known non-infectious symptoms will be discussed individually rather than automatically treated as an infection.

Let us know

Parents and carers must inform Butterflies promptly if their child has attended hospital because of illness, including A&E visits or an admission. Please tell us before their return and share any relevant medical advice, treatment or ongoing care needs so we can support them safely.

Please contact Butterflies on the first day of illness and tell us the symptoms, any diagnosis and, for sickness or diarrhoea, the time of the last episode. Tell us promptly about infectious illnesses, including those that do not require time away, so we can support hygiene and protect vulnerable people.

Common illnesses: when can I return?

These rules apply even when a child seems better before the stated period ends. For conditions with no routine exclusion, the child must still be well enough to attend.

Illness / symptoms	Stay home / return
Vomiting or diarrhoea	48 hours after the last episode of either.
Chickenpox	Until all spots have crusted over; usually about 5 days after the rash starts.
Hand, foot and mouth	No routine exclusion. Stay home if unwell; blisters need not heal before return.
Scarlet fever / strep A	At least 24 hours after starting antibiotics, and well enough.
Impetigo	Until sores have crusted and healed, or 48 hours after starting antibiotics.
Conjunctivitis	No routine exclusion if otherwise well. Seek pharmacist advice.
Colds / coughs / flu / RSV	Mild symptoms: attend if well. Stay home with fever or more significant illness.
COVID-19	Stay home if feverish or unwell. Positive test in children: stay home for 3 days after test day.
Ear infection / tonsillitis	Stay home with fever, significant pain or feeling unwell.
Head lice / threadworms	No routine exclusion. Arrange treatment promptly.
Slapped cheek / cold sores	No routine exclusion if well. Inform nursery.
Ringworm	Return once treatment has started.
Scabies (under-6s)	Return 24 hours after first treatment.
Whooping cough	48 hours after starting antibiotics; without antibiotics, 21 days from symptom onset.
Measles	At least 4 days after rash onset; seek medical advice.
Mumps / rubella	Mumps: 5 days after swelling starts. Rubella: 5 days after rash starts.

How Butterflies manages illness

If a child becomes unwell here

Staff will inform the manager, comfort and supervise the child, offer fluids as appropriate, and contact parents to arrange collection when needed. The manager will explain the attendance decision. Staff will record symptoms, temperature where taken, parent contact, any medicine and action taken. Medication requires the consent and records set out in our medication policy.

Medical advice and emergencies

Parents should contact their GP or NHS 111 for concerns such as poor drinking, reduced urine, persistent fever or worsening illness. Staff will call 999 for an emergency, including severe breathing difficulty, a child who is difficult to wake or a suspected serious infection. First-aid procedures and individual emergency plans will be followed; contacting parents must not delay emergency help.

For suspected measles, parents should telephone the GP before attending. Suspected or confirmed STEC E. coli in a nursery child requires health protection advice and clearance before return; the usual 48-hour rule alone is not sufficient. Other serious or unusual infections will be managed with professional advice.

Preventing spread and managing several cases

Staff support soap-and-water handwashing, respiratory hygiene, careful toileting and nappy changing, cleaning of shared toys and surfaces, safe waste disposal and good ventilation. Children do not share cups or cutlery. Room leaders check that hygiene supplies and cleaning arrangements are maintained.

The manager keeps a confidential illness record and contacts the local UKHSA health protection team for unusual clusters, serious infections or increasing illness needing specialist advice. Suspected measles, STEC E. coli or meningitis require prompt contact. We will seek advice if scarlet fever and chickenpox circulate in the same group, or if hand, foot and mouth cases are unusually numerous. Any extra restrictions will be recorded and reviewed.

Staff, communication and review

Staff and students must report illness and follow relevant absence periods. The manager will communicate general infection alerts without identifying individuals, consider risks to pregnant or immunocompromised people and follow clinical advice. Staff will not diagnose rashes or require antibiotics for illnesses where guidance does not require them. Starting antibiotics does not create a universal return rule: the specific illness and the person’s wellbeing determine return.

Read alongside our medication, infection-control, first-aid and individual healthcare arrangements. Review annually, after significant incidents or when guidance changes.

Sources checked: 18 October 2026

UKHSA: public health exclusion periods

NHS: Is my child too ill for school? (also covers nursery)

UKHSA: A to Z of infectious diseases