

Sickness and Illness Policy

Policy name	Sickness and Illness Policy		
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Applicable to	All employees and volunteers		
Effective from	January 2022	Date approved by trustees	02/02/2022
Next revision date	January 2023		

Policy Statement

At Howgill we promote the good health of children attending nursery and in order to safeguard everyone take the necessary steps to prevent the spread of infection.

This policy has been devised to ensure that children who become unwell at nursery are treated sensitively and with respect. It also helps us to help us to protect other children from illness and the spread of infection.

The Setting Manager or Deputy reserves the right to refuse children into nursery if they have an illness that is contagious and will have an impact on the wellbeing of the rest of the children and staff. Please do not bring children who are unwell into the nursery as they will be sent home upon arrival.

Parents/carers are required to inform the nursery where they can be reached in the event of an accident/sudden illness. However, on occasions it may be impossible to contact a parent/carer in an emergency, we will make every effort to contact every named person on the child's emergency contact list, failing this, parents/carers are required to provide the Setting Manager with signed permission for the setting to act in their absence.

If a child becomes seriously ill or injured during his/her attendance at the nursery, the nursery reserves the right to call for emergency assistance and, if necessary, remove him/her to hospital and give permission for emergency treatment to be administered. If we must take your child to hospital because of an illness or accident, we will do our utmost to inform you immediately (using the details on your Application Form). It is therefore vital that this information is kept up to date and that you inform us of your timetable/whereabouts. Please inform the Setting Manager of any changes to these details as soon as possible. Please inform us as soon as possible if your child will be absent for a long period due to illness.

Local Authority regulations state that parents/carers are required to give the following information to the Setting Manager: name, address and date of birth of each child; name, home address and place of work with respective telephone numbers of the parents/carers of each child name, address and telephone number of each child's doctor and the state of immunisation and infectious diseases suffered by each child.

All accidents are reported in an *Accident Report Book* which is kept in the Nursery Office. Parents/carers will be notified of any accidents via an accident/ incident form.

CONDITION	RECOMMENDED PERIOD TO BE KEPT AWAY FROM NURSERY	COMMENTS
RASHES		
ATHLETE'S FOOT	None	Treatment is recommended
CHICKENPOX	Five days from onset of rash or until all lesions have scabbed over	(Vulnerable children and female staff pregnancies)
COLD SORES (HERPES SIMPLEX)	None	Avoid kissing and contact with sores
GERMAN MEASLES (RUBELLA) *	Six days from onset of rash	Preventable by MMR immunization
HAND, FOOT AND MOUTH	Possible exclusion may be necessary- this will be decided at the discretion of the nursery manager	Contact HPU if outbreak
IMPETIGO	Until lesions are crusted/healed, or 48hrs after antibiotic treatment	Antibiotics
MEASLES *	Four days from onset of rash	Preventable by MMR vaccination
MOLLUSCUM CONTAGIOSUM	None	None
RINGWORM	Not usually required	Treatment is required
ROSEOLA (INFANTUM)	None	None
SCABIES	Return after treatment	Treatment is required
SCARLET FEVER*	Return after 24 hrs after antibiotic treatment	Treatment is required
SLAPPED CHEEK/FIFTH DISEASE. PARVOVIRUS B19	None- possible exclusion- decided at the discretion of the manager	(Vulnerable children and female staff pregnancies)

SHINGLES	Exclude if rash weeping and not covered	Can cause chickenpox
WARTS AND VERRUCAE	None	Must be covered
DIARRHOEA & VOMITING		
DIARRHOEA/VOMITING	48 hrs from last episode	
E COLI TYPHOID */PARATYPHOID * ENTERIC FEVER SHINGELLA (DYSENTERY)	48 hrs from last episode	May exclude for longer period for under 5's due to young child's hygiene practices. May require microbiologic clearance Consult HPU for advice
CRYPTOSPORIDIOSIS	48 hours from last episode	Exclude from water play for 2 weeks
RESPIRATORY INFECTIONS		
FLU *	Until recovered	Vulnerable children
COVID-19 (CORONAVIRUS)	<p>10 days isolation for the child or anyone living in the same household that tests POSITIVE. If someone who has not tested positive and has been advised to isolate, then begins to show symptoms the 10 days isolation starts again from the day of symptoms starting.</p> <p>Anyone living with the child or confirmed positive case will have to continue to isolate for the full 10 days</p> <p>Anyone Showing symptoms can return to the setting after a negative test result and not had symptoms for 48 hours or has</p>	<p>In the case of a positive result within the setting. Any child or staff member in that child's "bubble" that has had direct contact within 48hours of the child showing symptoms or 48 hours from the test date (If Asymptomatic) will have to isolate for 10 days</p> <p>SYMPTOMS:</p> <ul style="list-style-type: none"> • Continuous cough • High Temperature • Loss of taste or smell

	followed the appropriate isolation period).	
TUBERCULOSIS *	Always consult HPU	
WHOOPING COUGH *	Five days from antibiotic or 21 days from onset of illness (no antibiotics)	Local HPU will organize contact tracing
OTHER INFECTIONS		
CONJUNCTIVITIS	Possible exclusion- this will be decided at the discretion of the manager	Treatment, if outbreak consult HPU
DIPHTHERIA *	Exclusion is essential, consult HPU	All Family contacts must be excluded, HPU will organize contact tracing
GLANDULAR FEVER	None	None
HEAD LICE	None	Treatment if live lice
HEPATITIS A*	Exclude seven days after onset of jaundice or seven days after symptoms	If outbreak of Hep A, local HPU will advise
HEPATITIS B *, C*, HIV/AIDS	None	Hep B and C and HIV are bloodborne not infectious on casual contact.
MENINGOCOCCAL MENINGITIS * / SEPTICAEMIA *	Until recovered	Meningitis C preventable by vaccination, no need to exclude siblings. HPU to advise
MENINGITIS * BACTERIA	Until recovered	Hib and pneumococcal meningitis preventable by vaccination, no need to exclude siblings. HPU to advise
MENINGITIS VIRAL *	None	No need to exclude siblings
MRSA	None	Good hygiene, handwashing and environment clean.

MUMPS *	Exclude for five days after onset of swelling	Preventable by vaccination
THREADWORMS	None	Treatment is recommended for child and family
TONSILLITIS	None	No antibiotics, usually due to virus

- **DENOTES A NOTIFIABLE DISEASE**

If your child is unwell, please read the following guidance and seek treatment where necessary or keep your child off nursery (please call nursery to advise).

There are no exceptions to the exclusion period and any parent attempting to return their child to nursery will be advised as such.

Measures of high temperature

If you suspect a child has a temperature the following steps must be followed:

- Take the child's temperature using the head scanner thermometer.
- Notify parent of temperature
- Record the temperature on a monitoring form
- Attempt to reduce body temperature slowly – removing excess layers of clothing, opening a window, etc.
- Ensure the child is drinking water
- As a general rule, a temperature in children under 5 over 37.5C is a fever
- The child's temperature should be taken in regular intervals
- If the temperature hasn't reduced, parents will be asked to take their child home
- High temperatures can be extremely dangerous and cause convulsions.

Transporting children to hospital- Procedure

If a child becomes extremely unwell and in an emergency situation, it is our procedure to call for an ambulance immediately. Parents will be contacted straight away and arrangements will be made to meet the parents at the hospital or at the nursery if they are close enough to reach the nursery in time.

In the event that a parent is not able to get to the nursery in time for the ambulance to transport the child to hospital, a senior member of staff will accompany the child and collect registration forms, relevant medication sheets, medication and any other items the child may need.

Redeploy staff if necessary to ensure there is adequate staff deployment to care for the remaining children. This may mean temporarily grouping the children together.

Inform a member of the management team immediately.

Always remain calm. Children who witness an incident may well be affected by it and may need lots of cuddles and reassurance. Staff may also require additional support following the accident.

Febrile Convulsions, anaphylactic shock and other fit or seizure

If a child has any of the above an ambulance must be called immediately and the same steps taken as above.

Anaphylaxis is a medical emergency that may require resuscitation measures. Administration of epinephrine (auto-injector) may be necessary.

COVID-19

Temperatures will be taken upon arrival and monitored throughout the day.

Any child showing a high temperature or develop a Cough throughout the day whilst at the setting will be asked to be collected immediately, the child will be removed away from the other children and staff with 1 adult wearing the appropriate PPE until the child is collected.

It is the parent / careers responsibility to be open and honest with the setting and keep your child at home if they or anyone in the same household is showing any of the following symptoms: HIGH TEMPERATURE, CONTINUOUS COUGH, LOSS OF TASTE OR SMELL.

The child will then have to isolate for 10 days of symptoms developing and anyone that lives within the same household will have to isolate for 10 days unless tested and has a Negative test result. Isolation **MUST** continue until results are back. Can only return if not had symptoms for 48 hours prior. If someone who has not tested positive and has been advised to isolate, then begins to show symptoms the 10 days isolation starts again from the day of symptoms starting.

In the case of a **POSITIVE** result within the setting, any child or staff member in that child's "bubble" that has had direct contact within 48 hours of the child or member of staff showing symptoms or 48 hours from the test date (If Asymptomatic) will have to isolate for 10 days unless advised differently by track and trace, evidence may be required as proof of appropriate return.

Any parent / career failing to inform the setting of anyone living in the household with symptoms, a positive case or being exposed to COVID-19 and has been advised to isolate from track and trace but continues to attend will be at risk of termination of .

Having areas for rest and sleep, where required and sharing information about the importance of sleep and how many hours young children should be having.

Our procedures: In order to take appropriate action of children become ill and to minimise the spread of infection we implement the following procedures:

- If a child becomes ill during the nursery day, we contact their parent(s) and ask them to pick up their child as soon as possible. During this time we care for the child in a quiet, calm area with their key person, wherever possible
- Wellness checks are taken for children who display any symptoms of being unwell, or where we have been informed by parents that they have been unwell, and this is then monitored throughout the day.
- We follow the guidance given to us by Public Health England (Health Protection in Schools and other childcare facilities) in Guidance on Infection Control in Schools and other Child Care Settings and advice from our local health protection unit on exclusion times for specific illnesses, e.g. sickness and diarrhoea, measles and chicken pox, to protect other children in the nursery.
- Should a child have an infectious disease, such as sickness and diarrhoea, they must not return to nursery until they have been clear for at least 48 hours from the last episode.
- We inform all parents if there is a contagious infection identified in the nursery, to enable them to spot the early signs of this illness. We thoroughly clean and sterilise all equipment and resources that may have come into contact with a contagious child to reduce the spread of infection.
- We have the right to refuse admission to a child who is unwell. This decision will be taken by the manager on duty and is non-negotiable
- We make information/posters about head lice readily available and all parents are requested to regularly check their children's hair. If a parent finds that their child has head lice we would be grateful if they could inform the nursery so that other parents can be alerted to check their child's hair, guidance given and notify any of the appropriate authorities including Ofsted if necessary.