

## **Sickness and Exclusion Policy**

**Links to Early Years Foundation Stage: Safeguarding and Welfare Requirements: Health-Medicines 3.42, 3.44, 3.45, 3.46**

Small World Nursery aims to provide care for healthy children through preventing cross infection of viruses and bacterial infections and promote health through identifying allergies and preventing contact with the allergenic trigger. To help keep children healthy and minimise infection, we do not expect children to attend nursery if they are unwell. If a child is unwell it is in their best interest to be in a home environment with adults they know well rather than at nursery with their peers.

### **Duties of the parents/carers**

**Up to Date Contact Information-** The Local Authority regulations state that parents/carers are required to give the following information to the 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 (we ask that a copy of the parent/carers current timetable should be left with the Manager to ensure that contact can be made in an emergency); name, address and telephone number of each child's doctor and the state of immunisation and infectious diseases suffered by each child. However, since it may sometimes be impossible to find a parent/carer in emergency, parents/carers are required to provide the Manager with signed permission for her to act in their absence.

### **What happens when a child becomes ill at nursery**

If children appear unwell during the day – for example, if they have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – a member of staff will call the parents and ask them to collect the child, or to send a known carer to collect the child on their behalf.

If a child has a temperature, they are kept cool, by removing top clothing and sponging their heads with cool water, but kept away from draughts. The child's temperature is taken using an in the ear thermometer, kept in the first aid box in each room.

If the child's temperature does not go down and is worryingly high, then a member of staff may give them Calpol, after first obtaining verbal consent from the parent where possible. This is to reduce the risk of febrile convulsions, particularly for babies. Parents sign the medication record when they collect their child.

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 have to take your child to hospital as a result of an illness or accident, we will do our utmost to inform you immediately (using the details on your Enrolment Form). It is therefore vital that this information is kept up to date and that you inform us of any changes to these details as soon as possible.

Parents are asked to take their child to the doctor before returning them to the nursery and we reserve the right to refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.

## Coronavirus

If a child begins displaying a continuous cough or a high temperature, they should be sent home to isolate as per the NHS guidelines. A child awaiting collection should be moved to another room where they can be isolated behind a closed door. A window will be opened for ventilation. The child will be looked after by a familiar adult whom they have spent their time with during the day in order to limit the risk of infection. They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell.

If they need to go to the bathroom while waiting to be collected then the bathroom will be cleaned and disinfected using standard cleaning products and appropriate PPE before being used by anyone else.

If a member of staff has helped someone who displayed symptoms they do not need to go home unless they develop symptoms themselves. In the event of a staff member developing suspected coronavirus symptoms whilst working in the nursery, they should return home immediately and isolate in line with the NHS guidelines.

If medical advice is required, the nursery staff, parents or carers should go online to the NHS website or call the NHS advice line on 111.

### What is an infectious illness?

An infectious illness is one that can be passed from one person to another, especially through the air you breathe.

### Sickness and Diarrhoea

After sickness and diarrhoea, the nursery requests that parents keep their children home for 48 hours following the last episode to help control the spread of infection.

Some activities, such as sand and water play, and self-serve snacks where there is a risk of cross-contamination may be suspended for the duration of any outbreak.

### Minimum exclusion periods for infectious illnesses, including incubation and infectious periods

Please consult the following table with regard to childhood illnesses. This information has been supplied by the Department for Health for guidance on infection control within nurseries and schools.

Disease	Recommended period to be kept away from nursery	Comments
Athletes Foot	None	Athletes foot is not a serious condition. Treatment is recommended.
Chickenpox	Five days from the onset of the rash	Pregnant women who have never had chickenpox should see their GP
Cold Sores (Herpes Simplex)	None	Avoid contact with sores. Cold sores are generally mild and self-limiting
Coronavirus	7 days from the onset of symptoms.	After 7 days:

		<p>If you do not have a high temperature, you can stop self-isolating.</p> <p>If you still have a high temperature, keep self-isolating until your temperature returns to normal.</p> <p>You do not need to keep self-isolating if you just have a cough after 7 days. A cough can last for weeks after the infection has gone.</p> <p>If you live with someone who has symptoms, self-isolate for 14 days from the day their symptoms started.</p> <p>This is because it can take 14 days for symptoms to appear.</p> <p>If more than 1 person at home has symptoms, self-isolate for 14 days from the day the first person started having symptoms.</p>
Conjunctivitis	Absence from nursery is not necessary if being treated. Otherwise, until eyes have recovered and discharge has stopped.	advise not to share face cloths or towels
Diphtheria	Exclusion is essential. Consult your local HPU	Family contacts must be excluded until cleared to return by your local HPU. Preventable by vaccination.
Fifth Disease (Slapped Cheek Syndrome)	Exclusion not recommended	None –If there are pregnant contacts, seek GP advice
German Measles (Rubella)	An ill child should remain out of nursery until 5 days from onset of rash	pregnant women must seek advice from their GP if they have been in contact
Glandular Fever	None	
Hand, foot and mouth	None	Contact your local HPU if a large number of children are affected. Exclusion may be considered in some circumstances
Head Lice	None, but appropriate treatment is required promptly	None, but treatment may be necessary for household contacts
Hepatitis A	Exclude until 7 days after the onset of symptoms	Your local HPU will advise on control measures
Hepatitis B, C, HIV/Aids	None	Hepatitis B/C and HIV are blood viruses that are not infectious through casual contact.
Impetigo	Child can return to nursery after the commencement of antibiotic	None
Influenza	Until child has recovered	None
Measles	5 days from the appearance of rash	None
Meningococcal Meningitis/septicaemia	Until recovered	Meningitis C is preventable by vaccination. There is no reason

		to exclude siblings or other close contact cases. HPU will advise
Meningitis due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contact cases. HPU will advise
Meningitis viral	None	Milder illness. There is no reason to exclude siblings and other close contacts of case.
MRSA	None	Good hygiene, in particular hand washing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact HPU
Mumps	5 days from onset of symptoms	Preventable by vaccination (MMR x2)
Molluscum contagiosum	None	A self-limiting condition
Ringworm	No need to exclude. Proper treatment from GP is important	None, advise that items with close scalp contact should not be shared
Roseola (Infantum)	None	None
Scabies	Until course of treatment has been administered (usually 2 course of treatment one week apart)	Contacts will have one treatment
Scarlet Fever	Child can return 24 hours after commencing appropriate anti-biotics	Anti-biotic treatment recommended for the affected child
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune
Sickness and Diarrhoea	Until 48 hours symptom free. Exclusion differs for infections.	None
Threadworm	No need to exclude. Treatment is necessary for cases and their contacts	None
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need anti-biotics
Warts and verrucae	None	Verrucae should be covered in swimming pools, and changing rooms
Whooping Cough	5 days from commencement of antibiotics	None

## Reporting a 'Notifiable diseases'

If a child or adult is diagnosed as suffering from a notifiable disease under the Health Protection (Notification) Regulations 2010, the GP will report this to Public Health England.

When the nursery becomes aware, or are formally informed of the notifiable disease, the nursery manager will inform Ofsted and contacts Public Health England, and act[s] on any advice given.

## Notifiable Diseases

- Acute poliomyelitis
- Anthrax
- Cholera
- Diphtheria
- Dysentery
- Food Poisoning

- Leptospirosis
- Malaria
- Measles
- Meningitis (meningococcal, pneumococcal, haemophilus influenza viral or other specified/unspecified)
- Meningococcal Septicaemia (without meningitis)
- Mumps
- Ophthalmia neonatorum
- Paratyphoid fever
- Plague
- Rabies
- Relapsing Fever
- Rubella
- Scarlet Fever
- Smallpox
- Tetanus
- Tuberculosis
- Typhoid Fever
- Typhus Fever
- Viral haemorrhagic fever
- Viral hepatitis (Hepatitis A, Hepatitis B, Hepatitis C)
- Whooping Cough
- Yellow Fever
- Leprosy is also notifiable but directly to the Health Protection Agency)

### **Meningitis procedure**

If a parent informs the nursery that their child has meningitis, the nursery manager will contact the Local Area Infection Control (IC) Nurse. The IC Nurse will give guidance and support in each individual case. If parents do not inform the nursery, we will be contacted directly by the IC Nurse and the appropriate support will be given. We will follow all guidance given and notify any of the appropriate authorities including Ofsted if necessary.

### **HIV/AIDS/Hepatitis procedure**

HIV virus, like other viruses such as Hepatitis A, B and C, are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults. We will:

- Wear single-use vinyl gloves and aprons when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Use protective rubber gloves for cleaning/slucing clothing after changing.
- Rinse soiled clothing and either bag it for parents to collect or launder it in the setting.
- Clear spills of blood, urine, faeces or vomit using mild disinfectant solution and mops; any cloths used are disposed of with the clinical waste.
- Clean any tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit using a disinfectant.
- Ensure that children do not share tooth brushes, which are also soaked weekly in sterilising solution.

### **Nits and head lice**

- Nits and head lice are not an excludable condition; although in exceptional cases [we/I] may ask a parent to keep the child away until the infestation has cleared.
- On identifying cases of head lice, [we/I] inform all parents ask them to treat their child and all the family if they are found to have head lice.

### **Procedures for children with allergies**

When children start at the nursery, we ask their parents if their child suffers from any known allergies. This is recorded on their Enrolment Form.

If a child has an allergy, the nursery will complete a risk assessment form to detail the following:

- The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc).
- The nature of the allergic reactions (e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc).
- What to do in case of allergic reactions, any medication used and how it is to be used (e.g. Epipen).
- Control measures - such as how the child can be prevented from contact with the allergen.
- Review measures.

This risk assessment form is kept in the child's personal file and a copy is displayed where the nursery staff can see it. At mealtimes, the children have a placemat that they have made, a child that has food allergies will have a red placemat with their photo and list of their allergies written on it.

In order to reduce the risk of children having a reaction in the nursery, we have a NO NUT policy and Parents/Carers are made aware so that no nut or nut products are accidentally brought in, for example to a party.

### **Insurance requirements for children with allergies and disabilities**

If necessary, the nursery insurance will include children with any disability or allergy, but certain procedures must be strictly adhered to as set out below. For children suffering life threatening conditions, or requiring invasive treatments; written confirmation from our insurance provider must be obtained to extend the insurance.

At all times the nursery will ensure that the administration of medication is compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage.

### **Oral medication:**

- Asthma inhalers are now regarded as 'oral medication' by insurers and so documents do not need to be forwarded to our insurance provider. Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.
- The nursery must be provided with clear written instructions on how to administer such medication (See 6.1 Medication Policy).
- The nursery must adhere to all risk assessment procedures for the correct storage and administration of the medication.
- The nursery must have the parents or guardians prior written consent. This consent must be kept on file. It is not necessary to forward copy documents to our insurance provider.

### **Life-saving medication and invasive treatments:**

These include adrenaline injections (Epipens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatments such as rectal administration of Diazepam (for epilepsy).

- The nursery must have:
  - a letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered;
  - written consent from the parent or guardian allowing the nursery staff to administer medication; and
  - proof of training in the administration of such medication by the child's GP, a district nurse, children's nurse specialist or a community paediatric nurse.

Copies of all letters relating to these children must first be sent to the nursery insurers and the nursery will receive written confirmation that the insurance has been extended will be issued by return.

### **Transporting children to hospital procedure**

The nursery manager/staff member must:

- Call for an ambulance immediately if the sickness is severe. DO NOT attempt to transport the sick child in your own vehicle
- Whilst waiting for the ambulance, contact the parent(s) and arrange to meet them at the hospital
- 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
- Arrange for the most appropriate member of staff to accompany the child taking with them any relevant information such as registration forms, relevant medication sheets, medication and the child's comforter
- Inform a member of the management team immediately
- Remain calm at all times. 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.

### **Children with Special Educational Needs**

Key person for special needs children requiring assistance with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc.:

- Prior written consent must be obtained from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
- The key person must have the relevant medical training/experience, which may include receiving appropriate instructions from parents or guardians.

Copies of all letters relating to these children must first be sent to the nursery insurers and the nursery will receive written confirmation that the insurance has been extended will be issued by return.

### **Further Guidance**

Managing Medicines in Schools and Early Years Settings (DfES 2005)

This policy was adopted by	Small World Nursery
On	6 <sup>th</sup> May 2020
Date to be reviewed	Ongoing
Signed on behalf of the provider	
Name and role of signatory	Melanie Whitley (Nursery Manager)