

## **Sick Child and Emergency Policy:**

The parents and carers of the children attending the nursery are valued as the people who know their children best. As part of the partnership agreement between staff and parents, we have a shared understanding that the health and wellbeing of all the children attending the setting must be respected at all times. Parents are therefore requested that, if their child becomes ill, they should inform the nursery to the nature of the infection or illness within the 24- hour period following onset. The information will remain confidential in its source, but may be passed on to other parents, so preventative or other procedures can be followed.

We understand the needs of working parents and do not aim to exclude children from the nursery unnecessarily. However, we do ask that children who are showing signs of illness must stay at home and not attend nursery. This provides children with the chance to rest and recover and aid the overall recovery time. Signs of illness could include:

- A temperature of 38 degrees Celsius or above.
- Sickness or diarrhoea.
- General tiredness or lethargy that is unusual for your child.
- Pain or discomfort that requires pain relief medication such as Calpol.
- Difficulty sleeping (due to pain or discomfort)
- Lack of appetite that is unusual for your child.

Whilst this is not an exhaustive list, it outlines the main symptoms of illness in children. The decision of the nursery manager is final when requesting the exclusion of a child for illness or infection. Decisions will take into account the needs of the child and those of the other children in the room. The staff must be convinced that the child has returned to good health before re-admitting them and may at their entire discretion refuse re-admission until clearance has been obtained from a medical practitioner.

If your child requires specialist medical care, you will be asked to sign a form giving consent for staff with the appropriate training in the necessary procedures to administer those procedures (see Medication Policy).

### **Management of sickness and Infection Control Guidelines**

As outlined, we follow a high standard of hygiene practices throughout the nursery. If an illness has been reported in any of the rooms, steps are taken to ensure all surfaces, toys and equipment are sterilised immediately as a precaution and to prevent the spread of any infection. This is in addition to our usual cleaning practices.

Our nursery also ensures all areas are well ventilated and we promote good hand hygiene throughout the building.

Children who have an infectious illness must not return to the nursery until the symptoms have subsided. Periods of absence due to illness depend on the nature of the illness and your child's key person will be able to advise you of this. There will be no refund for time off due to illness.

### Procedure

Any member of staff suspecting illness of a child must report this immediately to management, in order for it to be assessed whether the child needs to be sent home or needs urgent medical attention.

If your child has a temperature (38 °C or above) you will be contacted and asked to collect your child from nursery as soon as possible, we asked that this within 1 hour.

If a child needs to be sent home, a member of management will contact the parents using the telephone numbers given on their enrolment form. If the parents cannot be contacted the emergency numbers will then be used.

Once the parents or emergency contacts are contacted they are notified of the child's condition/symptoms and either asked to come and pick them up immediately or advised to make an appointment with their GP.

In the case of the child needing medical attention urgently, an ambulance will be called; the parents will then be contacted and notified of the situation and informed of which hospital their child is being taken to, so that they can meet the senior member of staff there who will accompany their child. All the child's relevant forms and records will be taken along to the hospital.

If the child does not require urgent medical attention, then they will be looked after by their key worker in a quiet area away from other children until the parent/carer collects the child.

If there are any queries regarding an illness, please contact the nursery for advice.

### **Illnesses requiring antibiotic treatment**

In any instance where a child has a prescription for antibiotics that they have not been prescribed before, they will not be able to attend the nursery until 24 hours after the first dose has been administered. This is to limit the risk of adverse reaction to the medicine taking place in setting. Please note that in the case of antibiotic eye drops or cream prescribed for the treatment of conjunctivitis, the first dose must be administered at home. Children may then attend the nursery as usual. In addition, where antibiotic cream is prescribed for the treatment of skin conditions, the first dose must be applied at home. Children may then attend the nursery as usual providing that the exclusion period for the condition has been observed where necessary – please see exclusion periods below.

### **Reporting Incidents**

If the situation arises that an infection has spread or is likely to spread within the nursery, parents will be informed via Parentmail as necessary.

Children's Act Regulations (1989) state that OFSTED must be notified of any infectious disease that a qualified medical person considers notifiable. Notifiable diseases are outlined in the Public Health (Infectious Disease) Regulations 1988. Outbreaks of illness are monitored within the nursery and reported to OFSTED if it becomes necessary to do so in line with these regulations. Where an 'outbreak' is suspected Environmental Services should be notified immediately.

## **Communicable Diseases, Exclusion Periods & Immunisation:**

### **Infection Control**

Viruses and infections can be easily passed from person to person by breathing in air containing the virus which is produced when an infected person talks, coughs or sneezes. It can also spread through hand/face contact after touching a person or surface contaminated with viruses.

The best way to prevent a virus or infection from moving around the nursery environment is to maintain high hygiene standards throughout the building. To do this we will follow the guidance below:

- Ensure all children use tissues when coughing and sneezing to catch all germs.
- Ensure all tissues are disposed of in a hygienic way and all children and staff wash their hands once the tissue is disposed of.
- Encourage all children to do the above by discussing the need for good hygiene procedures in helping them to stay healthy.
- Staff will wear the appropriate Personal Protective Equipment (PPE) when changing nappies, toileting children and dealing with other bodily fluids. Staff are requested to dispose of these in the appropriate manner and wash hands immediately.
- All potties and changing mats are cleaned and sterilised before and after each use.
- Toilets are cleaned at daily with regular checks and replenishment of toilet rolls throughout the day.
- Staff are to remind children to wash their hands before eating, after visiting the toilet, playing outside or being in contact with any animal and explain the reasons for this.
- All toys, equipment and resources will be cleaned on a regular basis by following a comprehensive cleaning rota and using antibacterial cleanser or through washing in the washing machine.
- All equipment used by babies and toddlers will be washed or cleaned as and when they need it – this includes when the children have placed it in their mouth.
- Dummies will be stored in individual hygienic dummy boxes labelled with the child's name to prevent cross-contamination with other children.
- If a dummy or bottle falls on the floor or is picked up by another child, this is cleaned immediately and sterilised where necessary.
- Individual bedding will be used by children and labelled. This will be washed at least once a week and not used by any other child.
- When children are ill we will follow the sickness and illness policy to prevent the spread of any infection in the nursery.
- The nursery manager retains the right of refusal of all children, parents, staff and visitors who are deemed contagious and may impact on the welfare of the rest of the nursery.

- Parents will be made aware of the need for these procedures in order for them to follow these guidelines whilst in the nursery.
- Periodically each room in the nursery will be deep cleaned including carpets and soft furnishings to ensure that the spread of infection is limited. This will be implemented more often if the need arises.
- The nursery will ensure stocks of tissues, hand washing equipment, cleaning materials and sterilising fluid are maintained at all times and increased during the winter months or when an outbreak of an illness is identified.

#### Diarrhoea and/or vomiting

48 hours from last episode of diarrhoea or vomiting.

#### E. coli / Typhoid\* / Shigella (dysentery)

Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting. Further exclusion is required for children aged five years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance.

#### Cryptosporidiosis

Exclude for 48 hours from the last episode of diarrhoea. Exclusion from swimming is advisable for two weeks after the diarrhoea has settled.

#### Flu (influenza)

Until recovered.

#### Tuberculosis\*

Should be excluded until declared free from infection by their GP.

#### Whooping cough\* (pertussis)

Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment.

#### Chickenpox

5 days from onset of rash and until all vesicles have crusted over.

#### German measles (rubella)\*

Four days from onset of rash.

#### Hand, foot and mouth

None. If a large number of children are affected, Infection Control will be informed. Exclusion may be considered in some circumstances.

#### Impetigo

Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment.

#### Measles\*

Four days from onset of rash.

#### Ringworm

Exclusion not usually required.

Scabies

Child can return after first treatment. Household and close contacts require treatment.

Scarlet fever\*

Child can return 24 hours after starting appropriate antibiotic treatment.

Slapped cheek/fifth disease (Parvovirus B19)

None (once rash has developed).

Shingles

Exclude only if rash is weeping and cannot be covered. Can cause chickenpox in those who are not immune, i.e. have not had chickenpox. It is spread by very close contact and touch.

Warts and verrucae

None. Verrucae should be covered in swimming pools etc.

Conjunctivitis

None

Diphtheria\*

Exclusion is essential until cleared by GP. Family contacts must be excluded until cleared by GP also.

Glandular fever

None

Head lice

None

Hepatitis A\*

Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice).

Hepatitis B\*, C\*

None

Meningococcal meningitis\*/ septicaemia\*

Until recovered. There is no reason to exclude siblings or other close contacts of a case.

Meningitis\* due to other bacteria

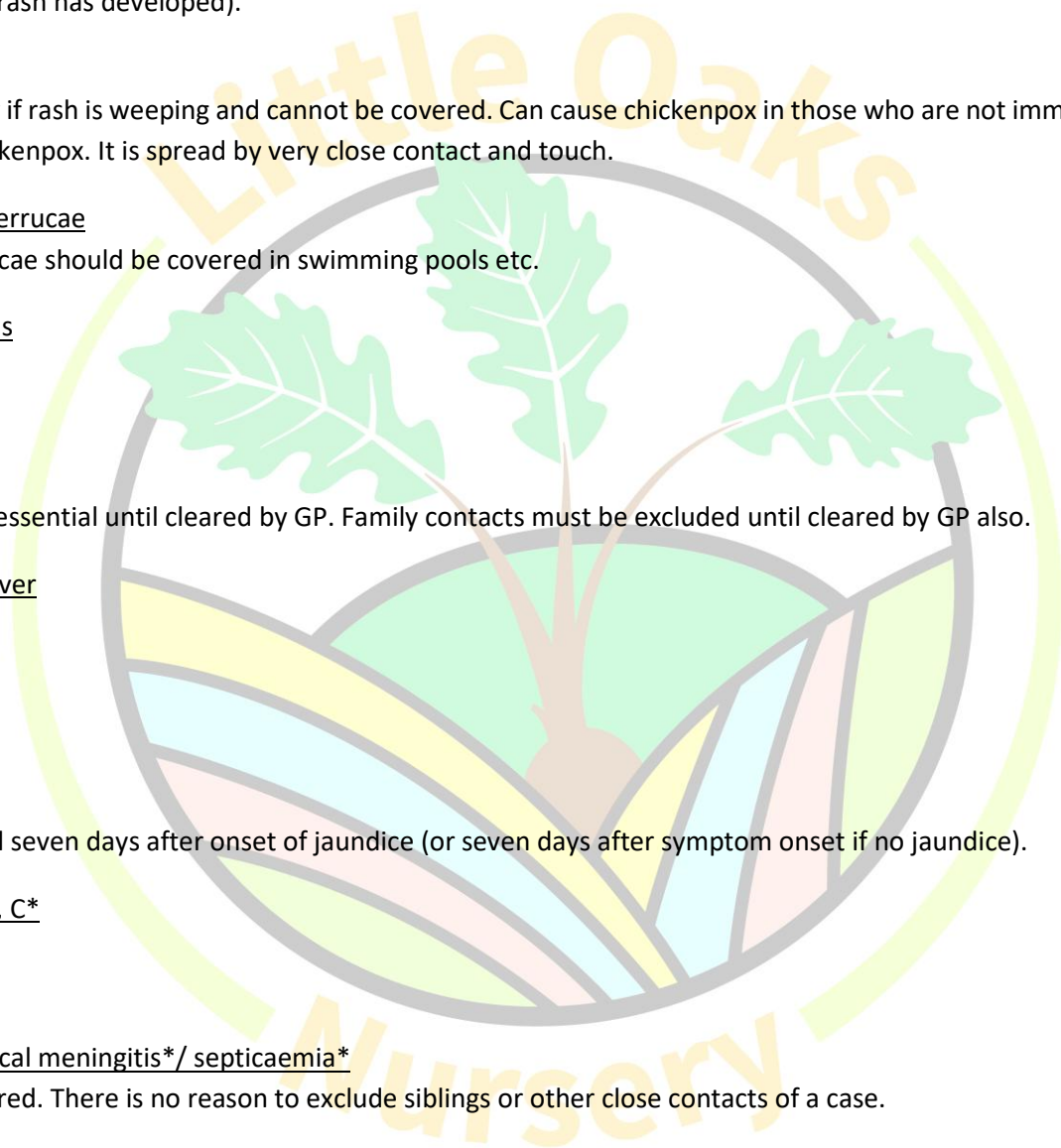
Until recovered. There is no reason to exclude siblings or other close contacts of a case.

Meningitis viral\*

None. Milder illness. There is no reason to exclude siblings and other close contacts of a case.

MRSA

None



### Mumps\*

Exclude child for five days after onset of swelling.

### Threadworms

None. Treatment is recommended for the child and household contacts.

### Tonsillitis

None

### HIV/AIDS

Little Oaks Nursery follows the hygiene policy when dealing with accidents resulting in bleeding, vomiting or in the cases of diarrhoea and changing nappies.

No one has the right to know if another person is HIV positive or has AIDS. This information should not be shared with anyone else without the permission of the person involved

**\* denotes a notifiable disease.**

### **Head Lice**

Head lice can affect people from any socio-economic background and ethnicity and do not imply a lack of hygiene or cleanliness of the infected person.

In order to try and prevent other children becoming infected we have put together the following procedure. We hope that as parents will work with us to prevent and treat the spread of head lice.

- No child will be excluded from Little Oaks Nursery because they have head lice.
- We request that all children with long hair wear their hair up to prevent the spread of head lice.
- We request that parents check their children's hair once a week with a special head lice comb to aid early detection.
- We request that parents inform staff immediately if they have discovered that their child has head lice.
- We will inform all parents using our service if a child has head lice but we will keep the name of the child confidential.
- We will assist in the prevention of head lice by ensuring the children only use their own hairbrushes and combs and that the dressing up hats are regularly cleaned.

### More Information

- Nits are tiny yellowish – white oval eggs firmly attached at an angle to the hair shaft. Contrary to some claims, nits found more than a quarter inch from the scalp are not necessarily dead. The diagnosis is made more often by seeing the attached nits than by finding crawling lice. Nits (eggs) are tiny and can be difficult to remove. They are firmly attached to the hair shaft and cannot be brushed out or removed with a regular comb.

- Although nits may be more prevalent at the nape of the neck, around the ears and at the crown of the head, check the entire scalp since nits can be found anywhere in the hair.
- Lice are about the size of a sesame seed, clear in colour when first hatched and then become brown after they feed, and move quickly away from light.
- Head lice cannot be contracted from or given to animals. They are 'Host Specific' and infect humans only.
- Lice do not hop, jump or fly.

Procedure when a case of head lice is found:

1. If staff observe head lice on a child the parent/carers of the child will be contacted in a sensitive manner as soon as possible and provided guidance on the treatments available. For treatment see instructions on head lice lotions available from chemists and on prescription from doctors.
2. Extra care is taken to avoid head to head contact until treatment has been provided.
3. To help in our combined effort to eliminate the incidence of head lice parents will be informed that a case of head lice has been reported on that day, the name of the child concerned kept confidential, asking parents to check their own child's head carefully each day for the next few weeks and to continue checking as part of their routine hygiene.
4. Staff should be prepared to answer questions. Parents may feel overwhelmed and need to review current guidelines. Seek out guidance and support if a parent requires advice.
5. Encourage the children and help them feel comfortable about speaking up if they feel itchy.
6. Confidentiality is maintained throughout.
7. Staff are reminded to check their own hair routinely.

**Immunisation Policy**

Little Oaks Nursery does not discriminate on the admission of a child who has/has not had their immunisations; we firmly believe that it is parental choice as to whether children have their immunisations, and we will not refuse admission of that child.

However, we are aware that the risks of children contracting infectious diseases are higher and we do our utmost at the nursery to prevent the spread of infection. We monitor for any signs and symptoms of infectious diseases.

We recognise where possible, that children are vaccinated in accordance with their age. If children are not vaccinated, it is the responsibility of the parents to inform the nursery to ensure that children/staff/parents are not exposed to any unnecessary risks of any sort. The nursery manager must be aware of any children who are not vaccinated within the nursery in accordance with their age.

Parents need to be aware that some children will not be vaccinated within the Nursery. This may be due to their age, medical reasons or parental choice. We will not disclose individual details to other parents in relation to other children who have not received their immunisations as this information is deemed confidential.

Information regarding immunisations will be recorded on children's registration documents and should be updated as and when necessary, including when the child reaches the age for the appropriate immunisations.

Staff Vaccinations Policy

We will also not discriminate against staff who do not wish to have vaccinations, however where they do wish to have them, it is the responsibility of all staff to ensure that they keep up-to-date with their vaccinations for:

- Coronavirus
- Tetanus
- Tuberculosis
- Rubella
- Hepatitis
- Polio

If a member of staff is unsure as to whether they are up to date, then we recommend that they visit their GP or practice nurse for their own good health.

#### Emergency Information

Emergency information must be kept for every child and should be updated every six months with regular reminders to parents in newsletters, at parent consultations and a reminder on Parentmail.

