

Health, Illness and Emergency policy

Date: September 2018

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Introduction

It is the nursery policy to encourage and promote good health and hygiene for all the children in our care. This includes monitoring the children for signs and symptoms of communicable diseases such as chickenpox, measles, mumps, rubella, meningitis, hepatitis, diarrhoea, vomiting and fevers of 101oF/38.5C or over.

Should your child be unwell or sick before the start of the nursery session, we would kindly ask you not to bring your child to nursery as nursery is an environment for well children, and not suitable for a child who is not well. This policy has been made with the best interests of the unwell child and all other children in mind.

Sick Child Policy

With the welfare of the sick child in mind, and in the interests of the remaining children in the nursery, if in the opinion of the staff a child is ill, then the parent/carer will be contacted and requested to collect him/her as soon as possible. We will endeavour to do all we can to comfort and reassure your child by taking them to a quiet place to rest whilst they are waiting to be collected. The staff of the nursery must be convinced that the child has returned to good health before re-admitting him/her. Whilst at nursery, if a child's temperature reaches 38.5oC parents will be contacted to be informed of this and a discussion will take place for what to do next. If a parent or carer has previously provided written consent for nursery to administer calpol then this can be given to the child who will then be closely monitored. If the child still seems unwell then parents/ carers will be contacted to collect the child. If there is no previous written consent for calpol in place then the parent/ carer will have to come and collect the child.

We are aware that if a child had a temperature of over 39oC there is an increased risk of having convulsion fits.

If a child has been given Calpol or any other pain killer before their session parents and carers need to ensure that they inform a member of staff. We ask all parents to be honest with us as if we need to administer calpol in an emergency it is imperative that we are informed of any other medication that has been given to ensure recommended safe doses are not being exceeded. .

Any child on prescribed medication will be admitted to nursery in accordance with the medication policy.

Exclusion Procedures for Illness / Communicable Disease

The minimum exclusion periods are shown below. In the event of a child or adult suffering from a notifiable disease e.g. meningitis, or in the case of food poisoning affecting two or more children, Ofsted will be informed.

Rashes and Skin Infections

Infection or Complaint	Recommended period to be kept away from School, nursery or childminder	Comments
Athlete,s foot	None	Athlete's foot in not a serious condition. Treatment is recommended
Chicken Pox	Until all vesicles have crusted over	See: Vulnerable Children and Female staff - pregnancy

Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting.
German Measles	Four days from onset of rash	Preventable by immunisation. See Female staff - pregnancy
Hand, foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances.
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period.
Measles	Four days from onset of rash	Preventable by immunisation. See Female staff - pregnancy
Molluscum Contagiosum	None	A self limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
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	Antibiotic treatment is recommended for the affected child
Slapped cheek/ fifth disease. Parvovirus	None (Once rash has developed)	See: vulnerable children and female staff
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune, ie have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. See: Vulnerable Children and female staff - pregnancy
Warts and verucas	none	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Diarrhoea and vomiting illness

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
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Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
E. coli O157 VTEC (Typhoid and paratyphoid) (enteric fever) 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 5 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. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice.
Cryptosporidiosis	Exclude for 48 hours from last episode of diarrhoea	Exclusion from swimming is advisable for 2 weeks after the diarrhoea has settled

Respiratory Infections

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza)	Until recovered	See Vulnerable children
Tuberculosis	Always consult your local PHE centre	Require prolonged close contact for spread
Whooping cough	Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment.	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local PHE centre will organise any contact tracing necessary.

Other Infections

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Conjunctivitis	None	If an outbreak/ cluster occurs, consult your local PHE centre.
Diphtheria	Exclusion is essential. Always consult with your local HPT.	Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination.

		Your local PHE centre will organise any contact tracing necessary.
Glandular Fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen.
Hepatitis A	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local PHE centre will advise on control measures
Hepatitis B, C, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact.
Meningococcal meningitis/ Septicemia	Until recovered	Meningitis C is preventable by vaccination There is no reason to exclude siblings or other close contacts of a case, in case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contact. Your local PHE centre will advise on any action is needed
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 contacts of a case. Your local PHE centre will give advice on any action needed
Meningitis viral	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local PHE centre
Mumps	Exclude child for five days after onset of swelling	Preventable by vaccination (MMRx2doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

Vulnerable Children

Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated with leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity. School and nurseries and childminders will normally have been made aware of such children. These children are particularly vulnerable to chickenpox, measles or parvovirus B19 and, if exposed to either of these, the parent/carer should be informed promptly and further medical advice sought. It may be advisable for these children to have additional immunisations, for example pneumococcal influenza.

Female Staff – Pregnancy

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated according to PHE guidelines by a doctor. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace. Some specific risks are:

- **Chickenpox** can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage of exposure. The GP and antenatal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.
- **German Measles (rubella)**. If a pregnant woman comes into contact with german measles she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.
- **Slapped cheek (parvovirus B19)** can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.
- **Measles** during pregnancy can result in early delivery or even loss of a baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.

This advice also applies to pregnant students

Note: If an outbreak occurs, the exclusion period may be extended on the advice of Health Protection Agency.

If there are two or more reported cases of food poisoning in the nursery Ofsted will be informed and guidance followed.

Parents will be informed of any contagious diseases and any risk to pregnant women will be highlighted.

In the event of an outbreak of sickness and/or diarrhoea the Health Protection Agency will be notified.

The following procedures will be carried out.

- The public Health England will be contacted on – 0344 225 0562
- If reported cases become more frequent contact -
- All parents will be asked to collect samples and to take them to their GP for testing.
- All equipment in the nursery will be deep cleaned.
- Any staff returning after being unwell are to be kept away from food preparation for an additional 24 hours.

The Nursery Manager has a duty to think about the majority over the minority and for that reason if your child has an infectious illness or poses a risk of contamination to other children due to the illness being contagious, we reserve the right to exclude the child from nursery until they are well.

We take advice from the CCDC (Consultant in Communicable Disease Control) should we have concerns regarding childhood diseases. The CCDC advises us in action we may need to take and the information to be shared with parents.

Vulnerable children

Serious illness

In the case of a serious illness occurring then the parent/carer will be contacted immediately and the appropriate action taken. If there is no success in contacting parents then the manager will phone the child's emergency contacts that are listed on their file. In the unlikely event of the parent and emergency contacts not being available the manager will assume charge and if necessary will phone for emergency medical assistance and will accompany the child to hospital along with all relevant details. A member of staff will continue trying to make contact with parents back at the nursery site.

The following procedures will be followed in the event of:-

Major Accident

At all times the staff must wear protective clothing (disposable aprons and gloves).

1) The manager and first aider will assess the situation and decide whether the child needs to go immediately to hospital or whether the child can wait for the parent/main carer to come.

2) If the first aider is unsure of what action to take NHS Direct will be contacted for advice on 111.

a) If the child needs to go straight to hospital an ambulance will be called. The child's records will be taken with them to the hospital as parents sign to give medication in the event of an emergency on admission. Then the parent/main carer will be contacted and arrangements will be made to meet the parent/main carer at the hospital. The designated first aider or the manager will accompany the child to the hospital, but will not sign for any treatment to be carried out.

b) If the child can wait for the parent/main carer to come, then the parent/main carer will be contacted and the child will be made as comfortable as possible. A member of staff will stay with the child until the parent/main carer arrives. If the injury to the child is an open wet wound this must be covered to allow for any infection to be contained. It will then be for the parent/main carer to decide whether to go to the hospital or not.

3) A report of the accident will be recorded on an accident form, the parent/carer will be asked to read and sign this document and a copy of this will be provided for the staff member or parent/ carer to take with them if the child is attending hospital.

The management team will investigate the nature of the accident and if appropriate, will make any necessary changes to prevent a similar accident occurring in the future.

The management team will inform Ofsted in the event of a serious accident or injury affecting either a child or adult on the premises.

Minor Accident

Please see Accident and First Aid Policy

Forms to accompany this policy

- Medicine form
- Accident Form
- Incident Form

- Incoming Injury Form

Management Signature:.....

Date: