



## 18. Sickness and Illness

At **Sunshine Children's Centre** we promote the good health of all children attending. 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.

### **Our procedures**

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

- If a child becomes ill or **develops a high temperature of over 38C** 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
- We follow the guidance given to us by Public Health England (formerly the Health Protection Agency) 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. We notify Ofsted as soon as possible and in all cases within 14 days of the incident where we have any child or staff member with food poisoning. 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.

### **Meningitis procedure**

If a parent informs the nursery that their child has meningitis, the nursery manager will contact the Infection Control (IC) Nurse for their area. 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.

### **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.

***During the Covid Pandemic, we are asking parents to keep their children at home if they have Covid symptoms and to get them tested asap. We are also asking parents to keep their children at home with any other bugs or illnesses as staff are working in tight bubbles and if they become ill there isn't necessarily other staff to cover in their rooms and rooms may have to shut if ratios cannot be maintained.***

<b><u>Illness/Infectious Disease</u></b>	<b><u>Period of Exclusion</u></b>
CHICKEN POX/SHINGLES	5 days from onset of rash and until all spots have crusted over.
CONJUNCTIVITIS	Children can return after first treatment or when it has cleared up if not been treated.
DIARRHOEA and/or VOMITING	Children and staff should be excluded from the setting until their symptoms have settled and until 48 hours after the last episode of diarrhea or vomiting.
COLD SORES (HERPES SIMPLEX)	None – avoid kissing and contact with sores.
CRYPTOSPORIDIOSIS	Exclude for 48 hours from the last episode of diarrhea.
DIPHTHERIA	Exclusion is essential. Always consult with local Primary Health England. Family contacts must also be excluded.
FLU (INFLUENZA)	Until recovered.
GLANDULAR FEVER	There is no benefit keeping children or staff off once they feel well enough to attend.
HAND, FOOT & MOUTH	Exclusion until all spots have scabbed over
HEAD LICE	None. Treatment is only required if live lice are seen in the hair (not nit eggs).
HEPATITIS	Hep A – Until the child feels well or until 7 days after the onset of jaundice, whichever is the later.
	Hep B – None but care must be taken with bodily fluids.
	Hep C – None but care must be taken with bodily fluids.
HIV/AIDS	None but care must be taken with bodily fluids.
IMPETIGO	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment. If there is an outbreak stop the use of sand, water, playdough and cooking activities and wash all 'dressing up' clothes. (An outbreak is 2 or more cases of the same infectious organism in a setting).
MEASLES, MUMPS AND RUBELLA	Measles – Four days from onset of the rash.
	Mumps – the child should be excluded for 5 days after the onset of swelling.
	Rubella – for 6 days after onset of the rash, and whilst unwell.
MENINGOCOCCAL MENINGITIS/ SCEPTICAEMIA	Until recovered, no reason to exclude siblings or other close contacts of a case.
MENINGITIS DUE TO OTHER BACTERIA	Until recovered, no reason to exclude siblings or other close contacts of a case.
MENINGITIS VIRAL	None, no reason to exclude siblings or other close contacts of a case.
MOLLUSCUM CONTAGIOSUM	None

MRSA	None
TONSILLITIS	None
RASHES	A child who is unwell and has a rash should visit their GP to establish the reason for it.
RINGWORM (TINEA)	Children need not be excluded but spread can be prevented by good personal hygiene, regular hand washing and use of separate towels and toilet articles. Parents should be encouraged to seek treatment.
ROSEOLA (INFANTUM)	None
SCARLET FEVER/SCARLETINA	Once a patient has been on antibiotic treatment for 24 hours they can return, provided they feel well enough.
SHINGLES	Exclude only if rash is weeping and cannot be covered.
SLAPPED CHEEK SYNDROME (ERYTHEMA INFECTIOSUM/FIFTH DISEASE)	An infected child need not be excluded because they are no longer infectious by the time the rash occurs.
SCABIES	Child can return after first treatment. Household and close contacts also require treatment.
E.COLI O157VTEC, TYPHOID, PARATYPHOID (ENTERIC FEVER), SHIGELLA (DYSENTRY)	Should be excluded for 48 hours from the last episode of diarrhea. Further exclusion may be required for some children until they are no longer excreting.
TUBERCULOSIS (TB)	Always consult your local Primary Health England centre.
WARTS AND VERRUCAE	None.
WHOOPING COUGH	5 days from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment.
WORMS	None

This policy was adopted on	Signed on behalf of the nursery	Date for review
22/11/24		22/1/25