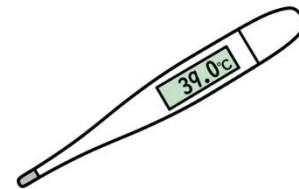


Sickness and Illness



Aim

At Lake View Nursery, we recognise that we have a responsibility to promote high standards of health and to protect children, staff and all who visit the setting against infectious diseases, and illnesses. The health and well-being of children and staff is of paramount importance to us.

To maintain a clean and healthy environment for all children and staff we ask that parents/carers refrain from bringing a child to the setting if he/she is displaying any signs of illness.

Procedure

- If a child becomes unwell during their session, staff who are caring for the child will assess their condition. The child may be distressed, so it is in their best interest that their key person or another staff member with a strong bond with the child is the person to be with them where possible.
- One of the management team should be informed as soon as possible of any sick child. They may make the decision that they need to be collected or sometimes we may offer to administer paracetamol or ibuprofen if the child has some stored here.
- Decisions will consider the needs of the individual child and those of the group. It is the manager's final decision when requesting the exclusion of a child for an illness or infection. Staff may refer to the infectious diseases and exclusion periods table when deciding. They may be excluded for a certain period stated, which has been taken from the *Department of Health guidance on infectious diseases* as shown below.
- If staff suspect that the illness is an infectious or contagious disease, they will request that the parent should consult a doctor before returning the child to nursery. Parents are also encouraged to let the nursery know the outcome as soon as they can.
- Staff will use the emergency contacts from the child's entry form when contacting parents/carers to collect the child. If the legal guardian is not contactable the staff will contact the next person on the form, such as a grandparent.
- We recommend that no child may attend the nursery while suffering from one of the communicable diseases and they should be excluded for the minimum periods recommended.

- Although exposure of children to a communicable disease is not in itself sufficient reason to require their exclusion from nursery, any child who becomes a home contact of diphtheria, poliomyelitis, typhoid, and paratyphoid fevers will be excluded.
- Coughs and colds do not normally require the child to stay home from nursery, but this will be judged on a case-by-case basis depending on the severity and how well the child will be able to cope with the nursery routine.
- A child who vomits during their time at nursery (without an understandable cause) must be collected as soon as possible.
- Though we recognise that diarrhoea may have several causes, our staff are very vigilant if a child does have diarrhoea whilst at nursery. Our general rule is that if a child has two or more episodes of diarrhoea, they are to be collected as soon as possible. There will be times when there are exceptions to this where the cause of the diarrhoea is clear, or a child only has one episode of diarrhoea, but it is accompanied by other symptoms.
- A 48-hour exclusion period will follow any cases of sickness and/or diarrhoea which does not have an explainable cause (such as a dietary reaction).
- Parents will be contacted and informed if their child has a temperature of 101F/38C or above.
- If a child has been unwell at home but is not showing signs of symptoms when brought to nursery, it is the parent/carer's responsibility to inform staff at drop off.
- If a child is sent home due to a significant accident the parent will be shown the accident form which explains the incident. This will be signed by whoever collects the child that day. If the child is not collected by a primary carer, they will be informed of the incident by a phone call and this will be noted onto the form to evidence that they were told.

Exclusion Period Table

Below is a table taken from 'Guidance on Infection Control in Schools and other Child Care Settings. Last updated: February 2023

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/children-and-young-people-settings-tools-and-resources>

| Infection | Exclusion period | Comments |
|----------------|-----------------------------|--|
| Athlete's foot | None | Individuals should not be barefoot at their setting and should not share towels, socks or shoes with others. |
| Chickenpox | At least five days from the | Pregnant staff should consult |

Lake View Nursery Ltd

Last updated: February 2023

By: Jenna Finch (Deputy Manager)



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| | onset of the rash and when all the blisters have crusted over. | with their GP or midwife. |
| Cold sores (herpes simplex) | None | Avoid kissing and contact with the sores. |
| Conjunctivitis | None | If an outbreak/cluster occurs, consult your local HPT |
| Respiratory infections including Coronavirus | Individuals should not attend if they have a high temperature and are unwell. Children who have tested positive for COVID should not attend the setting for 3 days after the day of the test. | Children with mild symptoms such as a runny nose and headache who are otherwise well can continue to attend the setting. |
| Diarrhoea and vomiting | Individuals can return 48 hours after diarrhoea and vomiting have stopped. | If a particular cause of the diarrhoea and vomiting is identified, there may be additional exclusion advice, for example, E. coli STEC and hep A. |
| Diphtheria * | Exclusion is essential. Always consult with UKHSA HPT. | Preventable by vaccination. For toxigenic diphtheria, only family contacts must be excluded until cleared to return by your local HPT. |
| Flu (influenza) or influenza-like illnesses | Until recovered | Report outbreaks to your local HPT. |
| Glandular fever | None | None |
| Hand foot and mouth | None | Contact your local HPT if many children are affected. Exclusion may be considered in some circumstances. |
| Head lice | None | |
| Hepatitis A* | Exclude until seven days after onset of jaundice (or 7 days after symptom onset if no jaundice) | In an outbreak of hepatitis A, your local HPT will advise on control measures |
| Hepatitis B*, C*, HIV | None | Hepatitis B and C and HIV are blood-borne viruses that are not infectious through casual contact. Contact your local HPT for more advice |
| Impetigo | Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment. | Antibiotic treatment speeds healing and reduces the infectious period. |
| Measles | Four days after the onset of the rash and recovered | Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife |

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| Meningococcal meningitis* or septicaemia* | Until recovered | Meningitis ACWY and B are preventable by vaccination. Your local HPT will advise on any action needed. |
| Meningitis* due to other bacteria | Until recovered | Hib and pneumococcal meningitis are preventable by vaccination (see national schedule @ www.nhs.uk) Your local HPT will advise on any action needed |
| Meningitis viral* | None | Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded. |
| MRSA | None | Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact UKHSA HPT for more information |
| Mumps* | Five days after the onset of swelling | Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff. |
| Ringworm | Not usually required. | Treatment is needed. |
| Rubella* (German measles) | Five days from the onset of rash | Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife |
| Scarlet fever* | Exclude until 24 hours after starting antibiotic treatment. | Individuals who decline treatment with antibiotics should be excluded until the resolution of symptoms. In the event of two or more suspected cases, please contact UKHSA HPT. |
| Scabies | Can return after the first treatment | Household and close contacts require treatment at the same time. |
| Slapped cheek /Fifth disease/Parvovirus B19 | None (once the rash has developed) | Pregnant contacts of the case should consult with their GP or midwife. |
| Threadworms | None | Treatment recommended for child and household. |
| Tonsillitis | None | There are many causes, but most cases are due to viruses and do not need an antibiotic treatment |
| Tuberculosis (TB) | Until at least two weeks after the start of effective antibiotic | Only pulmonary (lung) TB is infectious to others. Needs |

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| | treatment (if pulmonary TB). Exclusion is not required for non-pulmonary or latent TB. Always consult your local HPT BEFORE disseminating information to staff/parents/carers | close, prolonged contact to spread. Your local HPT will organise any contact tracing |
| Warts and verrucae | None | Verrucae should be covered in swimming pools, gyms and changing rooms |
| Whooping cough (pertussis)* | Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics | Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing |

*Denotes a notifiable disease. Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or UK Health Security Agency (UKHSA) HPT of suspected cases of certain infectious diseases.