



Managing Children who are Sick and Infectious

We provide care and education for all children. We will take measures to keep them healthy (as far as it is possible) by preventing cross infection of viruses and bacterial infections. We promote health through identifying allergies and preventing contact with the allergenic substance.

- Children who are unwell should not be brought to nursery. If parents/guardians bring children who are unwell to nursery, they will be asked to take them home again. Our priority is to keep all children, staff and our community safe and well. We therefore reserve the right to refuse entry for any child deemed unwell.
- Parents/guardians who are unable to care for their own child when they are unwell must have adequate alternative arrangements in place.
- Parents/guardians must notify staff if their child has been unwell at the weekend or in the night, and if they have been given any medicine such as Calpol/Nurofen prior to coming to nursery. This to prevent overdose of medication if further medication is given at nursery.
- If Calpol/Nurofen has been given prior to attending nursery, the child must be kept at home for 24 hours before returning to the setting.
- Parents/guardians must not send their child to Nursery if they are unwell, this includes children who have a heavy cough or cold.
- Any child who has had vomiting and or diarrhoea must not return to Nursery until at least 48 hours have elapsed from the last bout of vomiting and or diarrhoea **and** they are eating normally.

Children who become ill whilst they are in the setting

- When a child becomes ill at nursery every effort will be made to contact the parents/guardians, who will be requested to collect their child as soon as possible (within 1 hour) or send a known adult to collect the child on their behalf.
- Parents/guardians must ensure that the nursery is able to contact them, or a person nominated by them, at all times. This is a statutory requirement.
- If a child has a temperature (feels hot to touch on their forehead, back or tummy, feels sweaty or clammy and has red cheeks) they are given fluids and kept cool. The child's temperature is taken using a digital thermometer. If the child's temperature is 38 degrees or over, their parents/guardian are contacted to ask permission to administer Calpol to prevent febrile convulsion. If Calpol is given, the child must be collected and must be kept at home for 24 hours, before returning to Nursery.
- Parents/guardians must sign a permission slip for Calpol to be administered by staff, during their child's induction.
- In extreme cases of emergency, the child should be taken to the nearest hospital and the parent/guardian informed.
- Where children have been prescribed antibiotics, parents/guardian are asked to keep them at home for 24 hours before returning to the setting.
- If a child has 1 case of vomiting and or 2 cases of diarrhoea a parent/guardian must come and collect the child and the child must not return until at least 48 hours have elapsed from the last bout of vomiting and or diarrhoea **and** they are eating normally.

- If a parent/guardian is called to collect their child because they become unwell whilst at the setting, the child should be kept at home for the entire of the following day. In some instances, staff may ask parents/guardian to take their child to see a doctor before returning to the setting.
- Where a child has started a new medication, we ask for the child to be kept home for 24 hours from the time of taking the new medication so that they can be monitored for any side effects.

Reporting notifiable diseases

- If a child or adult is diagnosed as suffering from a notifiable disease under the Health Protection Regulations 2010, the GP will report this to the Health Protection Agency.
- When the nursery becomes aware, or is formally informed of the notifiable disease, the Headteacher/Deputy Headteacher informs Ofsted and acts on any advice given by the Health Protection Agency.

As a centre we follow the Guidance on infection control in schools and other settings – (issued by the Public Health Agency) regarding keeping away from nursery.

Please note that our policy in regards to keeping children away from Nursery may sometimes differ from this guidance, as certain infectious diseases are easily spread through close contact, touch, coughs or saliva amongst young children (such as hand, foot and mouth). We have noted those differences below.

Teething

- Teething can occur anytime from 4 months old. Most babies start teething at around 6 months.
- Teething can cause flushed cheeks, more than usual dribbling, more than usual gnawing and chewing and or more fretful behaviour than usual.
- There is no evidence that teething causes other symptoms, such as diarrhoea and fever (NHS 2019).
- If a child appears to be experiencing minor pain or discomfort, with ***no other visible signs of illness***, such as fever (38 degrees) and or diarrhoea, their parents/guardians are contacted and asked permission to administer Calpol. If Calpol is given and the child's discomfort abates they can remain at Nursery.
- **If pain, discomfort, fever (38 degrees) and or diarrhoea is present a parent/guardian must come and collect the child and are asked to keep them at home for 24 hours before returning to the setting.**
- Parents/guardians must sign a permission slip for Calpol to be administered by staff, during their child's induction.

Nits and head lice

- Head lice and nits are common in young children and their families. They do not have anything to do with dirty hair and are picked up by head-to-head contact.
- They cannot jump, fly or swim. Itching and scratching occurs 2 to 3 weeks after coming into close contact with someone who has headlice
- **Parents/guardians will be asked to keep their child away until the infestation has been treated.**
- **On identifying cases of head lice, all parents/guardians will be contacted and asked to collect their child. It is asked that parents/guardians treat their child and all the family if they are found to have head lice.**
- We encourage parents or carers to give regular head checks and provide good hair care to help identify and treat head lice early

This information may differ from government guidelines due to the age of children and vulnerability of some of the children supported within the setting.

Conjunctivitis/pink eye

Conjunctivitis is an inflammation of the conjunctiva, a membrane covering the inner eyelid and front of the eye. It is often called pink eye as the white of the eye appears pink or red.

There are several types of conjunctivitis:

- Bacterial – Pink eye, with yellow or greenish discharge from the eye. Usually resulting in crusting of the eyelids after sleep.
- Viral – Pink eye, with a waterier discharge. Often accompanied by symptoms of a respiratory tract infection, such as runny nose, sore throat, fever.
- Allergic conjunctivitis – Pink watery eyes, with severe itching. Caused by an irritant or allergic reaction.

Both viral and bacterial conjunctivitis are extremely infectious. Bacterial conjunctivitis is transferred by touching eyes and surfaces that are contaminated. Viral conjunctivitis can also be spread by droplets in the air, through sneezing and coughing.

Treatment for children over two years of age

- Bacterial conjunctivitis will need to be treated with antibiotic drops or cream.
- Viral conjunctivitis will not be cured with cream, the virus will run its course and the body's natural immunity will cure it within 4 to 14 days. Although antibiotics do not cure viral conjunctivitis, it is often advised to use them, to stop the development of a secondary bacterial infection.
- Children often get runny or 'gungy' eyes when they have colds. This is not conjunctivitis, which is characterised by the pink/redness of the white of the eye.
- **Due to the extremely infectious nature of this condition children with pink eyes, and a thick or watery discharge, must be kept away from nursery.**
- Children will be able to return when they have received at least 24 hrs of treatment with antibiotic drops **and** the condition is showing significant signs of improvement. It is important that the child is also feeling well in themselves.
- Antibiotic drops can be purchased over the counter from a pharmacist.
- Once drops are prescribed they must be administered for 5–7 days and or until discharge has disappeared. If symptoms persist the child must see a doctor.

Treatment for children under two years of age

Many doctors will not prescribe children under two years of age with antibiotic drops or cream. In this instance the following procedures must be adhered to by parents/guardians.

- Children must be kept away from Nursery for 48 hrs from the first onset of infection.
- Parents/guardian are to use clean cotton wool (one piece for each eye). Boil water and let it cool down before wiping each eye to remove any discharge and or discharge crusts.
- Wash hands regularly with warm soapy water.
- Wash pillows and or face cloths in hot water and detergent.
- Cooled camomile tea can be used to wash out eyes. Follow procedure above.
- If symptoms persist for two weeks, the child must see a doctor.

Due to the extremely infectious nature of this condition children with pink eyes, and a thick or watery discharge, must be kept away from nursery. We reserve the right to refuse entry until the discharge has shown significant signs of improvement.

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Hand, Foot and Mouth

It is a common childhood illness that can also affect adults. It usually gets better on its own in 7-10 days

Symptoms are

- A sore throat
- High temperature
- Not wanting to eat
- Mouth ulcers
- Rash – raised spots on hand and feet which then develop into blisters. a rash may develop with blisters, on hands, feet, insides of their cheeks, gums and on the sides of the tongue.

The incubation period is 3 to 5 days and not all cases have symptoms.

Pregnant women who have been in contact with an affected individual may wish to speak to their GP or midwife as although there is usually no risk to the pregnancy or baby, it is best to avoid close contact with anyone who has hand, foot and mouth disease.

Hand, foot and mouth is very contagious. It is spread in coughs, sneezes, faeces and the fluid in the blisters and we ask you to keep your child home until any apparent blisters have dried out, they are well and eating normally.

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Chickenpox (varicella) and shingles

Chickenpox has a sudden onset with fever, runny nose, cough and a generalised rash. The spotty rash starts with fluid filled blisters which then scab over and eventually drop off. Some people have only a few spots, but other people can have spots that cover their entire body. In most people, the blisters crust up and fall off naturally within one to 2 weeks.

Chickenpox in children is considered a mild illness. There is no specific treatment but there are pharmacy remedies that may alleviate symptoms. These include paracetamol to relieve fever, and calamine lotion and cooling gels to ease itching

Chickenpox is highly infectious and spreads by respiratory secretions or by direct contact with fluid from blisters.

- Direct contact with fluid from the blisters of a person that has shingles can cause chickenpox in someone who has never had it before.
- People with chickenpox are generally infectious from 2 days before the rash appears and until all blisters have crusted over (usually 5 to 6 days after the start of the rash).
- Shingles is caused by the chickenpox virus. When people get chickenpox, the virus remains in the body. It can be reactivated later and cause shingles if someone's immune system is lowered
- In cases of shingles, the decision to ask the child or practitioner to stay away from Nursery will depend on whether the rash or blisters can be covered.
- Children and adults will be asked to stay away from Nursery if they have a weeping shingles rash that cannot be covered.

We advise individuals, parents or carers to:

- seek immediate medical advice if the individual is seriously ill or if they develop any abnormal symptoms such as:
- the blisters becoming infected
- a pain in their chest or difficulty breathing
- avoid contact with other people for at least 5 days from the onset of the rash and until all blisters have crusted over (if chickenpox) or can be covered (shingles)

Children with chickenpox must be kept away from the setting until all the blisters have dried and crusted over.

This guidance is in line with government guidance on managing specific infectious diseases.

In cases of shingles children must be kept away from the setting until blisters have dried and crusted over.

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Impetigo

Impetigo is a bacterial skin infection which mainly affects infants and young children. It is very infectious and appears most commonly as reddish sores on the face. It may be a primary infection or a complication of an existing skin condition such as eczema, scabies or insect bites

The incubation period is between 4 to 10 days

Adults will keep away from the setting until all lesions (sores or blisters) are crusted over or until 48 hours after commencing antibiotic treatment.

Children are kept away from the setting until all lesions (sores or blisters) are crusted over.

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Scarlet fever

Scarlet fever is highly infectious and is spread by close contact with someone carrying the bacteria. Coughing, sneezing, singing and talking may spread respiratory droplets from an infected person to someone close by.

The incubation period is 2 to 5 days.

Children will be able to return when they have received at least 24 hrs of treatment with antibiotic and the condition is showing significant signs of improvement. It is important that the child is also feeling well in themselves and they are eating normally.

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Children or nursery and/or school staff who decline treatment with antibiotics will be kept away from the setting until resolution of symptoms.

We follow guidelines that if there is an outbreak of 2 or more scarlet fever cases within 10 days of each other and the affected individuals have a link, such as being in the same class or year group we contact our UKHSA HPT.

Slapped cheek syndrome (parvovirus B19)

- Symptoms include high temperature, sore throat, runny nose and headache. A red rash may appear on 1 or both cheeks.
- It may be less obvious on brown and black skin.
- The rash may spread to the rest of the body but unlike many other rashes it rarely involves the palms and soles
- The virus spreads to other people, surfaces or objects by coughing or sneezing near them.
- Slap cheek is only infectious before the rash appears.
- The virus can affect an unborn baby, particularly in the first 20 weeks of pregnancy.
- Anyone exposed to an affected individual early in pregnancy (before 20 weeks) should be advised to seek prompt advice from whoever is providing antenatal care.

Children who are unwell should not be brought to nursery. If parents/guardians bring children who are unwell to nursery, they will be asked to take them home again.

Procedures for children with allergies

- When parents/guardian start their children at the nursery they are asked if their child suffers from any known allergies. This is recorded on the child induction form.
- If a child has an allergy, a risk assessment form is completed 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 regularly and as when needed i.e. in discussion with parents

- This form is kept in the child's personal file and a copy is displayed where staff can see it.
- Children with food allergies will have these clearly written on their lunch card, these clearly inform adults of foods that the child has an allergy to.
- Parents will need to complete a caterer's allergy form so that the contract caterer is able to prepare a bespoke menu for the child and provide evidence from a medical professional.
- Parents/carers train staff in how to administer special medication in the event of an allergic reaction. For use of an EpiPen staff will receive training from a medical professional.
- Nuts or nut products are not used within the setting.
- Parents are made aware so that no nut products are accidentally brought in, for example to a party.

Oral medication

Asthma inhalers are now regarded as 'oral medication'

- Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them and the child's name.
- The nursery must be provided with clear written instructions on how to administer such medication.
- All risk assessment procedures need to be adhered to 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.

Lifesaving medication and invasive treatments

Each child will have individual recorded provision before attending their sessions based on their individual need and plan.

- 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 those who have received appropriate training from parents or guardians, or who have qualifications.

We 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 staff to administer medication
- Sufficient training from a healthcare professional to administer

When to keep your child off Nursery?



We want to keep all children, staff and our community safe and well.

We will take measures to keep them healthy (as far as it is possible) by preventing cross infection of viruses and bacterial infections.

As always, please keep your child at home if they are unwell.

As a centre we follow the Guidance on infection control in schools and other settings (issued by the Public Health Agency) regarding keeping away from Nursery.

This information may differ from government guidelines due to the age of children and vulnerability of some of the children supported within the setting.

Please do let us know about any illnesses your child has...

calpol	24 hours before returning to the setting
chickenpox	until all the blisters have dried and crusted over
conjunctivitis	EY2 and Nursery: 24 hrs of treatment with antibiotics Baby Room: 48hrs from the first onset of infection.
hand-foot-and-mouth	until any apparent blisters have dried out
impetigo	until all lesions (sores or blisters) are crusted
new medication	24 hours from the time of taking the new medication
nits and headlice	until the infestation has been treated
scarlet fever	24 hrs of treatment with antibiotics
slap cheek	until your child is well
strep A	24 hrs of treatment with antibiotics
vomiting and or diarrhoea	48 hrs from the last onset of infection

Please note we will inform parents, carers and families (of the relevant room) of any cases of conjunctivitis, chickenpox, hand-foot-and-mouth, impetigo, scarlet fever and strep A.

We will also follow Public Health guidance around notifications for illnesses and infections.

Please see our Managing Children who are Sick or Infectious Policy