

## 14. Sickness, Illness and Infection Control Policy

At Westfield House 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.

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.

We follow the guidance below to prevent a virus or infection from moving around the nursery. Our staff:

- Encourage all children to use tissues when coughing and sneezing to catch 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
- Develop children's understanding of the above and the need for good hygiene procedures in helping them to stay healthy
- Wear the appropriate Personal Protective Equipment (PPE) when changing nappies, toileting children and dealing with any other bodily fluids. Staff are requested to dispose of these in the appropriate manner and wash hands immediately
- Clean and sterilise all potties and changing mats after each use
- Clean toilets at least daily and check them throughout the day
- 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
- Clean all toys, equipment and resources on a regular basis by following a comprehensive cleaning rota and using antibacterial cleanser or through washing in the washing machine
- Store dummies in individual hygienic dummy boxes labelled with the child's name to prevent cross-contamination with other children
- Immediately clean and sterilise (where necessary) any dummy or bottle that falls on the floor or is picked up by another child
- Provide individual bedding for children that is not used by any other child and washed on a daily basis
- Periodically each room in the nursery will be deep cleaned including carpets and soft furnishings to ensure the spread of infection is limited. This will be implemented earlier if the need arises or if there is an increased prevalence of illnesses.
- 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 flu and cold germs are circulating.

## **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 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, coronavirus, 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 exclude all children on antibiotics for the first 24 hours of the course (unless this is part of an ongoing care plan to treat individual medical conditions e.g. asthma and the child is not unwell) This is because it is important that children are not subjected to the rigours of the nursery day, which requires socialising with other children and being part of a group setting, when they have first become ill and require a course of antibiotics
- 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
- All parents are requested to regularly check their children's hair for head lice. 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.
- In the event of an epidemic or pandemic, the nursery will follow guidance from Public Health England, the government, our local authority and the Department for Education (please see our policy on Coronavirus (Covid-19)).

## **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.

### **Specific Infectious Diseases & Illnesses.**

**\*\* PLEASE NOTE \*\***

ALL OF THE FOLLOWING INFORMATION HAS BEEN SOUGHT FROM GUIDANCE ON INFECTION CONTROL IN SCHOOL AND OTHER CHILDCARE SETTINGS  
IF YOU HAVE ANY CONCERNS AT ALL OVER YOUR CHILD'S HEALTH PLEASE DO NOT HESITATE TO CONTACT YOUR GP IMMEDIATELY.

**Temperature** - If a child appears to have a raised temperature, we will use a thermometer to check their temperature. If it is raised, then we will contact the parents to either arrange for the child to be collected or for permission for liquid paracetamol to be administered. We will keep them comfortable and re-check the temperature at intervals to ensure that it does not continue to rise. If their temperature is 39/40 a parent will be contacted immediately. This is because at 40°C there is a risk of convulsions due to the height of the temperature. Please note that during the Coronavirus (Covid-19) pandemic, if a child has a temperature of 37.8 or more parents will be asked to collect immediately and book a test. Please see our policy for more information.

**Sickness and Diarrhoea (S&D)** - If a child has had symptoms of S&D at home then the child can not return to the setting until 48 hours has passed since the last instance. If a child is sick at the setting they will be cleaned up and comforted and a parent will be contacted to collect their child. If a child has diarrhoea whilst in the setting they will be monitored to see if it reoccurs. However, if the child has two loose movements within a two hour period a parent will be contacted to come and collect them. If it is known however, that the S&D bug is going around parents will be asked to collect their child immediately as a preventative measure to ensure we reduce the risk of it passing further.

If an incident occurs then the setting should be deep cleaned to avoid any further cross infection and particular care must be given to hand washing routines.

**Chicken Pox** - Although we are aware that this is most contagious before spots appear if a child develops Chicken Pox whilst in the setting a parent will be contacted to come and collect their child. A child will only be allowed to return to nursery once the majority of spots are scabbed over on their limbs

and torso. (Spots in the nappy / underwear area sometimes take longer to scab due to clothes rubbing). Most children are quite well while they have Chicken Pox but some often have cold/flu symptoms too. If they do seem unwell then Calpol can be given but will only be useful in the relief of the cold/flu symptoms.

**Conjunctivitis** - Children do not have to be excluded with this however, we ask that parents get drops or creams administered by a doctor to minimise the risk of the infection spreading. A deep clean will take place in the setting and hand washing routines will be given particular care to minimise the risk of further cross infection.

**Impetigo** - Is highly contagious and children can not attend until all lesions are crusted and healed or 48 hours have lapsed since they have started antibiotic treatment for the infection.

**Meningitis** - Bacterial meningitis has a number of early warning signs that usually occur before the other symptoms. These are:

- Pain in the muscles, joints or limbs, such as in the legs or hands
- Unusually cold hands and feet, or shivering
- Pale or blotchy skin and blue lips
- The presence of a high temperature (fever) with any of the above symptoms should be taken very seriously. Phone 999 immediately to request an ambulance.
- Children can return to nursery once they are recovered.

#### Early symptoms

The early symptoms of bacterial meningitis are similar to those of many other conditions, and include:

- A severe headache
- Fever
- Nausea (feeling sick)
- Vomiting (being sick)
- Feeling generally unwell

(A fever is where you have a body temperature that is higher than usual. In general, in both adults and children this is taken to be a temperature of 38°C (100.4°F) or above). At 40°C there is a risk of convulsions so parents will be contacted immediately.

Other signs of fever include:

- Your face is hot to the touch
- You look red or flushed

#### Later symptoms

As the condition gets worse it may cause:

- Drowsiness
- Confusion
- Seizures or fits
- Being unable to tolerate bright lights (photophobia) – this is less common in young children.

Parents will be contacted if there are concerns of their child having these symptoms.

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.

**Head lice** - Parents are asked to check their child's hair on a regular basis. If parents do find lice we ask that hair is treated as soon as possible and parents are encouraged to let the setting know so they can inform other parents that there has been cases and to treat the hair to minimise them multiplying. The informing of others will be done respectfully and confidentiality will be maintained.

**Hand, Foot and Mouth (H,F & M)** - Most children that contract this infection do so and are very well with it. There is no need for them to be absent from nursery, unless they are unwell with it. Children with H, F & M develop small spots often on their hands, wrists, elbows, feet, ankles, knees, bottom and around their mouths. These spots do not cause children any concern and many are not aware they are even there. In a few cases children may feel a little unwell and just need a few extra cuddles.

**Slapped Cheek Syndrome** - (Also known as Fifth disease). This is a viral infection which usually affects children aged 6 to 10 years old. Most cases are developed in the late winter or early spring months. Children will develop a distinct bright red rash on their cheeks. Symptoms are generally very mild which then pass in a few days however, can occasionally last for up to 4 or 5 weeks.

Other symptoms also include headaches, high temperature and itchy skin. In cases where these symptoms develop paracetamol and anti-histamines help to relieve these symptoms.

You should only need to consult your doctor if the child's temperature raises above 39c or if their symptoms suddenly worsen.

Slapped Cheek Syndrome is most contagious before the symptoms first begin to appear.

The main way to prevent and reduce this spreading is to take particular care with hand washing and hygiene routines.

**Croup** - This is a viral infection which affects the windpipe and airways leading to the lungs and voice box. Croup has distinct barking cough and the child will make a harsh sound (known as a stridor) as they breathe in. Generally croup is diagnosed by a GP and treated at home, however, if symptoms are severe and the child is having difficulty in breathing and if in doubt take the child A&E immediately as hospitalisation may be required.

There are two types of croup:

- 1) Viral Croup (Laryngotracheitis) - This develops over several days and is caused by an infection
- 2) Spasmodic Croup - This involves repeated, short lasting episodes that can

be caused by an allergic reaction.

If your child suffers from croup the best thing to do is sit them up straight and comfort them and keep them calm as crying can make the symptoms worse and also keep them hydrated by drinking plenty of fluids.

Whilst there are no specific exclusion guidelines for croup, as this is highly infectious we recommend that children are kept at home until they are feeling well enough to return to the setting. If a child has a high temperature with croup, we would ask for them to be cared for at home. This is in the best interests of all the other children in the setting.

**Molluscum Contagiosum (MC)** - This is a viral infection that consists of small, firm raised spots and can be anywhere on the body. They are not painful but maybe itchy. Although they are contagious the risk of them spreading is minimal as most people are resistant to the virus. The people at risk of contracting this are those with weakened immune systems and children aged 1-5 years old.

**Measles** - This is an airborne virus. It is passed mainly through coughs and sneezes.

Symptoms of Measles are:

- Cold like symptoms
- Red eyes and sensitivity to light
- High temperature / fever
- Greyish white spots in the mouth and throat.

These symptoms usually develop over a period of around 10 days. After the first few days a red-brown spotty rash begins to develop behind the ears and spreads around the head and neck to the rest of the body.

If you suspect your child's illness it is important to get them seen by your GP as soon as possible however it is advised that you contact the surgery before hand as they may arrange to do a home visit rather than you bringing your child into the surgery.

Measles is infectious from when symptoms first develop until 4 days after the rash first appears. Children should be kept at home for a minimum of 4 days from when the rash first appears.

**Mumps** - This is a contagious viral infection.

Symptoms include:

- Painful swellings at the side of the face under the ears giving a 'hamster face' appearance

A few days before the swelling of the glands starts the following symptoms may appear first:

- Headache
- Joint pain
- High temperature

Mumps is most contagious a few days before the symptoms develop and a few days after so it is advised to keep your child at home for a minimum of 5 days after the onset of the swelling.

**Scarlet Fever** - This is a contagious bacterial infection

Symptoms include:

-Red blotches are the first sign of the rash. These turn into a fine pink-red rash that feels like sandpaper to touch and looks like sunburn. It may also be itchy.

-swollen neck glands

-loss of appetite

-nausea or vomiting

-red lines in the folds of the body, such as the armpit, which may last a couple of days after the rash has gone

-a white coating on the tongue, which peels a few days later leaving the tongue red and swollen (this is known as strawberry tongue)

-a general feeling of being unwell

Scarlet fever is usually treated with a 10-day course of antibiotics.

The fever usually gets better within 24 hours of starting antibiotics, with the other symptoms disappearing within a few days. However, it's important that the whole course of treatment is completed to ensure the infection is fully cleared.

Keep your child away from nursery or school for at least 24 hours after starting antibiotic treatment. Adults with scarlet fever should also stay off work for at least 24 hours after starting treatment.

**Coronavirus (Covid-19)** – If a child or staff member displays any symptoms of Coronavirus (Covid-19) during the pandemic, they will be sent home and told to self-isolate in line with government guidelines and to book a test.

Symptoms include:

- A new continuous cough
- A temperature above 37.8
- Any change to a person's sense of taste or smell

If someone tests positive it may be required to exclude other children and staff members from their nursery group, following advice from Public Health England.

Someone testing positive for Coronavirus must not come back to nursery until 7 days after the onset of their symptoms and 48 hours since their temperature returned to normal. If someone still has a cough and anosmia they can return to nursery as long as they have been excluded for the required time. This is because a cough and anosmia can last for several weeks after the infection has gone.