

## Sickness and Illness Policy

**Filey Childcare is committed to the health and safety of all children and staff that play, learn and work here. We aim to reduce the spread of illness and infection by any means necessary. The children's happiness and comfort is priority.**

We request that parents keep nursery informed of any illness their child may have so the appropriate exclusions policy can be followed.

Parent/carers will be notified immediately if their child becomes ill within nursery. The medication policy for non-prescribed over the counter medication may come into effect. When assessing children, staff must consider the usual condition/personality of the individual, their medical needs and factors that may affect them.

If a staff member becomes ill at work, the same exclusions policy will be followed, and staff are to follow the staff handbook guidance on notifying work of an illness.

If any infections or communicable disease is detected at Filey Childcare we will inform parents/carers as soon as possible. Filey Childcare is committed to share as much information as possible about the source of the disease and the steps being taken to remove it.

**Filey Childcare implements the following guidelines for minor illness:**

Situation	Staff action
A child has a temperature of 38°+ Celsius	Monitor and record every 10 minutes while cooling the child by adjusting clothing, sips of water. Parent/carer will be contacted to inform. Calpol may be administered – see medication policy
A child has a temperature of 39° Celsius + and unwell	Monitor and record every 10 minutes while cooling the child by adjusting clothing, sips of water. Parent/carer will be contacted to inform and to collect their child. Calpol may be administered – see medication policy
A child has two very loose bowel movements in a session.	Parent/carer will be called to advise them of the situation so that they can collect if they wish.
A child has a third very loose bowel movement in session	Parents/carer will be contacted to collect their child and 48 hr policy is applied
A Child vomits and it is suspected to be due to a gastro problem	Parent/carer will be contacted to collect their child and 48hr policy is applied
A child has an unexplained rash/symptom	Parent/carer will be called to advise them to seek medical advice or to collect if their child is unwell with it.

Headlice	Headlice will be discussed with the parent, treatment to be completed before child returns.
----------	---

### 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.

### Exclusion periods

At Filey Childcare we follow the Public Health Guidelines on infectious disease, if the management team at Filey Childcare are unsure they will seek advice from a health professional.

These can be found at

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/exclusion-table>

This guidance refers to public health exclusions to indicate the time period an individual should not attend a setting to reduce the risk of transmission during the infectious stage. This is different to 'exclusion' as used in an educational sense.

Infection	Exclusion period	Comments
Athlete's foot	None	Children should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others.
Chickenpox	At least 5 days from onset of rash and until all blisters have crusted over	Pregnant staff contacts should consult with their GP or midwife

Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores
Conjunctivitis	None	If an outbreak or cluster occurs, consult your local health protection team (HPT)
Respiratory infections including coronavirus (COVID-19)	Children and young people should not attend if they have a high temperature and are unwell Children and young people who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test	Children with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.
Diarrhoea and vomiting	Staff and students 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 For more information see chapter 3
Diphtheria*	Exclusion is essential. Always consult with your <a href="#">UKHSA HPT</a>	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Flu (influenza) or influenza like illness	Until recovered	Report outbreaks to your local HPT For more information see chapter 3
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances

Head lice	None	
Hepatitis A	Exclude until 7 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 <a href="#">UKHSA HPT</a> 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	4 days from onset of rash and well enough	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
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. Your <a href="#">UKHSA HPT</a> 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 your <a href="#">UKHSA HPT</a> for more
Mumps*	5 days after onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff
Ringworm	Not usually required	Treatment is needed
Rubella* (German measles)	5 days from 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
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time
Scarlet fever*	Exclude until 24 hours after starting antibiotic treatment	A person is infectious for 2 to 3 weeks if antibiotics are not administered. In the event of 2 or more suspected cases, please contact your UKHSA HPT
Slapped cheek/Fifth disease/Parvovirus B19	None (once rash has developed)	Pregnant contacts of 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 or respond to an antibiotic treatment

Tuberculosis* (TB)	<p>Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB)</p> <p>Exclusion not required for non-pulmonary or latent TB infection</p> <p>Always consult your local HPT before disseminating information to staff, parents and carers</p>	<p>Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread</p> <p>Your local HPT will organise any contact tracing</p>
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	2 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

**This policy works in conjunction with all other policies and may vary from time to time given each individual circumstance.**

<b>This policy was adopted on</b>	<b>Signed on behalf of the nursery</b>	<b>Date for review</b>
10/02/2021	Holly Scoles	10/02/2022
07/04/2021	Kirsty Wood	07/04/2022
13/06/2022	Kirsty Wood	13/06/2022