

**Sickness and Illness Policy and Procedure**

Little Hens Childcare has devised this policy to ensure that all children who become unwell whilst at the Nursery are treated with sensitivity and respect. It is also to help us to protect other children from illness and the spread of infection.

Children should not be left at Little Hens Childcare if they are unwell. If a child is unwell then they will prefer to be at home with the parent(s) rather than at Little Hens with their peers.

**Procedure**

We will follow these procedures to ensure the welfare of all children within Little Hens Childcare:

 \* If a child becomes ill during the day, the parent(s) will be contacted and asked to pick their child up as soon as possible. During this time the child will be cared for in a quiet, calm area with their key person or another familiar member of staff member of staff

\* Should a child have an infectious disease, such as an ear infection or sickness and diarrhoea, they should not return to Little Hens until they have been clear for at least 2 days.

\* It is vital that we follow the advice given to us by our registering authority and exclude specific contagious conditions e.g. sickness, diarrhoea and chicken pox to protect other children in the Nursery. Illnesses of this nature are very contagious and it is exceedingly unfair to expose other children to the risk of an infection.

\* If a contagious infection is identified at Little Hens, parents will be informed to enable them to spot the early signs of this illness. All equipment and resources that may have come into contact with a contagious child will be cleaned to reduce the spread of infection.

\* Little Hens has 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.

\* Information can be made available on request for head lice. If a parent finds that their child has head lice we would be grateful if they could inform Little Hens so that other parents can be alerted to check their child’s hair.

**\* You must inform us if your child has had Calpol before attending Little Hens. We will happily take your child into the Nursery. However, if your child requires further doses of Calpol, we will be sending the child home, as they are clearly not very well and should not be at the Setting.**

**\* If a child requires more than 1 dose of Calpol they are clearly not very well and will be sent home from the Nursery.**

\* As Little Hens is such a small setting, illnesses carry very quickly. For us to avoid this, please do not bring your child in if they are unwell. The manager/staff can refuse the child attending.

**Meningitis Procedure**

If a parent informs Little Hens that their child has meningitis, the manager should contact RIDDOR for their area, and Ofsted.

**If an unwell or infection child comes into Little Hens**

The manager on duty reserves the right not to accept any child who is unwell into the Nursery. It is unfair on the child to be here when they need to be with their parents(s)/carer or having one to one attention. It is also unfair to the rest of the children who are here if they are knowingly in contact with an illness or infection.

**Diarrhoea and Vomiting**

All children must be kept away from Little Hens for a minimum of 2 days after the last episode of diarrhoea or vomiting. If a child is sent home from Little Hens the 2 days exclusion still applies. Therefore, if you child is due in the following day they will not be able to attend. Children should only return to Little Hens when they are well enough and have regained their appetite.

**Fever**

All children must be kept away from Little Hens until their fever has returned to normal.

If a child is sent home from Little Hens the 48 hours exclusion still applies. Therefore, if your child is due in the following day they will not be able to attend. Little Hens will only administer antibiotics if it has been prescribed by a doctor, pharmacist or dentist. and must have be labelled correctly, on the box and bottle. We understand that Calpol is no longer prescribed by Doctors. A form must be completed before Calpol can be administered.

**Chicken Pox**

If your child has chickenpox, keep them off from Nursery until all the spots have crusted over and no further spots are appearing. This is usually about 5 days after the spots have appeared. Once this has happened and your child is well in themselves and no longer requires calpol, they are very welcome to return to the Nursery. Little Hens will only administer antibiotics if it has been prescribed by a doctor, pharmacist or dentist. and must have be labelled correctly, on the box and bottle.

**Conjunctivitis**

Conjunctivitis is an eye condition caused by infection or allergies.

Conjunctivitis is also known as red or pink eye.

It usually affects both eyes and makes them:

red

burn or feel gritty

produce pus that sticks to lashes

itch

water

We ask you to seek advice from your Doctor/Pharmacy. Your child can return to Nursery 2 days after the treatment has started.

https://www.nhs.uk/conditions/conjunctivitis/

**Slapped Cheek Syndrome (Fifth Disease)**

The first sign of slapped cheek syndrome is usually feeling unwell for a few days.

Symptoms:

High Temperature

Runny nose and sore throat

Headache

A red rash may appear on 1 or both cheeks. Adults do not usually get the rash on their face.

A few days later, a spotty rash may appear on the chest, back, arms and legs. The rash can be raised. It may be harder to see on brown and black skin.

https://www.nhs.uk/conditions/slapped-cheek-syndrome/

**Impetigo**

If your child has impetigo, they will need treatment from a pharmacist or GP, often with antibiotics. Keep them off Nursery until all the sores have crusted over and healed, or for 48 hours after they have started treatment. Little Hens will only administer antibiotics if it has been prescribed by a doctor, pharmacist or dentist. and must have be labelled correctly, on the box and bottle

**Hand, foot and mouth**

If your child has hand, foot and mouth, keep them off Nursery until all of the spots have crusted over and no further spots are appearing. Once this has happened and your child is well in themselves and no longer requires Calpol, they are very welcome to return to the Nursery. We understand that Calpol is no longer prescribed by Doctors.

**Ringworm**

If your child has ringworm, they can return to Nursery 48 hours after the treatment has started.

The main symptoms of ringworm is a rash. It may look red or darker than the surrounding skin, depending on your skin tone.

The rash may be scaly, dry, swollen or itchy

Ringworm can appear anywhere on the body.

The rash is usually ring-shaped, but it may look different on your face, neck or scalp.

<https://www.nhs.uk/conditions/ringworm/>

**Threadworm**

Threadworms (pinworms) are tiny worms in your poo. They're common in children and spread easily. You can treat them without seeing a GP.

Check if it's threadworms

You can spot threadworms in your poo. They look like pieces of white thread.

You might also see them around your child's bottom (anus). The worms usually come out at night while your child is sleeping.

See what threadworms look like in poo

Other symptoms can include:

* extreme itching around the anus or vagina, particularly at night
* irritability and waking up during the night

Less common signs of worms include:

* weight loss
* wetting the bed
* irritated skin around the anus

https://www.nhs.uk/conditions/threadworms/

**Headlice and nits**

Head lice and nits are very common in young children and their families. They are not caused by dirty hair and are picked up by head-to-head contact.

We do ask that you treat your child before bringing them back into Nursery as this is very contagious.

**https://www.nhs.uk/conditions/head-lice-and-nits/**

**Medication (antibiotics or other pain relief)**

If your child is on antibiotics or any other pain relief, you must let the staff know when you drop your child off. Please DO NOT put any medication in your child’s milk or water bottles. This can be very dangerous.

Little Hens will only administer antibiotics if it has been prescribed by a doctor, pharmacist or dentist. and must have be labelled correctly, on the box and bottle.

**If a child becomes unwell whilst at Little Hens**

If a child begins to show signs or symptoms that would pertain to illness, they should firstly be comforted by staff, preferably the key person. This should be in the form of reassurance, both verbal and physical as appropriate i.e. cuddles.

As soon as the child shows signs of feeling unwell, the child will be monitored and a sickness monitor form will be completed.

If possible the child’s key person should spend one to one time with the child or a member of the team, attempting to find our what is wrong and if necessary administering first aid.

No prescribed medication may be given unwell prior permission was obtained from the parent/carer that day and the stated dose is due to be given. A form must be completed.

The manager should be informed of any child who appears to be feeling unwell. If, after the staff have done everything they can to make the child more comfortable, there is no sign of improvement, then the manager, in conjunction with the key person will discuss whether or not to contact the parent/carers to come and collect the child.

If it is deemed to be the best interests of the child to go home, the manager will ring the parent/carers, getting the number from the child’s information which is held at Little Hens. They will explain the signs and symptoms the child is displaying an ask them to come and collect the child.

If the manager is unable to contact the parent/carer, they will then go on to the next person on the contact list, usually the second parent/carer, continuing down the list of authorised persons as necessary.

Whilst the parent/carers are being contacted the child should continue to be comforted by members of staff.

Plenty of fluids should be offered to the child if their temperature is high or lower than usual. Any other symptoms should be treated as necessary.

The child should always be treated with the utmost sensitivity and respect as feeling poorly can be distressing and quite frightening for a child. They should have a staff member with them, preferably their key person, until their parent/career or authorised person arrives to collect them.

The child should have privacy as much as possible and be able to be in a quiet area away from other children, with a member of staff. Usually, a quiet area can be made at Little Hens.

Should a child’s symptoms deteriorate whilst waiting for their parent/carer the manger should be informed immediately.

If the manager feels that its necessary, they should call for an ambulance. The manager must then inform the parent/cares to meeting them the at local hospital. First aid should be administered to the child as necessary.

**Transporting children to hospital procedure**

If the sickness is severe, call for an ambulance immediately, DO **NOT** attempt to transport the sick child in your own vehicle.

Whilst waiting for the ambulance, contact the parent/carer and arrange to meet them at the hospital.

A senior member of staff must accompany the child and collect together registration forms, relevant medication sheets, medication and the child’s comforter. A member of the management team must be informed 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. If you are confident and assertive the child will feel reassured.

**Calling an Ambulance**

Little Hens Childcare Ltd

The Town Hall

75 High Street

Over

Cambridge

CB24 5NB

**What Three Words: upwards;dolly;remarks**

The manager and/or the key person will go with the child to the hospital, taking the child’s registration form which includes all their medical details and the consent for medication attention, and an of the child’s special comforters.

Reports should be written up by the manager, and key person and any witnesses to be kept on file. Members of staff will be offered time out and an opportunity to discuss what happened and how they are feeling.

**Febrile convulsions, anaphylactic shock and any other fit or seizure**

If a child has any of the above an ambulance will be called immediately and the same steps taken as above.

Anaphylaxis typically presents with many different symptoms over minutes or hours with an average onset of 5 to 30 minutes if exposure is intravenous and 2 hours for foods. The most common areas affection include skin (80-90%), respiratory (70%), gastrointestinal (30-45%), heart and vasculature (10-45%) and central nervous system (10-15%) with usually two or more being involved.

Anaphylaxis is a medical emergencythat may require resuscitation measures such as airway management, supplemental oxygen, large volumes of intravenous fluids, and close monitoring. Administration of epinephrine (Epipen) may be required and only staff with Epipen training should be called up to administer such treatment.

Information supplied by the Department of Health for guidance on infection control within Nurseries.

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| Disease | Recommended period to be kept away from Nursery | Comments |
| Athletes Foot | None | Athletes foot is not a serious condition. Treatment if recommended |
| Chicken pox | Until the spots have crusted over.  | Pregnant women who have never had chickenpox should see their GP |
| Cold Sores | None | Avoid contact with sores. Cold sores are generally mild and self limiting  |
| Coronavirus  | 7 days from the onset of the symptoms  | After 7 days: If you do not have a high temperature, you can stop self isolating. If you still have a high temperature, keep self-isolating until your temperature returns to normal. You do not need to keep self isolating if you just have a cough after 7 days. A cough can last for weeks after the infection has gone. If you live with someone who has symptoms, self-isolate for 14 days from the day their symptoms started. This is because it can take 14 days for symptoms to appear. If more than 1 person at home has symptoms, self-isolate for 14 days from the day the first person started having symptoms |
| Conjunctivitis | Absence from Nursery is not necessary, if treated. Otherwise, until eyes have recovered and discharge has stopped. Advice that you visit a doctor/pharmacy. The child can return 48 hours after the treatment has started. | Advise not to share face cloths or towels. |
| Diphtheria  | Exclusion is essential | Consult you local HPU Family contacts must be excluded until cleared by you local HPU. Preventable by vaccination. |
| Fifth Disease (Slapped Cheek Syndrome) | Child can attend nursery once the rash has appeared. | None. If there are pregnant women contacts, seek GP advice.  |
| German Measles (Rubella) | All children should remain out of nursery until 5 days from the onset of rash. | Pregnant women must seek advice from their GP if they have been in contact |
| Glandular Fever | None | None |
| Hand, Foot and Mouth | Child can return once the spots have crusted over.  | Contact your local HPU if a large number of children are affected. |
| Head Lice | Treatment is required promptly. Not to return to nursery until you have done at least 1 treatment | Treatment is necessary for household contacts.  |
| Hepatitis A | Exclude for 7 days after the onset of symptoms.  | HPU will advice on control measures.  |
| Hepatitis B, C, HIV/Aids | None | Hepatitis B, C and HIV are blood viruses that are not infectious through casual contact.  |
| Impetigo  | Return to nursery 48 hours after antibiotics have started to be taken.  | None |
| Influenza (Flu) | After the child has recovered from all symptoms and is well enough to return to nursery | None |
| Measles | 5 days from the appearance of rash  | None |
| Meningococcal Meningitis/Septicaemia | Until recovered.No reason to exclude siblings or other close contact cases. | Meningitis C is preventable by vaccinationHPU will advice  |
| MRSA | None | Good hygiene, in particular hands washing and environment cleaning, are important to minimise any danger of spread.  |
| Mumps | 5 days from onset of symptoms | Preventable by vaccination (MMRx2) |
| Molleuscum Contagiusum | None | A self limiting condition |
| Ring worm | Can return 48 hours after treatment has started.  | Proper treatment from the GP is important. Advise that items with close scalp contact should not be shared. |
| Roseola (Infantum) | None |  |
| Scabies | Until course of treatment has been administered (usually 2 course of treatment one week apart) | Contacts will have one treatment |
| Scarlet Fever | Can return 24 hours after commencing appropriate antibiotics recommended for the affected child  |  |
| Shingles  | Exclude until rash has crusted over  | Can use chicken pox in those who are not immune |
| Sickness and Diarrhoea | 2 days after last episode. |  |
| Threadworm | Can return 48 hours after treatment has started | Treatment is necessary for cases with their contacts. |
| Tonsillitis | None | There are many causes, but more cases are due to viruses and do not need antibiotics.  |
| Warts and Verruca | None | Verrucae should be covered in swimming pools and changing rooms |
| Whooping cough | 5 days from commencement of antibiotics | None.  |
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