



Illnesses and infections

We aim to promote the good health of the children in our care and take steps to prevent the spread of infection and take appropriate action when a child becomes ill.

Nurseries are common sites for transmission of infections. Children are particularly susceptible because:

- they have immature immune systems
- have close contact with other children
- sometimes have no or incomplete vaccinations
- have a poor understanding of hygiene practices

Micro-organisms such as bacteria, viruses and fungi are everywhere and commonly do not cause infection (and can even be beneficial). However, some do cause infection resulting in symptoms such as fever and sickness.

Infections in children are common. This is because a child's immune system is immature. Added to this, young children often have close contact with their friends, for example through play, and lack good hygiene habits, making it easier for infections to be passed on..

Many diseases can spread before the individual shows any symptoms at all (during the infectious period). For example a pupil with chickenpox is infectious to others 1 to 2 days before the rash appears.



Infection prevention and control measures aim to interrupt the cycle of infection by promoting the routine use of good standards of hygiene so that transmission of infection is reduced overall.

Main ways infections spread are: respiratory spread, direct contact spread, gastrointestinal spread and blood borne virus spread.

Some ways we prevent and manage infectious disease are:

- promote immunisation
- promptly exclude the unwell child or member of staff
- check that effective handwashing is being carried out routinely
- Cover mouth and nose when coughing and sneezing with a disposable tissue
- Using PPE such as aprons and disposable gloves latex free or non powdered vinyl
 - Manage needles in line with the H & S policy
 - Manage cuts, bites and nose bleeds in line with the H & S policy
 - Cleaning blood and bodily fluid spills in line with the H & S policy
 - Have the appropriate sanitary facilities in line with H & S policy

If a child is not well

In order for a child to enjoy their time at Being Free Being Me and be able to learn and grow healthy, they must be well enough to attend.

We do not expect parents to bring their child to Being Free Being Me if they are unwell.



If a child is ill prior to coming to nursery parents are required to telephone the nursery at their earliest convenience, as their child may have an infectious disease, so other parents / carers will need to be notified.

Parents / Carers cannot return their child to the nursery until they are no longer infectious, in order to avoid contamination.

If a child becomes ill during their time with us

In deciding on the best course of action we have to consider all the children and adults in our care, as well as the child /adult who is unwell.

Where a child becomes unwell or ill during a session when possible we seek to contact the parent / carer to discuss the problem and decide on what course of action to take.

In order for our qualified childcare practitioners to assess the child's condition, they may take the child's temperature using an ear thermometer.

If a child has a temperature the parent/ Carer will be called to notify them and to collect the child. The ill child will be cared for in a quiet, calm and comfortable area.

In an emergency, we will contact the emergency services before contacting the parents / carers. We obtain parental consent for emergency medical treatment for their child, and administering prescribed medication, as per Being Free Being Me medication procedures.

Key Guidelines for Exclusion

Based upon Public Health England (PHE) guidance we adhere to the following exclusion periods depending upon the symptoms and illness:

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-No Exclusion: Head Lice, Conjunctivitis, Tonsillitis, Roseola, Slapped Cheek, Threadworms, Hand, Foot and Mouth

-Exclusion : 48 Hours:

- Vomiting – after last symptoms
- Diarrhoea – after last symptoms

-Exclusion: 5 Days from symptoms:

- Chicken Pox / Shingles – 5 days after the appearance of last spots.
- *Whooping Cough
- *German Measles
- *Measles
- *Mumps

Others

- *Scarlet Fever – can return 24 hours after commencing antibiotics
- Scabies – until fully treated
- Ringworm – until on treatment
- Impetigo – until lesions have crusted over

***Notifiable Diseases**

There is a list of notifiable diseases which we have a legal obligation to report to Public Health England and Ofsted should a child within our care become infected. Some



are named in this policy and are shown by a “*” by the relevant illness. Also see pdf annexe.

In these cases we work closely with you the parents, PHE and Ofsted to ensure we follow any additional advice that may be given.

HIV (Human Immunodeficiency Virus) may affect children or families attending the setting.

Staff may or may not be informed about it. Children or families are not excluded because of HIV.

Staff that are sick or unwell do not attend the setting and only return to work when they are well enough to do so.

Cuts or open sores, whether adults or children should be covered with a sticky plaster or other suitable dressing.

Others

Verrucae must be covered with a waterproof plaster or clear nail varnish.

Annexe

Diseases notifiable to local authority proper officers under the Health Protection (Notification) Regulations 2010:

- Acute encephalitis
- Acute infectious hepatitis
- Acute meningitis
- Acute poliomyelitis
- Anthrax
- Botulism



- Brucellosis
- Cholera
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease
- Legionnaires' disease
- Leprosy
- Malaria
- Measles
- Meningococcal septicaemia
- Mumps
- Plague
- Rabies
- Rubella
- Severe Acute Respiratory Syndrome (SARS)
- Scarlet fever
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (VHF)
- Whooping cough
- Yellow fever Report other diseases that may present significant risk to human health under the category 'other significant disease'.



Outbreaks

An outbreak or incident may be defined as:

- an incident in which 2 or more people experiencing a similar illness are linked in time or place
- a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred, for example, 2 or more cases of diarrhoea or vomiting which are in the same classroom, shared communal areas or taking part in the same activities

When to report

Headteachers and managers should contact their local health protection team as soon as they suspect an outbreak to discuss the situation and agree if any actions are needed. It is useful to have the information listed below available before this discussion as it will help to inform the size and nature of the outbreak:

- total numbers affected (staff and children)
- symptoms
- date(s) when symptoms started
- number of classes affected

If we suspect cases of infectious illness at our premises but are unsure if it is an outbreak staff must contact our local HPT.



How to report

<https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report>

Other resources

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

Sickness and infections - Covid 19

Protocol for responding to a suspected case of Covid-19

Children or staff should not attend if they have symptoms, or if anyone in their house has symptoms. If they have symptoms they should test for covid-19.

The [main symptoms of coronavirus](#) are:

- a high temperature
- a new, continuous cough
- a loss of, or change to, your sense of smell or taste



If anyone becomes unwell with a new, continuous cough or a high temperature whilst at our Nursery they must be sent home and advised to follow the staying at home guidance. They must test for covid-19.

If a child becomes unwell with a new, continuous cough or a high temperature whilst at our setting and needs direct personal care until they can return home, we proceed to the following steps:

- The child will be moved away from the group and cared for with appropriate adult supervision. This adult should wear PPE whilst caring for the child.
- A fluid-resistant surgical face mask and disposable gloves must be worn by the supervising adult.
- If they need to go to the bathroom while waiting to be collected, they will need to use the toilet tent or changing area. This will then be cleaned immediately after they have used it.
- We will promote the 'catch it, bin it, kill it' approach when a child coughs or sneezes.
- Upon collection parents will be asked to maintain social distancing (remaining 2 metres away from other adults)
- We will advise parents to not visit the GP, pharmacy, urgent care centre or a hospital.
- If a member of staff has helped someone who was taken unwell with a new, continuous cough or a high temperature, they do not need to go home unless they develop symptoms themselves or the child/adult tests positive for covid-19. They should wash their hands thoroughly for 20 seconds after any
- contact with someone who is unwell.

- In an emergency, we call 999 if they are seriously ill or injured or their life is at risk.
- The parent will be contacted by phone and will be given details of the hospital that the child will be taken to and will meet the child and 1 accompanying adult at the hospital. Staff will be provided with PPE in such an event.
- Line managers will maintain regular contact with parents of the child during this time.



Covid 19 tests:

- Staff can arrange a test here:
<https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested#how-to-arrange-a-test>
- Families who need to test children need to call 111 to arrange their children's test.
- Under 5's cannot use the 111 online coronavirus service but can be tested using 111 as a call service.

This policy was adopted by: Maria Souto Varela and Catia Lopes	Date: 1 June 2020
To be reviewed every time the government guidance changes.	Signed: Maria Souto Varela and Catia Lopes