

### CHILDHOOD ILLNESS (Infection Control)

At Ramas Daycare, we promote the good health of children attending nursery and take the necessary steps to prevent the spread of infection.

This policy has been devised to ensure that children who become unwell at nursery are treated sensitively and with respect. It also helps us to protect other children from illness and the spread of infection.

If a child requires medicine, we will obtain information about the child's needs to this (see Administration of Medication Policy)

The Manager is not allowed to admit any children onto the premises who appear to be suffering from an infectious or contagious illness or disease. Ramas Daycare follows the guidance from the National Health Service, however we do reserve the right to refuse children into nursery if they have an illness that is contagious and will have an impact on the wellbeing of the rest of the children and staff. Please do not bring children who are unwell into the nursery as they will be sent home upon arrival.

Parents/carers are required to inform the nursery where they can be reached in the event of an accident/sudden illness. However, on occasions it may be impossible to contact a parent/carer in an emergency, we will make every effort to contact every named person on the child's emergency contact list, failing this, parents/carers are required to provide the Manager with signed permission for the setting to act in their absence.

If a child becomes seriously ill or injured during his/her attendance at the nursery, the nursery reserves the right to call for emergency assistance and, if necessary, remove him/her to hospital and give permission for emergency treatment to be administered. If we must take your child to hospital because of an illness or accident, we will do our utmost to inform you immediately (using the details on your Application Form/ Emergency Contact Forms).

It is therefore vital that this information is kept up to date and that you inform us of your timetable/whereabouts. Please inform the Manager of any changes to these details as soon as possible. Please inform us as soon as possible if your child will be absent for a long period due to illness.

Local Authority regulations state that parents/carers are required to give the following information to the Manager: name, address and date of birth of each child; name, home address and place of work with respective telephone numbers of the parents/carers of each child ( we ask that a copy of the parent/carers current timetable should be left with the Manager to ensure that contact can be made in an emergency); name, address and telephone number of each child's doctor and the state of immunisation and infectious diseases suffered by each child.

All accidents are reported in an Accident Report Book which is kept in the Nursery Office. Parents/carers will be notified of any accidents via an accident/ incident form.

Please ensure you taken follow precautions: –

Condition	Recommended Period to Be Kept Away from Nursery	Comments
Athlete's foot	None	Children should not be barefoot at school (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 school.
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
Diphtheria*	Exclusion is essential. Always consult with your <u>UKHSA HPT</u>	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

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

(pertussis)*	antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	vaccination. After treatment, non- infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing
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If your child is unwell, please read the following guidance and seek treatment where necessary or keep your child off nursery (please call nursery to advise length of absence).

If your child is sent home sick, they will be given a slip advising when they return.

There are no exceptions to the exclusion period and any parent attempting to return their child to nursery will be advised as such. If a parent persists and leaves their child within the exclusion period, the nursery will contact the HPA and Local Authority who will notify Social Service.

#### Measures of high temperature

If you suspect a child has a temperature the following steps must be followed:

- Take the child's temperature using the head scanner thermometer.
- Notify parent of temperature
- Record the temperature on a monitoring form
- Attempt to reduce body temperature slowly – removing excess layers of clothing, opening a window, etc.
- Ensure the child is drinking water
- As a general rule, a temperature in children under 5 over 38 is a fever
- The child's temperature should be taken at regular intervals
- If the temperature hasn't reduced, parents will be asked to come and collect the child.
- High temperatures can be extremely dangerous and cause convulsions.
- In emergency cases the manager will seek advice from a medical professional (111 or 999) to authorize administering emergency Calpol to reduce a high fever when children become very poorly, this is dependent of the parent's given permission and agreeing to collect their child immediately.

#### Transporting children to hospital- Procedure

If a child becomes extremely unwell and, in an emergency, it is our procedure to call for an ambulance immediately.

Parents will be contacted straight away and arrangements will be made to meet the parents at the hospital or at the nursery if they are close enough to reach the nursery in time.

In the event that a parent is not able to get to the nursery in time for the ambulance to transport the child to hospital, a senior management will accompany the child and

collect registration forms, relevant medication sheets, medication and any other items the child may need.

#### Febrile Convulsions, anaphylactic shock and other fit or seizure

If a child has a febrile convulsions, anaphylactic shock or other type of fit or seizure an ambulance must be called immediately and the same steps taken as above.

Anaphylaxis is a medical emergency that may require resuscitation measures. Administration of epinephrine (auto-injector) may be necessary.

#### COVID-19

It is the parent / careers responsibility to be open and honest with the setting and keep your child at home if they have tested positive.

We will continue to follow the latest NHS guidelines in relation to isolation periods for Covid-19.