Procedure for Sick Children and Infection Control

At Bell House Nursery, we promote the good health of all children attending our nursery 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. This is to enable them to get well in the quickest time possible and to prevent infections worsening for that child and spreading around the nursery.

Our Procedures

In order to take appropriate action if children 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 Heath 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, measles and chicken pox, to protect other children in the nursery. (see exclusion table below)

- Conjunctivitis is a common infection with children and is highly contagious. This is when the eyes turn pink/blood shot and green/yellow discharge appears in the eye/s. If a child shows symptoms of this, we will contact the parent/carer/contact person. There is no exclusion period for conjunctivitis however we do request that parents/carers seek advice and treatment from a pharmacist to minimise risk of infecting others. If a parent/carer refuses to seek medical advice/treatment and the conjunctivitis is not clearing up, the manager reserves the right to request that the child is collected until the conjunctivitis is cleared.

- If a child has more than 2 episodes of diarrhoea (with the exception of the baby room) and/or 1 vomiting incident, the parent/carer/contact person will be asked to collect the child. the child will need to stay off Nursery for 48hours after the last bout of sickness or diarrhoea

- We notify Ofsted as soon as possible and in all cases within 14 days of any food poisoning affecting two or more children cared for on the premises. In the event of a major accident, we refer to Ofsted factsheet '*Serious accidents, injuries and deaths that registered providers must notify Ofsted and local child protection agencies' (ref:110009)*

- We exclude all children for the first 24 hours if they have been prescribed a medication for infection; this is so that they can be monitored at home for signs of an allergic reaction to the medication.

- 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.

- We display information/posters about head lice should the need arise and all parents are requested to check their children's hair. If a parent finds that their child has head lice we would be grateful if they would treat their child and inform the nursery so that other parents can be alerted to check their child's and family's hair.

- After any episode of a contagious illness/sickness within the nursery, we inform all parents to enable them to spot the early signs and symptoms to reduce the risk of further breakouts. We then thoroughly clean and sterilise all equipment and resources that may have come into contact with a contagious child to reduce the spread of infection

Meningitis Procedure

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

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
- Remove other children to another part of the building.
- Inform a member of the Senior Management team immediately
- Whilst waiting for the ambulance, contact the parent(s) and arrange to meet them at the hospital
- Ensure that someone is sent to meet the ambulance crew and that a free passage is cleared to enable the paramedics to access the casualty as quickly as possible.
- Re-deploy staff if necessary to ensure that ratios are maintained in order 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 Child Registration forms, relevant medication sheets/ Care Plan, any medication and the child's belongings including comforter.

- 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.

Please refer to our Health and Safety Policy; Accident and Injury section for the procedure to follow in an emergency

Prevention Measures

- Children are taught to wash their hands, blow their noses and cover their mouths when coughing and their nose and mouth when sneezing.
- Children are also encouraged to undertake hygiene practices for example by thoroughly wash their hands after going to the toilet, playing outside and before and after meal times.
- The staff role model to the children hygiene practices by hand washing regularly throughout the day, and at certain times such as after nappy changes/toilet runs, before preparing/serving food and after coughing, sneezing and blowing noses
- Staff maintain their cleaning schedules on a daily/weekly/monthly basis by sterilising equipment
- Cot/bed sheets and blankets are not shared between children; they each have their own sleep bag in which their sheets, blankets and comforters are kept. These are washed regularly

Procedure for children with a temperature

If a child is seen to have a temperature, it will be checked using an ear thermometer and logged onto a Temperature Monitoring Form. The following table will be followed in the event of a high temperature;

Child Temperature	Action to take
37.5o – 37.9o	We will take steps to reduce fever naturally such as remove excess clothing and give them a drink of water. Their temperature is monitored.
38o or above	Parent/Carer contacted for verbal consent of liquid paracetamol. Check temperature approximately every 15 minutes
39o or above	Parent/Carer contacted and asked to collect their child straight away. Liquid paracetamol will be given providing verbal consent has been granted

If after 30 minutes after having had the liquid paracetamol the child's temperature has not lowered, the parent/carer will be contacted and asked to collect the child.

If a child has been given liquid paracetamol by either nursery or parent and they require a second dose throughout the day, they will be classed as paracetamol dependent and will need to be sent home. If the parent is on their way, we can administer paracetamol to help reduce the fever. The parent will then be requested to

sign our Liquid Paracetamol form and will be offered a copy of the Temperature Monitoring Form.

Nursery Closures

In the unfortunate eventuality that we feel it is safer to close we will advise parents as soon as possible via email and/or telephone. Nursery fees will remain payable.

When a child enrols with us at Bell House Nursery, we ask for information on the child's medical background, GP/Health Visitor details and immunisation status. This is to ensure we have appropriate care plans in place to help support your child whilst they are in our care.

Exclusion Periods

Below is a table of common childhood illness we come across in nursery; this list is not exhaustive. A full list to which we comply can be found in *Public Health England: Guidance on infection control in schools and other childcare settings* booklet (enclosed)

Infection or complaint	**Recommended Exclusion Period**	**Comments**
Chickenpox	Until all vesicles have crusted over	*See: Vulnerable Children and Female Staff – Pregnancy*
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash (as per "Green Book")	Preventable by immunisation (MMR x2 doses). *See: Female Staff – Pregnancy*
Hand, foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x2). *See: Vulnerable Children and Female Staff – Pregnancy*
Ringworm	Exclusion not usually required	Treatment is required
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child

Slapped cheek/fifth disease. Parvovirus B19	None (once rash has developed)	See: Vulnerable Children and Female Staff – Pregnancy
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune, ie have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. See: Vulnerable Children and Female Staff – Pregnancy
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
E. coli O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting	Further exclusion is required for children aged five years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice
Flu (influenza)	Until recovered	See: Vulnerable Children
Tuberculosis*	Always consult your local PHE centre	Requires prolonged close contact for spread
Whooping cough* (pertussis)	Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local PHE centre will organise any contact tracing necessary
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local PHE centre
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Family contacts must be excluded until cleared to

		return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice	In an outbreak of hepatitis A, your local PHE centre will advise on control measures
Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills see: Good Hygiene Practice
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis C is preventable by vaccination There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts. Your local PHE centre will advise on any action is needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local PHE centre will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a

		case. Contact tracing is not required
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local PHE centre
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

All decisions made at the Managers discretion

Reviewed by Clare Hayes and Amelia Carey
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