

## 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 UK Health Security agency in *Guidance on Infection Control in Schools and other Child Care Settings* and advice from them 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 antibiotics are given then the 24 hour exclusion applies. 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 Ladybird's room, staff will use their judgement as teething may sometimes cause an upset stomach. This will be down to the discretion of the senior team in the Ladybird's 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 .
- 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.

- If a child is sent home with a temperature of **39** degrees or above and the parent returns the next day having administered liquid paracetamol they will not be allowed to return to nursery until they are no longer dependent on medication.
- 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 would inform Ofsted via a notification.
- 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 Health Security Agency team. They will give guidance and support in each individual case. If parents do not inform the nursery, we will be contacted directly by The Health Security Agency 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 a senior 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
37.5° - 37.9°	We will take steps to reduce fever naturally such as remove excess clothing and give them a drink of water. Check and log every 15 minutes.
38° or above	Parent/Carer contacted for verbal consent of liquid paracetamol. Check and log temperature, after 30 minutes if the temperature has not returned to normal the parents will be asked to collect.
39° 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 a child's temperature is under 39° and 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.

If a child is sent home with a temperature of **39** degrees or above and the parent returns the next day having administered liquid paracetamol or Ibuprofen they will not be allowed to return to nursery until they are no longer dependent on medication.

An 'administration of medicine at home' form will be signed by staff for 2 consecutive days. An 'administration of medicine at home' form **will not** be signed by staff for **3 consecutive days**, as the child will be seen as dependent on medicine. The child will be permitted to return to nursery after the child is no longer dependent on medication.

## 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 enrolls 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**

Attached 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 on Health Security Agency *Guidance on infection control in schools and other childcare settings* booklet (enclosed)

**All decisions made at the Managers discretion**

**Reviewed by Amelia Pullen & Clare Hayes**

**Reviewed in March 2023**

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