



## Highbury Primary School

‘Valued as Individuals, Inspired and Nurtured as Learners’

Respect, Resilience, Confidence, Kindness, Inclusive, Aspiration

### Nursery Sickness and Illness Policy

#### **Managing children with allergies, or who are sick or infectious**

At Highbury Nursery the health and wellbeing of all our children is of paramount importance to us. We recognise it is our responsibility to ensure the health and safety of all our children whilst at nursery through identifying and discussing health issues with parents or carers.

We take necessary steps to promote the good health of the children, take the necessary steps to prevent the spread of infection, and take the appropriate action if children are ill. We provide care for healthy children through preventing cross infection of viruses and bacterial infections and promote health through identifying allergies and preventing contact with the allergenic substance.

(Including reporting notifiable diseases)

Our staff will report any worries about a child’s health or wellbeing to the parent/carer immediately. Parents/carers are responsible for keeping the nursery informed and up to date about their child’s health.

In order to maintain a healthy environment, we ask you to refrain from bringing your child to nursery if they are sick or displaying signs of illness. This is for the protection of your child and also for the protection of the other children attending nursery.

#### **If your child becomes ill at nursery**

If your child becomes ill whilst at nursery, we will assess your child’s condition. Appropriate action will be taken which includes taking medical advice if necessary. The parent/carer will be contacted as soon as possible and be requested to collect their child. Paracetamol may be administered with the consent of the parent (please refer to Administering Medicines Policy).

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We understand the needs of working parents and will not exclude children from nursery unnecessarily. However, it is at the discretion of the Nursery Manager and Head Teacher when requesting the exclusion of a child for illness or infection and that decision is final.

## **Head Bumps/Injuries**

If your child sustains a head bump or injury to the face whilst at nursery, we will contact the parent/carer immediately by telephone to inform them. It may not be necessary to send the child home – if the child remains at nursery they will be monitored closely and any change in condition will be notified to the parent/carer immediately.

## **Procedures for children who are sick or infectious**

If children appear unwell during the day - have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach the manager or nursery admin officer calls the parents and asks them to collect the child, or send a known carer to collect the child on their behalf.

If a child has a temperature, they are kept cool, by removing top clothing and sponging their heads with cool water but kept away from draughts.

The child's temperature is taken using a forehead thermometer strip, kept in the first aid box.

In extreme cases of emergency, the child should be taken to the nearest hospital and the parent informed.

Parents are asked to take their child to the doctor before returning them to the setting; the setting can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.

Where children have been prescribed antibiotics, parents are asked to keep them at home for 48 hours before returning to the setting.

After diarrhoea, parents are asked to keep children home for 48 hours or until a formed stool is passed.

Our nursery setting has a list of excludable diseases and current exclusion times. Please see the table below for some common illnesses and the statutory requirements for exclusion.

### Reporting of 'notifiable diseases'

- If a child or adult is diagnosed as suffering from a notifiable disease under the Health Protection (Notification) Regulations 2010, the GP will report this to the Health Protection Agency.

When the setting becomes aware, or is formally informed of the notifiable disease, the manager informs Ofsted and acts on any advice given by the Health Protection Agency.

## **HIV/AIDS/Hepatitis procedure**

HIV virus, like other viruses such as Hepatitis A, B and C, are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults.

Single-use vinyl gloves and aprons are worn when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.

Protective rubber gloves are used for cleaning/washing clothing after changing.

Soiled clothing is rinsed and either bagged for parents to collect or laundered in the setting.

Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; any cloths used are disposed of with the clinical waste.

Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.

## **Nits (headlice eggs) and headlice**

Nits (headlice eggs) and head lice are not an excludable condition, although in exceptional cases a parent may be asked to keep the child away until the infestation has cleared.

On identifying cases of head lice, all parents are informed and asked to treat their child and all the family if they are found to have head lice.

## **Procedures for children with allergies**

When parents start their children at the setting they are asked if their child suffers from any known allergies. This is recorded on the Registration Form.

If a child has an allergy, a risk assessment form is completed to detail the following:

- The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc).
- The nature of the allergic reactions e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
- What to do in case of allergic reactions, any medication used and how it is to be used (e.g. Epipen).
- Control measures - such as how the child can be prevented from contact with the allergen.
- Review:
  - This form is kept in the child's personal file and a copy is displayed where staff can see it.
  - Parents train staff in how to administer special medication in the event of an allergic reaction. Staff also receive specific training from medical professionals.
  - Generally, no nuts or nut products are used within the setting.
  - Parents are made aware so that no nut or nut products are accidentally brought in, for example to a party.

**At all times, the administration of medication must be compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage and follow procedures based on advice given in Managing Medicines in Schools and Early Years Settings (DfES 2005).**

### Oral medication

Asthma inhalers are now regarded as 'oral medication'. Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.

The setting must be provided with clear written instructions on how to administer such medication.

All risk assessment procedures need to be adhered to for the correct storage and administration of the medication.

The setting must have the parents or guardians prior written consent. This consent must be kept on file.

### Life-saving medication and invasive treatments

Adrenaline injections (Epipens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatments such as rectal administration of Diazepam (for epilepsy).

#### The provider must have:

- a letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered;
- written consent from the parent or guardian allowing staff to administer medication; and
- proof of training in the administration of such medication by the child's GP, a nurse, children's' nurse specialist or a community paediatric nurse.

Key person for special needs children - children requiring assistance with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc.

- Prior written consent must be obtained from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
- The key person must have the relevant medical training/experience, which may include those who have received appropriate instructions from parents or guardians, or who have qualifications.

Policy Reviewed: September 2020

Nursery Manager: Rebecca Frost

Policy Review Date: September 2021

Admin Officer: Angie Bayliss

Governor:

### Statutory Requirements for Exclusion

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Infection/Illness	Exclusion Period	Comments
Athlete's Foot	None	Treatment is recommended
Chicken Pox	Five days from onset of rash and all the lesions have crusted over	
Cold Sores	None	Avoid contact with the sores
Conjunctivitis	None	Treatment recommended
Coronavirus	Self-isolate for 10 days if showing signs/symptoms.  Anyone who lives with the child is showing signs/symptoms, the child must self-isolate for 14 days whilst awaiting the result of the test.	Signs or symptoms- new continuous cough, high temperature, loss of sense of taste and/or smell. If any symptoms, a child must get tested as soon as possible. They must stay at home and do not have visitors until they get the test result-only leave your home to have a test. Anyone who lives with the child, must also stay at home until they get the result.
Diarrhoea and Vomiting	48 hours from the last episode	
Flu	Until recovered	
Glandular Fever	None	
Hand, Foot and Mouth	None	
Head Lice	None	Treatment recommended when live lice are seen
Impetigo	Until lesions are crusted/healed or 48 hours after starting anti-biotic treatment	
Ringworm	None	Treatment recommended
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time
Scarlet Fever	Exclude until 24hrs of antibiotic treatment completed	
Slapped Cheek	None	Pregnant contacts of case should consult with their GP or midwife
Threadworms	None	Treatment required for household
Tonsillitis	None	
Whooping Cough	48 hours from starting antibiotic treatment or 21 days from onset of symptoms if no antibiotics	