



NORTH STAR NURSERY AND HOLIDAY CLUB

CHILDHOOD AILMENTS POLICY

North Star Nursery and Holiday Club cannot provide care for children who are unwell, have a raised temperature, sickness and/or diarrhoea or who have an infectious disease. We have two main reasons for excluding children:

- 1) to prevent cross-infection and more children and staff becoming ill; and
- 2) to enable children to be at home in familiar and comforting surroundings with their parent/main carer.

Even minor ailments can make us all feel unwell and in need of comfort. In such circumstances children are better off at home. We understand that it is difficult for parents and carers to arrange time off work to care for sick children and we will not ask you to remove your child unless it is absolutely necessary. Our exclusion periods are based on advice issued by Public Health England and can be found at Appendix 1 to this Policy – Guidance on Infection Control in Schools and other Childcare Settings.

When returning children to nursery following a period of illness, parents and carers must abide by the recommended exclusion period as set out in the Guidance on Infection Control document. This is particularly important for preventing the spread of illness/infection to other families and staff and to ensure that your child is well enough to enjoy their time in nursery or holiday club. We adhere to the following policy when excluding children who are unwell:

- Parents/carers will be contacted if a child becomes ill whilst in nursery or holiday club and asked to collect their child.
- Children must be collected if they have a temperature of 38.1C or higher, if they have vomited or if they have had two consecutive loose bowel movements. Where there is concern for a child's raised temperature, we will monitor it every half an hour and update parents accordingly.
- Where children are ill with other symptoms e.g. rashes, wheezing etc. parents may be asked to collect their child depending on the severity of the symptoms.
- A child who is awaiting collection will be encouraged into a quiet area and will be comforted by a member of staff. Their condition will be monitored closely.
- Children with a fever will be cooled by removing clothing and using a cool flannel. Their temperature will be taken at least every half an hour using an ear thermometer.
- In an emergency, we will make every effort to contact the parents/carers whilst obtaining medical advice and/or treatment from a doctor or hospital if necessary.
- There are some conditions for which exclusion is not required (e.g. conjunctivitis, head lice, thrush), however we do expect that children attending nursery are receiving the appropriate treatment to minimise further spread and discomfort for the child. In severe cases, nursery may ask for the child to be kept at home until the condition has eased.
- Parents are asked to keep their children at home if they are unwell and to inform North Star Nursery and Holiday Club as to the nature of the illness so that the nursery can alert other parents and make careful observations of any other child that seems unwell.
- Parents will be notified via a notice on the room door if there have been cases of illness or headlice within the room.

- Some childhood illnesses can cause complications for pregnant women. When there are cases of such illnesses within the nursery or holiday club a notice will be placed on the front door of nursery and holiday club.
- North Star Nursery and Holiday Club staff will not administer over the counter medications such as cough mixtures or paracetamol/ibuprofen suspensions (e.g. Calpol, Nurofen or similar). This policy is based on guidance in the Statutory Framework for the Early Years Foundation Stage and is in line with the nursery's insurance policy. Children who require such medication are unlikely to enjoy their time at nursery and may spread illness to other children and staff. Staff may administer prescription medications only and these must be essential and/or detrimental to a child's health if not administered during a session. For further details please see the medications policy. If medication such as Calpol is prescribed by a GP for health reasons then nursery staff will administer that medication as directed, in line with the medications policy.
- Cuts and open sores, whether adults or children, will be covered with a dressing.
- There are some infectious diseases e.g. measles, which are "notifiable" and as such the nursery has a statutory duty to report cases to the local authority's medical office for environmental health.

Ofsted is also informed where this is the case. The full list of notifiable diseases is obtainable from www.patient.co.uk.

- Where a particularly virulent bug (typically sickness and diarrhoea) affects a large number of children and staff we will seek the advice of the local authority environmental health department.

In the past this has led to exclusion periods being extended to break the spread of infection and in exceptional cases to nursery closing. In such circumstances we will invoke the Business Continuity Policy's communications plan, contacting all parents and staff (including any not attending nursery) to advise them of any changes to the exclusion policy or to nursery opening that may impact upon them.

Procedures to be followed are included in the "Control measures to be followed in the event of sickness and diarrhoea outbreaks and other illnesses" document attached at Appendix 2.

Immunisation

Parents are encouraged to have their children vaccinated against childhood illnesses in accordance with the routine immunisation schedule set out in the Guidance on Infection Control in Schools and Other Childcare Settings document produced by PHE. For the most up to date immunisation advice see the NHS Choices website at www.nhs.uk

Asthma

This policy should be read in conjunction with the Asthma Policy.

At least one member of staff will receive annual training on asthma and this knowledge will be cascaded to all staff during staff meetings.

Febrile Convulsions

Febrile convulsions are common amongst young children and if a child has suffered with febrile convulsions prior to attending nursery, parents should inform staff of this together with any known triggers.

Most febrile convulsions are linked to the start of a fever/high temperature which in most cases is caused by an infection. If a child at nursery is displaying a temperature of 38.1 degrees or above, parents will be contacted to come and collect the child as they should be at home to rest. The child's temperature will be managed until a parent or named contact can collect the child by way of removing the child's clothes and sitting them in a cool environment.

Should a child suffer from a febrile convulsion whilst at nursery, an ambulance will be called in line with the procedure set out in the First Aid Policy.

Should a child be known to suffer from regular febrile convulsions, a Care Plan may be drawn up for the child in partnership with parents and health professionals.

At least one member of staff will receive annual training on febrile convulsions and this knowledge will be cascaded to all staff during staff meetings.

Exclusion periods

We require exclusion from the Nursery for certain conditions. The required periods of exclusion are set out at Appendix 1 “Guidance on Infection Control in Schools and Other Childcare Settings”. Please remember this list is not exhaustive and information will be displayed on the main nursery entrance and/or within each age group that is affected by an illness. This guidance is issued by Public Health England and was updated in May 2016. Copies can be obtained from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/353953/Guidance_on_infection_control_in_schools_11_Sept.pdf

We will seek guidance from Health Visitors, GPs and/or NHS Direct regarding illnesses not listed below. Some conditions will require exclusion e.g. polio. We may ask you to gain written permission from your GP to include a child with a condition not listed below.

We may also ask you to obtain written permission from your GP to include a child with certain skin complaints such as spots and rashes. Please do not be offended by this, it just enables us to give an explanation to any Early Years Professionals (including Ofsted Inspectors) who may question a child's attendance.

There are some conditions for which exclusion is not required (e.g. conjunctivitis, head lice, thrush), however, we do expect that children attending nursery are receiving the appropriate treatment to minimise further spread and discomfort for the child. In severe cases nursery may ask for the child to be kept at home until the condition has eased.

Please remember that a child that is unwell should not be attending nursery, whether or not there is a formal exclusion period, to prevent the spread of illness/infection to other families and staff and to ensure that your child is well enough to enjoy their time in nursery or holiday club.

Symptoms and incubation periods

Condition	Incubation	First Symptoms
Chicken pox	1-3 weeks	Fever, discomfort, red raised spots on the trunk and face. These spots are filled with fluid which scab in approx.6 days
Conjunctivitis	2 days – 2 weeks	Inflamed/red /bloodshot eye. Discharge is often yellow, sticky fluid.
Croup	1-3 days	Snuffly cold, possible raised temperature. Waking in night with a hoarse barking cough.
Diarrhoea / Rotavirus	2 days	Loose bowel movements(often tummy ache too) – sometimes simultaneous vomiting
Diphtheria	2-5 days	Fever, headache, general malaise and sore throat

Fever	Unknown	Lethargy, flushed, miserable, headache, feels generally unwell. Often first sign of a virus or other infection
Rubella (German Measles)	14-21 days	High temperature, swollen glands, rash behind the ears on forehead and over body.
Hand, foot and mouth	3-6 days	Blister like rash with red base on tongue, sides of mouth, hands and feet. Fever before a rash appears
Head lice	7-10 days	Itchy scalp, visible white specks on the root of the hair. Adult lice can sometimes be seen moving in the hair. Nursery Staff are able to identify this for you if you are unsure what the symptoms are.
Impetigo	1-3 days for streptococcal infections 5-10 days for staphylococcal infections	Little red spots, blisters, cracks oozing yellow fluid. Dries to form honey coloured crust on skin, may bleed. Highly infectious.
Influenza	1-3 days	Headache, fever, loss of appetite, cough, sore throat, muscle pain (myalgia)
Measles	10-15 days	Cold like symptoms. Brownish red spots behind ears that merge to form a rash over the face and torso.
Meningitis (HIB)	2-10 days	Fever, vomiting, headache, rash, purple spots (like bruise) blotchy skin, fretful, difficult to wake. High pitched moaning.
Mumps	14-25 days	Swelling, tender glands-side of face, front of ears. Pain when swallowing. With boys there is swelling to the testicles.
Norovirus	1-2 days	Sickness and diarrhoea
Poliomyelitis	7 – 21 days	Headache, fever, general malaise. Paralysis after a few days
Ringworm	4 – 14 days	Raised rash on arms and legs forming a circular pattern
Scabies	Days to weeks	Itchy rash on wrists/hands/ankles and feet. Will weep if scratched
Scarlet Fever	1-7 days	Pink/red itchy sandpapery rash, sore throat, headache, high temperature, flushed cheeks, swollen tongue

Slap cheek	4-14 days	Fever, general malaise. Lacy red rash over body – cheeks look red raw.
Spots & skin eruptions	Unknown	Spots may have a number of origins, but all require exclusion except where a doctor has said otherwise (e.g. eczema, allergies)
Swine Flu	4-6 days	Fever or high temperature, aching muscles, sore throat and/or a dry cough (similar to seasonal influenza)
Threadworm	2-6 weeks	Itchiness around the bottom particularly at night
Thrush	2-5 days	White areas on tongue and cheeks
Tonsillitis	2-7 days	Sore throat, possibly fever. Difficulty in swallowing, general malaise, possibly enlarged glands in neck.
Verruca	Weeks-months	Painful to bear weight on feet. Tender area – corn wart with a black centre
Vomiting	Unknown	Bringing up food or bile (retching)
Whooping cough	6-20 days	High temp. Runny nose which becomes compulsive followed by 'whoop' cough. Vomits after spasm

References:

PHE: Guidance on Infection Control in Schools and Other Childcare Settings (May 2016): https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/353953/Guidance_on_infection_control_in_schools_11_Sept.pdf

<http://www.nhs.uk/conditions/Febrile-convulsions/pages/introduction.aspx>

NHS Choices: What are the incubation periods for infections? <http://www.nhs.uk/chq/Pages/1064.aspx?CategoryID=200&>

www.webmd.boots.com

APPENDIX 2

CONTROL MEASURES TO FOLLOW IN THE EVENT OF SICKNESS AND DIARRHOEA OUTBREAKS AND OTHER ILLNESSES

Our regular cleaning schedules consist of:

Air conditioning units are disinfected every 3-4 months

Kitchen cleaning schedules as found in the kitchen file (daily, weekly and monthly)

Children's bathroom cleaning schedules as found in the Children's Bathroom Cleaning Procedure.

Nappy change area cleaning as found in the Nappy Changing Procedure.

Laundry – all bedding at least weekly and more frequently if the child is dribbling or has a runny nose. Play mats are washed if dribbled on or posseted on. Cot mattresses are cleaned before a new child utilises them.

Play rooms – all toys are washed at Easter, August and Christmas and in between if particularly well played with or chewed. Cloth books and soft toys are machine washed and wooden and plastic books are sprayed with anti-bacterial spray and wiped.

Personal hygiene – hand washing on entering the kitchen, prior to serving food, after nappy changes, after cleaning potties and toilets. Gloves are used during nappy changes.

Children have individual toothbrushes which are cleaned with Milton once a week and replaced approximately every three months according to condition.

In addition to these usual cleaning routines, if there is an outbreak of sickness and diarrhoea or other communicable diseases (see Appendix 1 to Childhood Ailments Policy) then further measures will be followed:

- Staff report incidences to Nursery Manager/Senior Staff.
- If there are two or more cases to a room, a notice to parents and carers is placed on the Nursery main door and on the relevant room. If the cases are throughout the nursery we look for reasons why, e.g. siblings, children's party, staff social event.
- Children, staff and students are sent home upon developing symptoms and asked to abide by the exclusion period set out in Appendix 1 to the Childhood Ailments Policy.
- Staff initiate the cleaning of toys and equipment in the affected rooms and other rooms do not borrow toys from them. All plastic toys are washed in a solution of Milton sterilizing fluid for a minimum of ½ hour. All soft toys, play mats, drapes, staff tabards and bedding are washed in the washing machine at as high a temperature as possible (sheets, tabards, face cloths, cloth bibs and kitchen whites are always washed at 90c). Wooden toys, wooden books, furniture, plastic covered mobiles are sprayed with anti-bacterial spray and wiped with disposable blue roll.
- Plastic covered cot mattresses are sprayed with anti-bacterial spray, foam cot mattresses are machine washed.
- All contact surfaces (door handles, toilet flush handles, toilet seats, taps, wash hand basins, taps, tables and chairs are wiped with anti-bacterial spray.
- All children's cutlery, cups, plates and bowls are washed in the dishwasher following food hygiene standards.
- Plastic bibs are put into a Milton solution for a minimum of ½ hour.
- Kitchen surfaces are cleaned with anti-bacterial spray, in addition to the usual daily cleaning schedule, including contact surfaces.
- If the number of cases reaches 8 (including children and staff/students) then we inform Public Health England, and follow the instructions from them. This includes passing on personal details of families involved and being willing to take samples for testing. Once we have contacted PHE, parents and siblings would be included in our numbers of current cases.