SICK CHILDREN POLICY

Whilst the nursery will take children if they have a minor cold or ear/chest infection etc., it may sometimes be necessary for the parents to collect their child from the nursery or in certain cases keep the children away from the nursery due to risk of infection to other children and adults attending the nursery.

- It is our policy to promote good health and hygiene for all our children.
- All staff are trained in first aid.
- We have clear guidelines of infectious diseases and their incubation periods, which are also situated on the parent's notice board in the nursery entrance. The setting has a duty to prevent the spread of infections.
- If a parent is unsure if their child should attend the nursery they should seek advice from the nursery Manager/Deputy.
- If a child develops any illness whilst attending the nursery, the nursery Manager/Deputy/Lead Practitioner will contact the parent/carer and arrange collection of the child at the earliest convenience, a sick child information sheet will be completed by staff for the parent to sign when they collect their child.
- Parents to ensure that all emergency contact details are up to date and that they have contingency plans if they are not available to collect their sick child.
- The child will be taken to a quiet area of the room, kept comfortable and a member of staff will stay with them, if the child needs medicine we will follow our medication policy.
- If any child of the nursery staff are unwell the children will not accompany their parents to work.
- Parents to make sure that they keep their child off from nursery for the correct stated incubation periods. If the child returns to nursery too early and the disease has not completely disappeared, this is unfair to other children and staff in the nursery as diseases are transmitted.
- Parents must inform the setting at the earliest convenience if their child isn't able to attend by telephone, preferably before 9.00a.m.
- Cuts or open sores whether on adults or children will be covered with a plaster or other dressing. Permission will be sought on the child's registration form before applying plaster to any child to ensure the child has no allergic reaction to them.
- Parents will have the opportunity to discuss health issues with staff and will have access to information available at the nursery.
- Confidentiality – Any information received relating to a child's health will be kept under lock and key with the Manager/Deputy only having access and will be disseminated to staff on a need to know basis.
- There is guidance on infection control in Childcare Settings by the Health Protection Agency situated on the wall in the Managers office which is used to advise parents and staff of incubation periods and other comments.
- The setting has a duty to inform OFSTED of any outbreak of disease, viruses or contagious infection.

- If a child has a part of their body i.e. arm or leg in plaster, they are allowed to attend nursery by permission to parents from the hospital, parents are asked to complete a consent slip.

TABLE OF COMMUICABLE DISEASES AND EXCLUSION PERIODS

Rashes and skin infections

Children with rashes should be considered infectious and assessed by their doctor.

Infection or complaint	Recommended period to be kept away from school, nursery or child-minders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
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*
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
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, i.e. 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
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Diarrhoea and vomiting illness

Infection or complaint	Recommended period to be kept away from school, nursery or child-minders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of	diarrhoea or vomiting
E. Coli O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shebelle (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 that may also require microbiological clearance. Please consult your local PHE centre for further advice
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

Respiratory infections

Infection or complaint	Recommended period to be kept away from school, nursery or child-minders	Comments
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

Other infections

Infection or complaint	Recommended period to be kept away from school, nursery or child minders	Comments
Conjunctivitis	24 hours	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	Parent advised to pick their child up in cases where live lice have been seen. Can return after treatment.	Can return to nursery the same day if being treated.

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 blood borne 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 hand washing 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

*denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). In addition, organisations may be required via locally agreed arrangements to inform their local PHE centre (Public Health England) Regulating bodies (for example, Office for Standards in Education (OFSTED)/Commission for Social Care Inspection (CSCI)) may wish to be informed.

Immunisations

Immunisation status should always be checked at school entry and at the time of any vaccination. Parents should be encouraged to have their child immunised and any immunisation missed or further catch-up doses organised through the child's GP. For the most up-to-date immunisation advice see the NHS Choices website at www.nhs.uk or the school health service can advise on the latest national immunisation schedule.

Immunisation schedule

Two months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Pneumococcal (PCV13) Rotavirus vaccine	One injection One injection Given orally
Three months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Meningitis C (Men C) Rotavirus vaccine	One injection One injection Given orally
Four months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Pneumococcal (PCV13)	One injection One injection
Between 12-13 months old	Hib/meningitis C Measles, mumps and rubella (MMR) Pneumococcal (PCV13)	One injection One injection One injection
Two, three and four years old	Influenza (from September)	Nasal spray or one injection
Three years and four months old or soon after	Diphtheria, tetanus, pertussis, polio (DTaP/IPV or dTaP/IPV) Measles, mumps and rubella (MMR)	One injection One injection
Girls aged 12 to 13 years	Cervical cancer caused by human papilloma virus types 16 and 18. HPV vaccine	Two injections given 6-24 months apart
Around 14 years old	Tetanus, diphtheria, and polio (Td/IPV) Meningococcal C (Men C)	One injection One injection