



SICKNESS AND INFECTIOUS ILLNESS POLICY

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Policy Statement

At Snowys, we promote the good health of all children attending. We have policies in place to ensure the welfare of all children at Snowys and minimise the spread of viruses and bacterial infections.

Purpose of this policy

This policy has been devised to ensure that children who become unwell whilst at the setting are treated with sensitivity and respect. It is also to help us to protect other children from illness and the spread of infection.

We aim to:

- Ensure sick children are identified.
- Ensure sick children are cared for appropriately.
- Protect children and adults from preventable infection.
- Enable our staff and parents/carers to be clear about the requirements and procedures when a child is unwell.

If an unwell child comes into Snowys

Snowys reserves the right not to accept any child who is unwell into the setting. It is unfair on the child to be at Snowys when they need to be with their parent/carers or having one-to-one attention. It is also unfair to the rest of the children who are here if they are knowingly in contact with an illness or infection.

If a child becomes unwell whilst at Snowys

- If a child begins to show signs or symptoms that could pertain to illness they should firstly be comforted by staff, preferably the key person. This should be in the form of reassurance, both verbal and physical as appropriate, e.g. cuddles.
- If possible the child's key person should spend one to one time with the child or a member of staff from the child's room, attempting to find out what is wrong and if necessary administering first aid.
- No prescribed medication may be given unless prior permission was obtained from the parent/carer that day and the stated dose is due to be given at that time. No non-prescription medicine may be administered.
- The manager or deputy manager should be informed of any child who appears to be feeling unwell. If, after staff have done everything they can to make the child more comfortable, there is no sign of improvement, then the manager or deputy manager, in conjunction with the child's key person, will discuss whether or not to contact the parent/carers to come and collect their child.
- If it is deemed to be in the best interests of the child to go home, the manager, deputy manager or key person will ring the parent/carers, getting the number from the child's information which is held on the child's registration form in the office. They will explain the signs and symptoms the child is displaying and ask them to come and collect him/her.
- If the parent/carer is not reachable, they will then go on to the next person on the contact list, usually the second parent/carer, continuing down the list of authorised persons as necessary.
- Whilst their parent/carers are being contacted the child will continue to be comforted by members of staff.
- Plenty of fluids should be offered to the child and if their temperature is higher or lower than usual. Any other symptoms should be treated as necessary.

- The child should always be treated with the utmost sensitivity and respect as feeling poorly can be distressing and quite frightening for a child. They should have a staff member with them, preferably their key person, until their parent/carer or authorised person arrives to collect them.
- The child should have privacy as much as possible and be able to be in a quiet area away from other children, with the staff member. Usually, a quiet area can be made in the child's classroom.
- Should a child's symptoms deteriorate whilst waiting for their parent/carers the manager or deputy manager should be informed immediately.
- If the manager or deputy manager feels that it's necessary, they should call for an ambulance. The manager or deputy manager must then inform the parent/carers to meet them at the local hospital.
- First aid should be administered to the child as necessary.

Guidance for caring for an unwell child and informing parents/carers

When assessing children, staff must take into account the usual condition/personality of the individual, their medical needs, and factors that may affect them (lack of sleep, temperature of the room, what they have eaten etc.) The manager reserves the right to adjust the following guidelines at times of a particular outbreak of sickness, or if the child has other signs or symptoms.

Situation	Staff Action
A child has a temperature of 37.5°C	Monitor and record every 10 minutes while cooling the child by adjusting clothing, sips of water.
A child has a temperature of 38°C for a period of 10 mins	Parent/carer will be contacted to collect their child.
A child has a temperature of 39°C.	Parent/carer will be contacted to collect their child
A child has two very loose bowel movements.	Parent/carer will be contacted to collect their child. The child will be unable to return to the setting until 48 hours after their last loose bowel movement.
A child vomits/diarrhoea	Parent/carer will be contacted to collect their child. The child will be unable to return to the setting until 48 hours after their last vomiting/diarrhoea session.
A child has an unexplained rash	Parent/carer will be called to advise them of the situation so that they can collect/seek medical advice if they wish.
A child shows symptoms of a recognisable illness	Parent/carer will be contacted to collect their child. The child will then be excluded for the appropriate time period according to the Public Health England guidance detailed below.

Guidance for specific infections

We follow Public Health England guidance from the 'Health protection in schools and other childcare facilities' and will refer to the latest guidance. The current guidance (as at March 2022) is included below, but we will always follow the latest guidance available from Public Health England.

Infection	Exclusion period	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chicken pox	Five days from onset of rash and until all the lesions have crusted over	
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment
Conjunctivitis	Need to have treatment for at least 24 hours before returning	If an outbreak/cluster occurs, local HPT will be contacted and advice will be followed.
Diarrhoea and vomiting	Whilst symptomatic and 48 hours after the last symptoms	Diarrhoea is defined as 3 or more liquid or semiliquid stools in a 24 hour period. If medication is prescribed, ensure that the full course is completed and there is no further diarrhoea or vomiting for 48 hours after the course is completed. For some gastrointestinal infections, longer periods of exclusion are required.
Diphtheria *	Exclusion is essential	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT. We will always consult with our local HPT.
Flu (influenza)	Until recovered	We will report outbreaks to our local HPT.
Glandular fever	Until recovered	
Hand foot and mouth	Until recovered	We will contact our local HPT if a large number of children are affected. Exclusion may be considered in some circumstances.
Head lice	Until recovered	Treatment recommended only when live lice seen. Snowy's will display posters in the setting when we are aware of cases of head lice.
Hepatitis A*	Exclude until seven days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of hepatitis A, our local HPT will advise on control measures
Hepatitis B*, C*, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your local HPT for more advice
Impetigo	All lesions need to be crusted over/healed and on antibiotics treatment before returning	Antibiotic treatment speeds healing and reduces the infectious period.

Measles*	Four days from onset of rash and fully recovered	Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Meningococcal meningitis*/septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination (see national schedule @ www.nhs.uk). Local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination (see national schedule @ www.nhs.uk) Local HPT will advise on any action needed
Meningitis viral*	Until recovered	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	Until recovered	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact local HPT for more information
Mumps*	Five days after onset of swelling and fully recovered	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all children and staff.
Ringworm	Not usually required	Treatment is needed.
Rubella (German measles)	Four days from onset of rash and fully recovered	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Scarlet fever	48hrs before returning and on antibiotic treatment	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, we will contact local HPT.
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time.
Slapped cheek /Fifth disease/Parvo virus B19	None (once rash has developed) and until recovered	Pregnant contacts of case should consult with their GP or midwife.
Strep A	48 hours before returning and on antibiotic treatment and recovered	In the event of two or more suspected cases, we will contact local HPT
Threadworms	None	Treatment recommended for child & household contacts.

Tonsillitis	24 hours before returning and on antibiotic treatment	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment
Tuberculosis (TB)	Always consult local HPT BEFORE disseminating information to staff/parents/carers	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Local HPT will organise any contact tracing

* 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).

Transporting children to hospital

- The following procedure will be followed in the event a child needs to go to hospital.
- If the sickness is severe, the manager / deputy manager or another member of staff will call for an ambulance immediately, following the procedure below. Staff MUST NOT attempt to transport the sick child in their own vehicle. The manager/deputy must be informed.
- Whilst waiting for the ambulance, a member of staff will contact the parent/carer and arrange to meet them at the hospital.
- A member of staff (usually the manager or deputy manager) must accompany the child and take the child's registration form, which includes all their medical details and the consent for medical attention, and any of the child's special comforters.

Calling an Ambulance

Dial 999 and ask for an ambulance. Answer all questions honestly and clearly. When asked to give the address and telephone number, use the following details:

Snowy's Nursery and Pre-school
2 Braydeston Avenue
Brundall Norwich
NR13 5JX
01603 211445

A member of staff (usually the manager or deputy manager), will go with the child to the hospital, taking the child's registration form which includes all their medical details and the consent for medical attention, and any of the child's special comforters.

If a staff member is unwell

All Snowys staff have a responsibility to work with children only where they are fit to do so. Staff must not work with children where they have an infectious disease for which Public Health England advise exclusion, or where they are too unwell to meet children's needs. If any staff member believes that their condition is affecting their ability, or they may have an infectious disease that requires exclusion. they must inform the manager and seek medical advice.

Covid-19

In line with government recommendations Snowys has adopted rigid risk assessments with regards the coronavirus. These risk assessments can be found in the office risk assessments folder.

Links to Other Snowys Policies and Procedures

- Safeguarding and Child Protection Policy
- Health and Safety Policy
- General Data Protection Regulations Policy
- Confidentiality Policy
- Managing Allergies Policy
- Administering Medication Policy
- First Aid Policy

Legal reference and context including web links

- EYFS Statutory Framework:
- <https://www.gov.uk/government/publications/early-yearsfoundation-stage-framework--2>
- Health protection in schools and other childcare facilities (HMG, 2022)
- [Chapter 9: managing specific infectious diseases - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/early-years-foundation-stage-framework/early-years-foundation-stage-framework-chapter-9-managing-specific-infectious-diseases)
- Planning guide for early years and childcare settings
- Overview of scientific advice and information on coronavirus (COVID-19)