



Sickness and Illness policy

At Moon River we aim to provide a healthy and safe environment for all children, staff and families.

Policy

We cannot accept any child who is unwell or who has had a serious infectious illness.

Procedure

Control of illness

We follow the Public Health England 'Health Protection for Schools, nurseries and other childcare facilities' 2017.

There may be occasions when a child is not so ill as to require medical care but nevertheless childcare would be unsuitable. If a child arrives at the setting and the Nursery Manager does not consider him/her well enough to attend, the parent/carers will be advised accordingly. We will make every effort to stop the spread of infection within the setting but can only do this with the co-operation of parent/carers.

As detailed in Public Health England 'Guidance on Infection Control in School and Other Childcare Settings' we have the following exclusion periods in place:

- Coughs, colds and sore throats – we appreciate that children often pick up cold viruses without being ill and accept they do not need to stay away from the setting. However, if they have a raised temperature, continued cough, or are unable to eat, then exclusion will be necessary.
- Any child with sickness and/ or diarrhoea must be kept away from the setting for at least 48 hours after the last episode of sickness and / or diarrhoea. Children who have 2 episodes of sickness and/or diarrhoea at nursery will be sent home.
- Temperatures – any child with a raised temperature, even if not accompanied by any other symptoms, should be kept away until their temperature returns to normal. The nursery will contact parents if their child has a temperature at nursery and will follow the medication policy.

<u>Disease</u>	<u>Infectivity</u>	<u>Exclude Until</u>	<u>Comments</u>
<u>Athletes Foot</u>	None	No exclusion period	Athletes foot is not a serious condition. Treatment is recommended.
<u>Chickenpox</u>	Up to 4 days before (usually only 1 day) to 5 days after. Cases often transmit	5 days from the onset of rash and all the lesions have crusted over.	Contacts with a weak immune system or who are pregnant should receive preventative treatment.

<u>Disease</u>	<u>Infectivity</u>	<u>Exclude Until</u>	<u>Comments</u>
	before appearance of rash.		
<u>Cold sores</u>	While lesions are moist.	None.	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment.
<u>Conjunctivitis</u>	While active (direct contact). Infective up to 2 weeks.	None.	If an outbreak occurs contact your local HPT.
<u>Diarrhoea and vomiting</u>	6-16 days.	48 hours from last episode of diarrhoea or vomiting.	Exclude for 48 hours, longer in children who are unable to maintain good personal hygiene.
<u>Diphtheria</u>	1-7 days	Exclusion is essential. Always consult with your local HPT.	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT.
<u>Flu (influenza)</u>	1-3 days	Until recovered	Report outbreaks to your local HPT.
<u>Glandular fever</u>	At least 2 months.	None.	None.
<u>Hand, foot and mouth disease</u>	Up to 50% in homes and nurseries.	None.	Contact your local HPT if large numbers of children are affected. Exclusion may be considered in some circumstances. Avoid infection in pregnant women.
<u>Head lice</u>	While harbouring lice.	None.	Treatment recommended when live head lice have been seen.
<u>Hepatitis A*</u>	From 2 weeks before to 1-2 weeks after jaundice onset.	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice).	In an outbreak of hepatitis A, your local HPT will advise on control measures.
<u>Hepatitis B*</u> <u>Hepatitis C*</u> <u>HIV</u>	See comment.	None.	Hepatitis B, Hepatitis C and HIV are blood-borne viruses and are not infectious through casual contact.

<u>Disease</u>	<u>Infectivity</u>	<u>Exclude Until</u>	<u>Comments</u>
			Contact your local HPT for more advice.
<u>Impetigo</u>	High (streptococci). Low (staphylococci). Variable infectivity depending on causative bacteria.	Until lesions have healed or crusted or 48 hours after starting antibiotic treatment.	Antibiotics speed healing and shorten the infectious period.
<u>Measles*</u>	Highly contagious in the non-immune population. A few days before to 6-18 days after onset of rash.	4 days from onset of rash.	Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Risk of serious infection in people with a weak immune system. Pregnant women should seek prompt advice.
<u>Meningococcal meningitis*/ Septicaemia*</u>		Until recovered	Meningitis ACWY and B are preventable by vaccination. Your local HPT will advise on any action needed.
<u>Meningitis* due to other bacteria</u>	Infectious by sneezing, coughing, kissing or sharing utensils	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. Your local HPT team will advise on any action needed.
<u>Meningitis viral*</u>	Infectious by sneezing, coughing, kissing or sharing utensils	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
<u>MRSA</u>	Low.	None.	Good hygiene, in particular handwashing, and environmental cleaning are important to minimise spread. Contact your local HPT for more information.
<u>Mumps*</u>	10-29 days. Moderately infective in the non-immunised	5 days from onset of swelling.	Preventable by vaccination with 2 doses of MMR. Promote MMR for



<u>Disease</u>	<u>Infectivity</u>	<u>Exclude Until</u>	<u>Comments</u>
	population.		all pupils and staff.
<u>Ringworm</u>	Until lesions resolve.	Exclusion not usually required.	Treatment is required.
<u>Rubella*</u> (German measles)	1 week before to approximately 4 days after onset of rash.	5 days from onset of rash.	Preventable with 2 doses of MMR vaccination. Promote MMR for all pupils and staff. Pregnant staff should seek prompt medical advice.
<u>Scabies</u>	Until mites and eggs are dead.	Can return after first treatment	Household and close contacts require treatment at the same time
<u>Scarlet fever*</u>	Moderate within families. Low elsewhere. Infective first 3 days of treatment.	24 hours after starting antibiotic treatment.	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of 2 or more cases contact your local HPT.
<u>Shingles</u>	Reactivation of the virus that causes chickenpox but lower infectivity.	5 days from the onset of the rash.	If the rash can be covered, exclusion is not usually necessary. Contacts with a weak immune system or those who are pregnant should receive preventative treatment.
<u>Slapped cheek/ fifth disease/ Parvo virus B19</u>	30% in families. 10-60% in schools.	None (once rash has developed)	Pregnant contacts of case should seek medical advice.
<u>Threadworms</u>	Until all worms are dead.	None.	Good hygiene helps. Case and family contacts should be treated.
<u>Tuberculosis*(TB)</u>	Until 14th day of treatment.	Always consult your local HPT BEFORE disseminating information to staff/ parents/ carers.	Only pulmonary (lung) TB is infectious to others. Needs close prolonged contact to spread.
<u>Warts and verruca's</u>	None.	None.	Verrucas should be covered in



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			swimming pools, gymnasiums and changing rooms.
<u>Whooping cough</u> *(pertussis)	Mainly early catarrhal stage, but until 4 weeks after onset of cough paroxysms. Shorten to 7 days if given antibiotics.	2 days from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment.	Preventable by vaccination. Check immunisation of contacts. Highly infectious in non-immune populations. Non-infectious coughing may continue for many weeks. Contact your local HPT for advice.

Note: * indicates a notifiable disease. In the UK these are required (by law) to be reported to government authorities.

Further information on infectious diseases can be found on the Public Health England section of the Gov.uk website. <https://www.gov.uk/topic/health-protection/infectious-diseases>

Information on infection control can also be found in the document entitled "Guidance on Infection Control in Schools and other Child Care Settings" which is available at:

<http://www.hpa.org.uk/Publications/InfectiousDiseases/InfectionControl/1004GuidanceonInfControlinSchoolsandChildCare/>

Illness - action for staff

- If a child becomes unwell during a session, make them comfortable in a quiet place and keep them under observation, noting any changes in condition. Very sick children will not be left unattended. If there is a danger of vomiting, give them a bowl or bucket.
- Contact the child's parent/carer and give them precise details of the child's condition. Discuss with them the best course of action, e.g. to collect the child.
- Ask the parent/carer to keep them at home until s/he has recovered.



- If a parent/carer says that their child has been unwell but now seems to have recovered, ask for exact details and remind them of the exclusion periods within this policy.

Ongoing medical need

For chronic illnesses e.g. Asthma or children with medical needs, we will administer, as necessary, any medication we have prior consent to administer. Children with ongoing medical conditions will have a care plan in place. A record will be made of the time and parents will be asked to acknowledge this with their signature. This will be in accordance with the setting's Medication Policy.

Serious illness

If a child should suddenly become seriously ill during the duration of the group, we will immediately seek medical attention. The setting will follow its **Serious Accident and Emergency Procedure in the First Aid Policy**.

Riddor

Riddor means the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations and there are certain things that must be reported to Riddor.

Reportable diseases include certain poisonings, some skin diseases, lung diseases and infections such as hepatitis, tuberculosis, anthrax, legionellosis and tetanus. If we are unsure we will ask a Health Professional for advice or refer to the Riddor web-site at <http://www.hse.gov.uk/riddor/>

We will keep a record, which will include the date and method of reporting, the date, time and place of event, the personal details of those involved and a brief description of the nature of the event or disease. An incident form may be used for this.

To report to Riddor, we will use the appropriate on line form on the website, which can be found at: <http://www.hse.gov.uk/riddor/report.htm>

To report fatal/specified, and major incidents **only** : 0345 300 9923

As well as reporting the outbreak to Riddor, we will also notify Ofsted.

Ofsted: 0300 123 1231