

Children's Sickness Policy and Procedures

Aims

To provide a healthy and safe environment for all children.

Policy

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

Procedure

Control of illness

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 practitioners on duty do not consider them well enough to attend, the parent/carers will be advised accordingly. We will make every effort to stop the spread of infection but can only do this with the co-operation of parent/carers. Here are some common childhood ailments and information on exclusion periods.

- 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 (irregular for the child in question) must be kept away from the setting for at least 48 hours after the last episode of sickness and / or diarrhoea
- Depending on the exclusion period, children who have been prescribed antibiotics to treat an infection or illness should remain at home for at least 24 hours to ensure there are no adverse side effects. Prior written permission for the administration of each and every medication must be completed by the parent/carer in line with our medication policy. Children can return to the setting after 24 hours if they feel well enough to attend.
- If a child has been unwell with a contagious condition at home or at Little Foxes we will follow the exclusion time periods set out within the 'Health protection in education and childcare settings' exclusion table:
<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/exclusion-table>
- 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. As a general rule, a temperature of 38C (100.4F) or above is classified as a fever in

children by the NHS. But this can vary from child to child.

Some children may be ill with a lower temperature, while others may have a higher temperature and be perfectly well.

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

Information on infection control can also be found in the documents entitled 'Health protection in schools and other childcare facilities' which is available at: www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapters-1-and-2-introduction-and-infections-in-childcare-settings

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 and monitor temperature. Very sick children will not be left unattended. If there is a danger of vomiting, give a bowl or bucket. If there is a risk of splashing or contamination with blood or bodily fluids disposable gloves, disposable masks and plastic aprons (found in First Aid backpack) should be worn. Wear disposable eye protection (or if reusable -decontaminate prior to next use) if there is a risk of splashing to the face. If temperature is 38 degrees or above, parents to be contacted.
- Contact the child's parent/carer and give them precise details of the child's condition. Discuss with them the best course of action, eg. to collect the child. If unable to reach child's parent/carer we will contact the child's emergency contacts.
- 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 that our policy is to ask them not to send a child to the setting for 48 hours after the final episode of sickness or diarrhoea or until back to normal temperature of below 38 degrees
- All equipment and resources that may have come into contact with a contagious child will be cleaned and sterilised thoroughly to reduce the spread of infection.

Ongoing medical needs

For chronic illnesses e.g. Asthma or children with medical needs, we will administer, as necessary, any medication we have prior consent to administer. 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 have to 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 website 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 online 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 T: 0345 300 9923

As well as reporting the outbreak to Riddor, we will also notify Ofsted (NOTE: registered childcare providers only).

Ofsted: 0300 123 1231

UK Health Security Agency – formerly known as Public Health England
We will manage most infectious diseases by following the UK Health Security Agency's (UKHSA) guidance –
<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

We will use our contingency policy and consider seeking specialist advice from our UKHSA team in line with this.

UKHSA South West

2 Rivergate

Temple Quay

Bristol

BS1 6EH

Email: swhpt@phe.gov.uk

Telephone: 0300 303 8162

Action in the event of an outbreak or incident

Education and childcare settings may consider seeking specialist advice from the relevant UKHSA HPT if they are concerned and have seen:

- a higher than previously experienced and/or rapidly increasing

number of staff or student absences due to acute respiratory infection or diarrhoea and vomiting

- evidence of severe disease due to an infection, for example if a pupil, student, child or staff member is admitted to hospital
- more than one infection circulating in the same group of students and staff for example chicken pox and scarlet fever

Education and childcare settings are also asked to contact their UKHSA HPT as soon as possible to report any outbreak or serious or unusual illness for example:

- ☐ E.coli 0157 or E coli STEC infection
- ☐ food poisoning
- ☐ hepatitis
- ☐ measles, mumps, rubella (rubella is also called German measles)
- ☐ meningococcal meningitis or septicemia
- ☐ scarlet fever (if an outbreak or co-circulating chicken pox)
- ☐ tuberculosis (TB)
- ☐ typhoid
- ☐ whooping cough (also called pertussis)

What information may be asked for

If you are wishing to contact your UKHSA HPT due to concerns about an outbreak or incident in your setting, then it will be useful to have the information listed below available. This will help the health protection team to assess the size and nature of the outbreak or incident and advise on any recommended actions.

Information includes:

- type of setting, for example nursery or special school
- total numbers affected (staff and pupils)
- total numbers attending (staff and pupils)
- any food handlers affected
- number of classes, rooms, year groups affected (including nursery if applicable)
- symptoms experienced
- date when symptoms started including a brief overview of the sequence of numbers of new cases since the outbreak started.
- any indications of severe disease such as overnight admissions to hospital
- were there any events or trips in the week prior to the start of the outbreak
- if known whether any tests or clinical assessments have taken place
- vaccination uptake (for example for MMR and other infections)
- if there are any individuals within the affected group at higher risk from severe disease

Classification of an outbreak

An outbreak or incident may be defined in epidemiological terms as:

- ☐ an incident in which 2 or more people experiencing a similar illness are linked in time or place
- ☐ a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred

For example:

- ☐ 2 or more cases of diarrhoea or vomiting which are in the same classroom, shared communal areas or taking part in the same activities
- ☐ higher than usual number of people diagnosed with scabies
- ☐ higher than usual number of people with respiratory symptoms

These definitions should not be taken as a threshold for reporting or action.

Please follow the guidance, for when to seek help or report infections in your setting: Health protection in education and childcare settings.