

Sickness and Illness

Flying Start Pre-School

At **Flying Start** we promote the good health of all children attending. To help keep children healthy and minimise infection, we do not expect children to attend nursery if they are unwell. If a child is unwell it is in their best interest to be in a home environment with adults they know well rather than at nursery with their peers.

Our procedures

In order to take appropriate action of children who become ill and to minimise the spread of infection we implement the following procedures:

- If a child becomes ill during the nursery day, the parent(s) will be contacted and asked to pick their child up as soon as possible. During this time the child will be cared for in a quiet, calm area with their key person or another familiar member of staff.
- Should a child have an infectious disease, such as **sickness and diarrhoea**, they should not return to nursery until they have been clear for at least 48 hours.
- It is vital that we follow the advice given to us by our registering authority and exclude specific contagious conditions, e.g. sickness and diarrhoea and chicken pox to protect other children in the nursery. Illnesses of this nature are very contagious and it is exceedingly unfair to expose other children to the risk of an infection.
- **Conjunctivitis**, we ask that children do not return to nursery for 24 hours after starting medication.
- **Scarlet Fever**, children cannot return to nursery until 24 hours after their first dose of anti-biotics.
- **Chicken Pox and Hand Foot and Mouth**, children should not return to nursery until all the spots have scabbed over.
- If a contagious infection is identified in the nursery, parents will be informed to enable them to spot the early signs of this illness. 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.
- It is important that children are not subjected to the rigours of the nursery day, which requires socialising with other children and being part of a group setting, when they have first become ill and require a course of antibiotics. Our policy, therefore, is to exclude children on antibiotics for the first 24 hours of the course.
- The nursery has the right to refuse admission to a child who is unwell. This decision will be taken by the manager on duty and is non-negotiable.
- Information/posters about head lice are readily available and all parents are requested to regularly check their children's hair. If a parent finds that their child has head lice, we would be grateful if they could inform the nursery so that other parents can be alerted to check their child's hair.

If an unwell or infectious child come into the Nursery:

The manager or deputy manager reserves the right not to accept any child who is unwell into the nursery. It is unfair on the child to be here 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.

Diarrhoea or vomiting

All children must be kept away from nursery for a minimum of 48 hours after the last episode of diarrhoea or vomiting. If a child is sent home from the nursery the 48 hours exclusion still applies. Therefore, if your child is due in the following day, they will not be able to attend. Children should only return to nursery when they are well enough and have regained their appetite.

Fever

All children must be kept away from nursery for a minimum of 24 hours or until their fever has returned to normal. *"A high temperature is 38C or more" NHS.*

If a child is sent home from the nursery with a fever, the 24 hours exclusion still applies.

Therefore, if your child is due in the following day, they will not be able to attend. The nursery will not administer any medicine that has not been prescribed by their doctor, pharmacist, or dentist e.g.: Calpol, Nurofen etc.

Nursery staff have the right to refuse to administer any medication with which they feel uncomfortable. Please can all parents respect our staff team's decisions as our policies are in place to prevent infection from spreading around the nursery.

Calpol

We are a 'non- Calpol' nursery. This means that we will not administer Calpol to a child unless the child has a prescription for it from the doctor or in individual extreme circumstances which are discussed with the parents. (For Example, in the case of a child fitting regularly and needing to keep the temperature down). If you have administered Calpol to your child, they should not attend nursery for **24 hours** from the time when the medicine was ingested. This is because Calpol can mask the effects of illness which could then be passed on to other children.

If a child become ill whilst at nursery

If a child begins to show signs or symptoms that could pertain to illness they should firstly be comforted by staff. This should be in the form of reassurance, both verbal and physical as appropriate, e.g. cuddles.

A member of staff should spend one to one time with the child in an attempt 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. 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, will discuss whether or not to contact the parent/carers to come and collect their child. Management must be informed when a member of staff wants to call a parent regarding a sick child.

If it is deemed to be in the best interests of the child to go home, the manager or deputy manager will ring the parent/carers. They will explain the signs and symptoms the child is displaying and ask them to come and collect him/her.

If the manager or deputy manager is unable to contact the parent/carer 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 should 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 this should be addressed immediately. 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 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 playroom.

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.

Meningitis procedure

If a parent informs the nursery that their child has meningitis, the nursery manager will contact the Local Area Infection Control (IC) Nurse. The IC Nurse will give guidance and support in each individual case. If parents do not inform the nursery, we will be contacted directly by the IC Nurse and the appropriate support will be given. We will follow all guidance given and notify any of the appropriate authorities including Ofsted if necessary.

Transporting children to hospital procedure

The nursery manager/staff member must:

- Call for an ambulance immediately if the sickness is severe. DO NOT attempt to transport the sick child in your own vehicle
- Whilst waiting for the ambulance, contact the parent(s) and arrange to meet them at the hospital
- Redeploy staff if necessary to ensure there is adequate staff deployment to care for the remaining children.

- Arrange for the most appropriate member of staff to accompany the child taking with them any relevant information such as registration forms, relevant medication sheets, medication and the child's comforter
- Inform the manager immediately
- Remain calm at all times. Children who witness an incident may well be affected by it and may need lots of cuddles and reassurance. Staff may also require additional support following the accident.

If a child has an accident that may require hospital treatment but not an ambulance and you choose to transport children within staff vehicles - Citation advise us to consider the following in your policy:

- Requesting permission from parents
- Ratio requirements of the setting being maintained
- The age and height of the child, in regards to will they need a car seat? Further guidance can be found at www.childcarseats.org.uk/types-of-seat/
- There are some exceptions for needing a child seat depending again on their age. Further guidance can be found at www.childcarseats.org.uk/the-law/cars-taxis-private-hire-vehicles-vans-and-goods-vehicles/#under-three
- With the fitting of the car seat, we also need to ask has the individual had training in carrying in carrying this out
- Is this transport covered under business insurance, so a call to your insurance company will be needed, or do they have business insurance on their vehicle?
- Safeguarding of the child needs to be looked at. In certain situations e.g. A designated member of staff should be appointed to plan and provide oversight of all transporting arrangements and respond to any difficulties that may arise. Wherever possible and practicable it is advisable that transport is undertaken other than in private vehicles, with at least one adult additional to the driver acting as an escort. Staff should ensure that their behaviour is safe and that the transport arrangements and the vehicle meet all legal requirements. They should ensure that the vehicle is roadworthy and appropriately insured and that the maximum capacity is not exceeded
- Emergency procedures, e.g. what happens if the child's health begins to deteriorate during the journey.

FEBRILE CONVULSIONS, ANAPHYLACTIC SHOCK AND ANY OTHER FIT OR SEIZURE

If a child has any of the above an ambulance must be called immediately and the same steps taken as above.

Anaphylaxis typically presents with many different symptoms over minutes or hours with an average onset of 5 to 30 minutes if exposure is intravenous and 2 hours for foods. The most common areas affected include: skin (80–90%), respiratory (70%), gastrointestinal (30–45%), heart and vasculature (10–45%), and central nervous system (10–15%) with usually two or more being involved.

Anaphylaxis is a [medical emergency](#) that may require [resuscitation](#) measures such as [airway management](#), supplemental oxygen, large volumes of [intravenous fluids](#), and

close monitoring. Administration of epinephrine (EpiPen) may be required and only staff with EpiPen training should be called upon to administer such treatment.

This policy was adopted on	Signed on behalf of the nursery
<i>26/04/2023</i>	<i>Sarah Maynard</i>