

SICKNESS AND INFECTIOUS DISEASE

THIS POLICY IS REVIEWED ON AN ANNUAL BASIS

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Please note: Nursery refers to Swinbrook House Nursery School Marylebone. This policy is for staff, children, parents, guardians, and carers.

Staff Name:	Date Policy Read:	Signed:

Swinbrook House Nursery School Marylebone encourages and promotes good health and hygiene for all the children in their care.

Children are encouraged to develop good health and hygiene routines and we promote positive healthy lifestyles.

Schools and nurseries are common sites for transmission of infections. Children are particularly susceptible because:

- they have immature immune systems
- have close contact with other children
- sometimes have no or incomplete vaccinations
- have a poor understanding of hygiene practices

These guidelines aim to provide information for staff and the wider nursery community about managing a range of common and important childhood infections in our nurseries.

The way we prevent and manage infectious disease in our setting is to;

- promote immunisation
- promptly exclude the unwell child or member of staff where necessary
- check that effective handwashing and hygiene is being carried out routinely

Micro-organisms such as bacteria, viruses and fungi are everywhere and commonly do not cause infection (and can even be beneficial). However, some do cause infection resulting in symptoms such as fever and sickness.

Infections in children are common. This is because a child's immune system is immature. Added to this, young children often have close contact with their friends, for example through play, and lack good hygiene habits, making it easier for infections to be passed on.

Many diseases can spread before the individual shows any symptoms at all (during the infectious period). For example a pupil with chickenpox is infectious to others 1 to 2 days before the rash appears.

Infection prevention and control measures aim to interrupt the cycle of infection by promoting the routine use of good standards of hygiene so that transmission of infection is reduced overall. This is usually through:

- immunisation of pupils and staff
- good hand washing
- making sure the environment is kept clean

Where a case of infection is known, measures aim to reduce or eliminate the risk of spread through information and prompt exclusion of a case where necessary.

If a child appears to be **significantly** unwell during the day – has a temperature, sickness, diarrhoea, or any other symptoms that are causing a child discomfort, particularly in the head or stomach, parents /carers will be asked to collect the child. Depending on the symptoms, mild illness will be monitored by staff in the nursery and the most senior member of staff on site informed. Certain illnesses regardless of severity are identified as requiring immediate isolation.

We as a nursery have adopted exclusion advice from Public Health England and NHS UK guidelines, the details of which can be found in the Exclusions Table on the next page.

Exclusion Table

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 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	None	If an outbreak/cluster* occurs, consult your local HPT *3 or more cases as per PHE & may result in your child being asked to remain at home while eye discharge is consistently reappearing after bathing.
Diarrhoea and Vomiting	Whilst symptomatic and 48 hours after the last symptoms.	
Diphtheria *	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
Flu (influenza)	Until recovered	Report outbreaks to your local HPT.
Glandular Fever	None	
Hand Foot and Mouth	None	Contact your local HPT if a number of children are affected. Exclusion may be considered in some circumstances.
Head lice	None	Treatment recommended only when live lice seen
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, your 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	Until lesions are crusted /healed or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	Four days from onset of rash and 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
Meningococcal meningitis*/ septicemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination (see national schedule @ www.nhs.uk). Your 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) Your local HPT will advise on any action needed
Meningitis viral*	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your local HPT for more

Mumps*	Five days after onset of swelling	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk) Promote MMR for all pupils and staff.
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Infection	Exclusion period	Comments
Ringworm	Not usually required.	Treatment is needed.
Rubella (German measles)	Five days from onset of rash	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	Exclude until 24hrs of appropriate antibiotic treatment completed	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, please contact local health
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)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child & household
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment
Tuberculosis (TB)	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
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. Your 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).

Health Protection Agency Guidance on Infection Control in Schools and other Child Care Settings. HPA: London.

TEMPERATURES

Each nursery has a procedure for dealing with children who present with a suspected raised temperature.

A normal temperature in babies and children is about 36.4°C, but this can vary slightly from child to child

A high temperature is 38.0°C or more and is the body's natural response to fighting infections like coughs and colds. Many things can cause a high temperature in children, from common childhood illnesses like chickenpox and tonsillitis, to vaccinations.

A baby or young child may have a high temperature if they:

- feel hotter than usual to touch on their forehead, back or stomach
- feel sweaty or clammy
- have flushed cheeks

The nursery will take a child's temperature **as soon as they are concerned**, this is recorded with date and time regardless of outcome.



Where the temperature taken reads over 38°C:

- Inform senior staff immediately
- Record first temperature taken on 'Temperature Record' form
- Offer the child water and take off a layer of clothing if appropriate
- Take temperature again within 15 minutes and record again
- Inform senior staff of changes or developments
- If no decrease in temperature, senior staff will phone parents and inform them of the temperature and ask them to collect their child as soon as possible
- Ask parents (if we have permission signed) if they would like us to give their child paracetamol (Calpol) while they wait to be collected
- Continue to record temperature on form every 10 minutes until parent/carer arrives to collect, have them sign the form on arrival

Where the temperature taken reads over 39.0°C:

- Inform senior staff and notify the parents to collect their child immediately.
- Record first temperature taken on 'Temperature Record' form
- Offer the child water and take off a layer of clothing if appropriate
- Take temperature again within 10 minutes and record again
- Inform senior staff of changes or developments
- Ask parents (if we have permission signed) if they would like us to give their child paracetamol (Calpol) while they wait to be collected
- Continue to record temperature on form every 10 minutes until parent/carer arrives to collect, have them sign the form on arrival
- Staff should supervise the child in a separate room away from the other children, until the child goes home / Senior staff will assess if medical intervention is required at any time.

A child with a temperature must be clear of their temperature without the assistance of medication for at least 24 hours before returning to the nursery.

Each case is to be assessed on an individual basis by the child's key person and management in order ascertain the best treatment or action needed at any given time.

Always advise parents on collection to contact a GP or call 111 if:

- a baby's temperature rises to 39°C or higher if they're 3 to 6 months old

If a child has a temperature, they are kept cool, by removing top clothing, and kept away from draughts.

Parents are advised to take the child to the doctor before returning them to school.

In extreme cases of emergency, the child should be taken to the nearest hospital and the parents informed.

SICKNESS AND DIARRHOEA

If a child develops diarrhoea and/or vomiting while at nursery, we will inform the parents with a courtesy call. If the child has more than 2 episodes of diarrhoea and/or vomiting, they will need to be collected from nursery. If the child continues to have a further episode of diarrhoea and/or vomiting they must stay at home.

After a case of diarrhoea or sickness, children must have been clear for 48 hours from last episode, before returning to nursery.

The Nursery Manager will ensure that the child has returned to good health before readmitting them and may at her discretion refuse readmission until clearance has been obtained from a medical practitioner.

COVID 19 (Coronavirus)

It is still possible to catch and spread COVID-19, even if you are fully vaccinated.



Anyone with symptoms or a positive test result should stay at home and self-isolate immediately. If you have symptoms of COVID-19, you should arrange to take a PCR test as soon as possible, even if you've had one or more doses of a C-19 vaccine.

The main symptoms of coronavirus are:

- a high temperature – if your child feels hot to touch on their chest or back (you do not need to measure temperature)
- a new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours
- a loss or change to their sense of smell or taste – this may be difficult to detect in very young children

If you or your child have any of these symptoms, get a PCR test to check if you have coronavirus and stay at home until you get your result, even if the symptoms are mild.

We will follow government guidelines in relation to testing and self-isolation as these are likely to change at any given time.

The risk of catching or passing on COVID-19 can be higher in certain places and when doing certain activities. COVID-19 is spread by airborne transmission, close contact via droplets, and via surfaces. Airborne transmission is a very significant way that the virus circulates. It is possible to be infected by someone you don't have close contact with, especially if you're in a crowded and/or poorly ventilated space.

Close contact with an infected person is also a significant way COVID-19 is spread. When someone with COVID-19 breathes, speaks, coughs or sneezes, they release particles containing the virus that causes COVID-19. The particles can come into contact with the eyes, nose or mouth or can be breathed in by another person. The particles can also land on surfaces and be passed from person to person via touch. In general, the risk of catching or passing on COVID-19 is higher in crowded and enclosed spaces, where there are more people who might be infectious and limited fresh air.

In situations where there is a higher risk of catching or passing on COVID-19, you should be particularly careful to follow the guidance on keeping yourself and others safe as we return to normality. Every little action helps to keep us all safer. We will where possible ensure greater ventilation and be outdoors wherever possible.

Hand Hygiene Frequent and thorough hand cleaning should now be regular practice. You should continue to ensure that children clean their hands regularly. This can be done with soap and water or hand sanitiser.

Respiratory Hygiene The 'catch it, bin it, kill it' approach continues to be very important.

NITS AND HEAD LICE

Nits and head lice are not an excludable condition although immediate treatment is preferred with the presence of a high number of lice to decrease chances of spreading to others.

On identifying cases of head lice, parents are informed, asked to treat the child as soon as possible and it is recommended to treat all the members of the household.

CONJUNCTIVITIS

Conjunctivitis is an inflammation of the outer lining of the eye and eyelid causing an itchy red eye with a sticky or watery discharge. It can be caused by bacteria or viruses or due to an allergy.

Conjunctivitis can be caused by a bacteria or a virus and can be treated with eye drops or bathing the eyes to remove the discharge. Spread is by direct or indirect contact with discharge from the eyes. Prompt treatment and good hand washing helps to prevent spread especially after contact with infectious secretions.

Conjunctivitis can be spread by contact with discharge from the eye which gets onto the hands or towel when the child rubs their eyes. The disease is not an excludable condition, however PHE advise that if there is an outbreak in a room within the setting, children should not attend the nursery. An outbreak is identified as more than 3 cases and it is the policy of the nursery to exclude if cases rise to three or more within a room.



If your child should exhibit symptoms of conjunctivitis the follow will be advised;

- Parents should seek professional advice.
- Children should be encouraged not to rub their eyes and to wash their hand frequently.

The nursery manager will contact the local Health Protection Team if an outbreak or cluster occurs for further advice.

HAND, FOOT AND MOUTH DISEASE

Hand, foot and mouth disease is a common viral illness in childhood. It is generally a mild illness caused by an enterovirus. In very rare instances it can be more severe.

The child usually develops a fever, reduced appetite and generally feels unwell. One or two days after these symptoms a rash will develop with blisters on their cheeks, hands and feet. Not all cases have symptoms. The incubation period is 3 to 5 days.

Hand, foot and mouth infection is most contagious in the first 7 days but the virus can stay in the body for a few weeks. Spread is by direct contact with the secretions of the infected person (including faeces) and by coughing and sneezing. Younger children are more at risk because they tend to play closely with peers. Promote good hand washing to reduce the risk of transmission even after the child is well because the virus can still be present in the faeces and saliva (spit) for a few weeks.

Children are safe to return to school or nursery as soon as they are feeling better, there is no need to stay off until the blisters have all healed. Keeping your child off for longer periods is unlikely to stop the illness spreading. Exclusion of a well pupil is not required.

Do ensure that any tissues used to for nose and throat are disposed of or washed immediately and hand washing is promoted.

INFLUENZA

Influenza, commonly known as flu, is caused by a virus, usually influenza A or B. The illness is very infectious and easily spreads in crowded populations and in enclosed spaces. Flu viruses are always changing so this winter's flu strains will be slightly different from last winter's. Annual vaccination is recommended for certain groups of people. Currently all children between the ages of 2, 3 or 4 years and children in year groups 1, 2 and 3 are recommended to have vaccination against influenza.

Influenza is a respiratory illness and commonly has a sudden onset. Symptoms include headache, fever, cough, sore throat, aching muscles and joints and tiredness. Cases are infectious 1 day before to 3 to 5 days after symptoms appear. By breathing in droplets coughed out into the air by infected people or by the droplets landing on mucous membranes. Transmission may also occur by direct or indirect contact with respiratory secretions for example via soiled tissues, surfaces. Incubation period is between 1 to 3 days.

There is no precise exclusion period. Adults and children with symptoms of influenza are advised to remain at home until recovered. We will encourage children and staff with flu-like symptoms to stay at home until recovered.

ROTAVIRUS

Rotavirus infection is the most common cause of gastroenteritis (inflammation of the intestines) in children under 5 years of age worldwide. Rotavirus is a highly infectious virus and can cause severe diarrhoea, stomach cramps, vomiting, dehydration and mild fever. These symptoms usually last from 3 to 8 days.

Rotavirus is highly contagious and is mainly transmitted by the faecal-oral route, although respiratory transmission may also occur. Children should not return to nursery until 48 hours after symptoms have subsided.

THREADWORM

Threadworm infection is an intestinal infection and is very common childhood infection.



Adult worms live in the small intestine. Mature female worms migrate through the anus and lay thousands of eggs on the perianal skin causing itching, particularly at night. Infective embryos develop within 5 to 6 hours and these are transferred to the mouth on fingers as a result of scratching. Larvae emerge from the eggs in the small intestine and develop into adult worms.

Re-infection is common and infectious eggs are also spread to others directly on fingers or indirectly on bedding, clothing and environmental dust.

ALLERGIES

When children start the parents are asked if they suffer from any known allergy. This is recorded on their Medical Form, their Settling-In Form and on the Allergy Photograph List updated termly and kept in the kitchen and the lobby. All staff are shown how to use an EpiPen and 'puffer' Inhalers as part of their paediatric first aid course.

No nuts or nut products are allowed in the school and parents and children are made aware of this.

REPORTING OF 'NOTIFIABLE DISEASES' (INFECTIOUS DISEASE)

Children may not attend nursery school if suffering from an Infectious Disease and must remain absent for the required exclusion time.

If a child or adult is diagnosed suffering from a notifiable disease, under the Public Health (Infectious Diseases) regulations 1988, the GP will report this to the Health Protection Agency. When the school becomes aware, or is formally informed of the notifiable disease, the manager informs Ofsted and acts on any advice given by the Health Protection Agency.

OFSTED

0300 123 1231

Virus' such as HIV, Hepatitis (A, B and C) or Coronavirus are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults. Single use vinyl gloves and aprons are worn when dealing with blood, urine, faeces, or vomit.

Protective gloves are used for rinsing clothes after changing. Soiled clothing is rinsed and double-bagged for parents to collect. Spills of blood, urine, faeces, or vomit are cleared using mild disinfectant solution and cloths. Cloths must be double-bagged and disposed of directly into the main dustbins outside.

Tables and other furniture, furnishings or toys affected by blood, urine, faeces, or vomit are cleaned using disinfectant.

SERIOUS ILLNESS OR INJURY

If a child becomes seriously ill or injured during the session, the nursery school reserves the right to call for emergency assistance and, if necessary, remove the child to hospital and give permission for emergency treatment to be administered. If we must take your child to hospital as a result of an illness or accident, we will do our utmost to inform you immediately.

All accidents are reported on an Accident Form which is then kept in a file in the Office. Parents will be asked to sign the form in the event of their child having an accident whilst at nursery school.

MEDICATION

Should your child require occasional or regular medication, where possible doses should be set to be given at home however in the case of antibiotics and prescribed medicines they can be administered at nursery. All paperwork must be completed and signed in advance of any medication being administered. Prescription medication will not be administered without a valid prescription label from a medical professional.

