

Welbourn Pre-School Illness and Exclusion Policy

Welbourn Pre-School aims to promote a healthy environment for the children in our care and we need your cooperation to support this.

Poorly children

- If a child appears unwell during the day, for example has a raised temperature, sickness, diarrhoea and/or pains, particularly in the head or stomach then the setting manager calls the parents and asks them to collect the child or send a known carer to collect on their behalf.
- If a child has a raised temperature, they are kept cool by removing top clothing, sponging their heads with cool water and kept away from draughts.
- A child's temperature is taken and checked regularly, using Fever Scans.
- If a child's temperature does not go down, and is worryingly high, then parents will be called to collect their child.
- \circ $\;$ In an emergency an ambulance is called and the parents are informed.
- Parents are advised to seek medical advice before returning them to the setting; the setting can
 refuse admittance to children who have a raised temperature, sickness and diarrhoea or a
 contagious infection or disease.

Where children have been prescribed antibiotics for an infectious illness or complaint, parents are asked to keep them at home for 48 hours.

- After diarrhoea or vomiting, parents are asked to keep children home for 48 hours following the last episode.
- Some activities such as sand and water play and self-serve snack will be suspended for the duration of

any outbreak.

- The setting has information about excludable diseases and exclusion times.
- The setting manager where there is an outbreak of an infection (affects more than 3-4 children) and keeps a record of the numbers and duration of each event• The setting manager has a list of notifiable diseases and contacts Public Health England (PHE) and Ofsted in the event of an outbreak.
- If staff suspect that a child who falls ill whilst in their care is suffering from a serious disease that may have been contracted abroad such as Ebola, immediate medical assessment is required. The setting manager or deputy calls NHS111 and informs parents.
- Single use vinyl gloves and aprons are worn when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Protective rubber gloves are used for cleaning clothing after changing
- \circ $\,$ Soiled clothing is rinsed and bagged for parents to collect.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; cloths used

are disposed of with clinical waste.

- Head lice are not an excludable condition; although in exceptional cases parents may be asked to keep the child away from the setting until the infestation has cleared.
- On identifying cases of head lice, all parents are informed and asked to treat their child and all the family, using current recommended treatments methods if they are found.
- Diarrhoea is defined as 3 or more liquid or semi-liquid stools in a 24-hour period
- o www.gov.uk/govemment/publications/health-protection-in-schools-and-other-childcare-
- facilities/chapter-9-managing-specific-infectious-diseases#+diarrhoea-and-vomiting-gastroenteritis)

 *Paracetamol based medicines (e.g. Calpol)
- Paracetamol based medicines (e.g. Calpol)
- We cannot take bottles of non-prescription medicine from parents to hold on a just in case' basis. Settings do not normally keep such medicine on the premises as they are not allowed to 'prescribe.

Ofsted is normally in agreement with this. Such medicine should never be used to reduce temperature so that a child can stay in the care of the setting for a normal day. A child over two who is not well, and has a temperature, must be kept cool and the parents asked to collect straight away.

- If a child has had calpol before arriving, they will be sent home at the gate. The paracetamol could be masking something more severe. A poorly child or in pain child is not well enough to attend preschool.
- Whilst the brand name Calpol is referenced, there are other products which are paracetamol or lbuprofen based pain and fever relief such as Nurofen for children over 3 months.
- Further guidance
 Good Practice in Early Years Infection Control (Pre-school Learning Alliance 2009)
 Medication Administration Record (Early Years Alliance 2019)
 Guidance on infection control in schools and other childcare settings.

If parents/carers notice their child becoming ill or infectious they must inform the setting and they must have regard to the list below.

If a child becomes ill or infectious at the setting, every effort will be made to contact the parents/carers. It is essential therefore that the setting has up to date information in order to be able to contact the parents/carers during the settings hours. If the parent/carer cannot be contacted, setting staff will endeavour to contact the other names contacts on the child's records.

If the setting is unable to contact the parent/carer or other names contact, Welbourn Pre-School reserves the right to take the child to a general practitioner or hospital in an emergency. Parents/carers will be required to give signed consent for this procedure on registering their child at the setting.

Illness/Infectious Diseases	Period of Exclusion
Chicken pox/shingles	5 days after the onset of the rash as long as spots
	have scabbed over.
Conjunctivitis	None (if there is an outbreak we will consider
	attendance).
Diarrhoea and/or vomiting	Children and staff should be away from the setting
	until their symptoms have settled and until 48 hours
	after the last episode of diarrhoea or vomiting.
Glandular fever	There is no benefit in keeping children or staff off
	once they feel well enough to attend
Hand, foot and mouth	None, however, whilst the child is unwell he/she
	should be kept away from the setting
Head lice	None. Treatment is only required if live lice are
	seen in the hair (not eggs).
Hepatitis	Hep A - Until the child feels well or until 7 days
	after the onset of jaundice, whichever is the later
	Hep B - Children who develop symptoms will be
	too ill to be at the setting
	Hep C - Usually no symptoms but care must be
	taken with bodily fluids if a person is known to have
	Hepatitis C
HIV/Aids	Should not be restricted or excluded
Impetigo	Until 24 hours after the start of treatment. If there is
	an outbreak, stop the use of sand, water,
	playdough and cooking activities and wash all
	dressing up clothes. (An outbreak is 2 or more
Meeslee, mumpe and whells	cases of the same infectious organism in a setting).
Measles, mumps and rubella	Measles - Yes, until 5 days after the onset of the rash.
	Mumps - The child should be excluded 5 days after
	the onset of swelling.
	Rubella - 6 days after onset of the rash, and whilst
	unwell.

Notification of exposure to infectious diseases

Meningitis	Until recovered. (We will follow the instructions of the local Health Protection Unit)
Molluscum contagiosum	No exclusion
Pharyngitis/tonsillitis	If the disease is known to be caused by streptococcal (bacteria) infection the child or member of staff should be kept away from the setting until 24 hours after the start of treatment. Otherwise they should stay at home while they feel unwell.
Rashes	A child who is unwell and has a rash should visit their GP to establish the reason for it.
Ringworm (Tinea)	Until treatment has commenced. Spread can be prevented by good personal hygiene, regular hand washing and use of separate towels and toilet articles.
Scarlet fever/Scarletina	Once a patient has been on antibiotic treatment for 24 hours they can return, provided they feel well enough.
Slapped cheek syndrome (Erythema infectious/fifth disease)	Avoid contact with pregnant women. Advise that pregnant mothers contact their GP for advice if they have had contact with this infection. Follow good hygiene practice.
Scabies	Not necessary, but treatment should be commenced.
Typhoid, paratyphoid (enteric fever)	Yes, an infected child is likely to be very ill and whilst infectious unable to attend the setting until cleared free by GP.
Tuberculosis (TB)	'Open' cases - until 2 weeks after treatment started. 'Open' cases of drug resistant TB when the hospital physician advises. ('open' is determined by sputum samples).
Verrucae	None
Whooping cough (Pertussis)	Any affected child and unvaccinated contacts under 7 years should be away from the setting until they have had 5 days of antibiotics.
Worms	Not necessary

Please note this list is not exhaustive but contains the most common exclusions.

Parents should always seek advice from their GP or Accident and Emergency department regarding the specific symptoms of their child.

We will actively promote the use of the 'Catch it, Bin it, and Kill it' initiative to teach children about good hygiene practices by promoting:

- The use of tissues for coughs and colds
- Access to bins to dispose of used tissues
- Hand washing in warm soapy water as soon as possible, before eating, preparing food and after toileting.

Notification of exposure to infectious diseases

If a child contracts any of the above infectious diseases, other parents will be informed by an emergency newsletter and information on the notice board.

If we have reason to believe that any child is suffering from a notifiable disease identified as such in the Public Health (Infectious Diseases) Regulations 2010, we will inform the East Midlands North Protection Team and Ofsted (EYFS requirement 3.49). We will act on any advice given by them and inform Ofsted of any action taken.

A list of notifiable diseases can be found at <u>www.hpa.org.uk</u> and is displayed on our parent's notice board alongside the HPA poster 'Guidance on Infection Control in Schools and other Childcare Settings'.

The East Midlands North Health Protection Team can be contacted on:-

Review Date: