Managing Children Who Are Sick, Infectious or With Allergies Policy (including reporting notifiable diseases and serious accident or injury)

1. Introduction/Context

Safeguarding and Welfare Requirements: Health. '*The provider must promote the good health of the children attending the setting. They must have a procedure, discussed with parents and/or carers, for responding to children who are ill or infectious, take necessary steps to prevent the spread of infection, and take appropriate action if children are ill.*
This policy supersedes the 'Sick Child Policy' and has been updated in order to promote the good health of the children in our care, in line with the safeguarding and welfare requirements of the Statutory Framework for the Early Years Foundation Stage.'

At Home from Home, we promote the good health of all children attending, to ensure:

- children who become unwell whilst at the nursery are treated with sensitivity and respect

- we protect other children from illness and the spread of infection.

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.

This policy replaces the **Sick Child Policy** and reflects Home from Home's responsibility as per the guidelines laid down by Public Health England**.** This document provides general guidance for nursery employees and others with children in their care on the prevention and control of infectious diseases. It provides information on which illnesses are contagious and require exclusion, which do not, and good practice to prevent either. Many illnesses, whilst contagious, are not excluded as the symptoms do not cause pain or discomfort to the patient.

We have a responsibility to report and seek advice on an outbreak. An outbreak is defined as:

- A greater than expected rate of infection, compared with the usual background rate for the place and time where the outbreak has occurred;

- Two or more linked cases with similar symptoms over and above that which would normally be expected.

This is at the discretion of the Manager who would then contact the health protection team as soon as they suspect an outbreak, to discuss the situation and agree if any actions are required.

2. Contents

The following sections are included in this policy document:

1. Introduction/Context
2. Contents
3. Eligibility
4. Policy Statement
5. Procedure for a child becoming sick or unwell whilst attending nursery
6. Procedure for a serious event
7. Transporting Children to hospital
8. Children who may be affected by an event
9. Children showing no signs of illness but not themselves
10. Children who are ill
11. Administering Medicine
12. Nursery and staff responsibilities
13. Parental responsibilities
14. Infectious diseases
15. Reporting Infectious Communicable disease
16. Exclusion criteria/ contact advice for most illnesses and diseases
17. Head injuries
18. Biting
19. Foreign Objects
20. Absence due to fracture/broken bones
21. Baby room and infection rates
22. Children and good hygiene practices
23. Food standards
24. Management and communication
25. Reporting a Childs Accident or Injury
26. Summary
27. Useful resources
28. Review
29. Version Control

Appendices

Appendix 1 – contact details for the local health protection teams
Appendix 2 – government exclusion table for children's and young people's settings
Appendix 3 – How long should I keep my child of school – advice for parents
Appendix 4 – Managing infectious diseases – a guide for employees
Appendix 5 - Action checklist :Diarrhoea and vomiting outbreak
Appendix 6 – Action checklist :Meningitis or septicaemia

3. Eligibility

This policy applies to parents, carers, visitors and persons with parental responsibility for children attending Home from Home, and employees who attend and administer care for children at Home from Home.

4. Policy Statement

At Home from Home, the welfare of all children is of paramount importance to all employees. This policy will highlight employee responsibilities when dealing with a sick child, as well as provide information for parents/carers about the procedures and policies in place at Home from Home.

It is highly likely that at some point a child who attends the nursery may become sick from an illness, resulting in them feeling generally poorly and unwell. It is the responsibility of nursery employees to communicate effectively with parents and carers. The nursery takes responsibility to explain clearly to parents our statutory and moral approach when dealing with sickness and accidents with a child in our care, and have implemented effective procedures to support the process (*see Home from Homes Health & Safety and Medication policies*). We want to share this responsibility and it is expected that parents/carers will adhere to specific procedures and practices detailed within this policy.

We follow these procedures to ensure the welfare of children within the nursery. We provide care for healthy children though preventing cross infection of viruses and bacterial infections. We promote health through identifying allergies and preventing contact with allergenic substances.

5. Procedure for a child becoming sick or unwell at nursery

If a child appears unwell and there is no sign of improvement after employees have done everything they can, including monitoring the child and making them more comfortable, then the manager, in conjunction with the child's key person or team leader, will discuss whether or not to contact the parent/carers to come and collect their child. On making contact, the team leader/key person will explain the signs and symptoms the child is displaying, and will ask the parent/carer to come and collect him/her.

If a child has a high temperature of 38 degrees or above, Home from Home will take the child's temperature over a half hour period and monitor. If the temperature does not drop below 38 degrees Celsius, these needs to be reported to a senior member of staff (Nursery Manager or Room Managers), they will consider other factors such as:

- The environment the child is in
- How the child is within themselves
- If the child needs one to one with an adult

- If the child is new to the setting
- Stress levels of the child

The Senior employee will then make the decision if the child needs to be sent home. If the child's temperature does not reduce down to below 37.5 degrees employees may continue to attempt to cool the child but will inform parents. If the child is still extremely upset it is at the discretion of the Nursery Manager or relevant line manager whether the child needs to go home or not.

If a child has a temperature below 37, we will monitor the child to see if the temperature falls below 36. If the temperature fluctuates between 35 and 36 degrees, we will continue to monitor the child over the course of an hour and call parents if we feel the child is unwell. Any temperature that falls below 35 degrees can be a sign of hypothermia. We will call the parents to assess what needs to happen next. It is advised by the NHS guidelines that a child should seek medical advice or treatment with temperatures below 35 degrees.

The nursery will ask permission to give the child Calpol following the procedures outlined in the Medication Policy, while we wait for the child to be collected. During this time the child will be comforted in a quiet, calm area with their key person or another familiar employee within the child's room. Plenty of fluids should be offered to the child and if their temperature is higher or lower than usual this should be addressed immediately in line with this policy**.** Any other symptoms should be treated as necessary.

No prescribed medication may be given unless prior permission was obtained from the parent/carer that day, the medication form has been filled in, and the stated dose is due to be given that time. Please see the *Medication Policy* for further details.

If the parent/carer does not respond to phone calls or voicemails within a twenty-minute time period, emergency contacts will be phoned. If the child needs to go home urgently, and parents/carers are not responsive after ringing twice, we will phone the emergency contact.

Should a child's symptoms deteriorate whilst waiting for their parent/carer, the manager should be informed immediately. If the manager feels that it's necessary, they should call for an ambulance. The manager must then inform the parent/carers to meet them at the local hospital. First aid should be administered to the child as necessary, and following the advice of the emergency call handler.

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 or chicken pox, to protect other children in the nursery. Illnesses of this nature are very contagious, and as a community setting, we all have a responsibility to take measures to reduce the spread and transmission of infection.

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 first become ill and require a course of antibiotics. We ask if children have been prescribed medication (antibiotics), they have had their first 2 doses at home, with an 8 hour window observed. This also takes into account the possibility of the child having an allergic reaction to the medication. 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.

6. Procedure for a Serious Event:

In the event of a life-threatening episode such as febrile convulsions, anaphylactic shock, or other fits or seizures whilst in our care, staff will carry out the following procedure:

If a child has any of the following, an ambulance must be called immediately and the same communication steps taken as stated in Section 5.

- 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 food. The most common areas affected include skin (80-90%), respiratory (70% per cent), 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. On-site administration of epinephrine (in the form of an Epipen) may be required and only staff with Epipen training should be called upon to administer such treatment.

- During a febrile convulsion, a child may become stiff, their arms and legs may start to twitch, they may lose consciousness and wet or soil themselves, they may be sick or foam at the mouth, or their eyes may roll back.

- Febrile convulsions tend to last less than 15 minutes, though may happen again within 24 hours. Children will immediately be placed in the recovery position, the area made safe around them, and the length of the seizure monitored. An ambulance will be called regardless of whether this is the child's first seizure or the length of the seizure.

7. Transporting Children to Hospital – Procedure for employees

If the sickness is severe, a manager will call for an ambulance immediately. If an ambulance is unavailable or will take significant time to come, the manager will arrange a taxi to transport the child and an employee to the hospital. If a taxi is not available an employee can drive the child to hospital with another employee present to support the child in the car.

When calling an ambulance, dial 999, and ask for an ambulance. Answer all questions honestly and clearly. Provide the following details when asked:

Address: Home from Home Nursery School, 69 Grand Avenue, Worthing, BN11 5BB

Telephone number: 01903 248115.

Whilst waiting for the ambulance, the manager will contact the parent and arrange to meet them at the hospital. A team leader, deputy team leader or senior manager must accompany the child, collecting together registration forms, any medication sheets, medication, and the child's comforter and bag. Nicola Law must also be informed immediately. Remain calm at all times. If you are confident and assertive the child will feel reassured.

Reports should be written up by the manager, team leader/key person, and any witnesses to be kept on file. Employees that are affected by the event will be offered time out and an opportunity to discuss what happened and how they are feeling.

8. Children who may be affected by an event

Children who may have witnessed an incident may well be affected by it, and may need lots of cuddles and reassurance. Employees may also require additional support following the accident. This will be provided through management and our wellbeing policy.

9. Children showing no signs of illness but not themselves

If your child has not been his/her normal self at home but is not showing any signs of illness when brought into nursery, please mention it to the employee you hand your child over to, and let them know how best to contact you throughout the day. It is at the manager's discretion as to whether the child remains at nursery.

10. Children who are ill

The manager or room managers reserves the right not to accept any child who is unwell into the nursery.

We do not exclude children on antibiotics, but we do ask if the first two doses are given at home with an 8 hour window observed before attending nursery, in case of any side effects or allergic reactions.

We provide long-term support for individual medical conditions e.g. asthma, which do not impact the child's mood or general health. We will agree a long-term medical plan with you to support your child.

11. Administering Medicine

Home from Home does not administer prescribed medication containing paracetamol or ibuprofen, unless in the event of an emergency. Please refer to *Home from Home Medication Policy* for definitions of an emergency. The nursery will not administer any medicine that has not been prescribed by a child's doctor, pharmacist, or dentist. This includes anything over the counter. Any prescribed medicine will only be administered under an agreed medication plan. Nursery employees have the right to refuse to administer any medication with which they feel uncomfortable administering. We ask all parents to respect our policies with regard this matter, which are in place to prevent infection from spreading around the nursery.

Please refer to *Home from Home Medication Policy* for more details.

12. Nursery and employee responsibilities

- To determine, on registration, the person who holds parental responsibility for the child and to ensure the named person completes the relevant medication and any other consent.

- To adhere to nursery policies and procedures.

- Where a child is taken ill, or is in need of medication or treatment not previously prescribed or agreed, employees will inform the nursery manager, or in their absence, the Senior Manager immediately so that action can be agreed and communicated.

- To inform all parents/carers of any accidents/incidents involving their child while in the care of Home from Home Nursery as soon as possible.

- To ensure all relevant records/documents are completed correctly and signed by the appropriate persons.

- In the event of infectious illnesses, the nursery will follow the exclusion periods as determined by PHE guidance on infection control in schools and other settings, and ensure parents are informed with regards the exclusion periods to ensure children do not return until the quarantine period is finished.

- Inform Ofsted of any infectious, notifiable and communicable diseases as per the Children' Act regulations.

- Ensure parents are called to collect their child immediately following any bout of sickness or diarrhoea, which develops whilst at the nursery. Ensure parents are advised of the 48 hour exclusion period after the last episode to minimise the risks of contamination to other children and employees.

- When appropriate, inform parents of symptoms to look out for and provide information where to seek further advice.

- Follow daily hygiene routines and implement additional hygiene measures in line with PHE guidance when appropriate.

13. Parental responsibilities

To inform the nursery of any illness or disease that may impact on the child's wellbeing whilst in our care. Employees require the most relevant information to ensure they are best prepared should a child be taken ill.

To disclose any past or current medical history during registration, e.g., convulsions and asthma, to enable employees to consult with parents/carers and, where relevant, other professionals who may be able to advise and assist when developing a '**heath care plan'** for their child's condition and wellbeing, as well as identifying areas where employee training may be required.

Provide appropriate consent on registering with the nursery, which gives nursery permission to seek emergency medical treatment in the parent's absence, as detailed in their child's contract with Home from Home Nursery.

Parent/carers are required to provide emergency contact numbers of a known person who can collect their child in their absence. This forms part of the statutory legal requirements for Ofsted registration**.** We also ask that this known person be made aware of this, their responsibilities, and that they are able to get to the nursery within one hour.

Parents/carers are expected to notify the nursery immediately of any change to contact details, at nursery@worthingnurseryschool.co.uk

Notify the nursery if their child is diagnosed with a contagious illness to ensure the nursery can notify other parents and carers. This also allows the nursery to track trends and, in exceptional circumstances, to inform PHE of any outbreaks or notifiable diseases. The nursery is required to maintain appropriate confidentiality.

Parent/carers must always seek medical advice from a GP or Health visitor. Children suffering from certain infections will be excluded from the setting for the following periods of time:

- Sickness and diarrhoea – 48 hours from the last episode.
- Chicken Pox – children need to be absent for a minimum of 5 days from the onset of the rash. After this time, if all the spots have dried and scabbed over, the child can return to the nursery.
- Rash or suspected thrush – parents will be contacted and parents will be advised to seek medical advice.
- High temperature of 38C or above - Home from Home will inform parents immediately and parents will be asked to collect within the hour – Refer to *Home from Home Medication Policy* for further details.

14. Infectious diseases

If there is an outbreak of an illness in the nursery, the manger will consult PHE. We may decide to exclude children in an effort to contain further spread of infection, even where this is not listed as an exclusion. Parents should always seek advice from their GP or Accident and Emergency department regarding the specific symptoms of their child.

In order to take appropriate action for 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, we contact their parent(s) and ask them to pick up their child as soon as possible. During this time, we care for the child in a quiet, calm area with their key person, wherever possible. Gloves and PPE may be worn in certain cases.

Home from Home follows the guidance given by Public Health England (Health Protection in Schools and other childcare facilities) and advice from the local health protection unit on exclusion times for specific illnesses, e.g., sickness and diarrhoea, measles, and chickenpox, in order to protect other children in the nursery. The given exclusion periods have been decided most appropriately and in the best interest of health and safety of all children attending the nursery.

15. Reporting Infectious Communicable disease

If a child has an illness, we would request that their parent/carer contacts the nursery as soon as possible. If it is an infectious communicable disease we will inform staff, parents, and carers as soon as possible. Information to inform can be found on PHE website as in the below link:
https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf

If there is an outbreak of a notifiable disease at the nursery, we will inform the Sussex and Surrey Public Health Protection Team (Duty Room) on 03442253861 or via email ICC.SurreySussex@phe.gov.uk and Ofsted. This is may be particularly important in case a child has come into contact with a pregnant staff member or parent/carer.
In the event of an outbreak, Home from Home will follow procedures and recommendations in the Government guidelines with regard the document **Health Protection in schools and Other childcare facilities/Children and young people settings: tools and resources (Updated 12 September 2024)** https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/children-and-young-people-settings-tools-and-resources

16. Exclusion Criteria/ contact advice for most common infections

The information in this section is taken from guidance from the government link **Health Protection in schools and Other childcare facilities/Children and young people settings: tools and resources (Updated 12 September 2024)**
https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/children-and-young-people-settings-tools-and-resources

Contact details for local health protection teams
Some illnesses (see 16.3) will require contact with the local health protection team. See link below to make contact.
https://www.gov.uk/health-protection-team

Diarrhea and vomiting and meningitis Action Checklists
Senior Managers should use the action checklists (see Appendix 1 and 2 and links below) to manage outbreaks of diarrhoea and vomiting and meningitis in line with statutory guidance
https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/children-and-young-people-settings-tools-and-resources#diarrhoea-and-vomiting-outbreak-action-checklist

https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/children-and-young-people-settings-tools-and-resources#meningitis-or-septicaemia-action-checklist

Exclusion criteria for most illnesses
***** Against an illness denotes a notifiable disease and registered medical practitioners in England & wales have a duty to notify their LA or UK Health Security Agency (UKHSA) health protection team of suspected infectious diseases

- Athletes Foot – no exclusion. Individuals should not be barefoot or share towels socks or shoes with others.

- Conjunctivitis – With a case of Conjunctivitis, we ask for children under two years of age to be seen by a medical professional i.e doctor/pharmacist and we follow and are guided by their advice. Children over two who receive antibiotics/drops we will administer appropriately with parents' permission. There is no exclusion period, though children may be sent home if they are feeling generally unwell/have a high temperature etc.

- Chicken Pox – Exclusion is at least 5 days from the onset of rash, as long as spots are crusted over. People who are clinically vulnerable (including those pregnant) should seek medical advice as they are considered to be contacts.

- Cold sores (Herpes simplex) – none, however children may be excluded if their symptoms include a high temperature or feeling under the weather. Treatment must be in place.

- Respiratory infections including Covid 19 – Individuals should not attend if they have a high temperature and are unwell. Individuals with mild symptoms such as a runny nose and headache who are otherwise well can continue to attend the setting. You are no longer required to test for Covid 19 if you have symptoms. If you have tested positive and are under the age of 18 then try and stay home for 3 days after your positive test. If you are over 18 then try and stay home for 5 days after your positive test.

- Croup – There is no exclusion (except for fever or a temperature symptoms) but croup is highly contagious so staying away from others is highly recommended. Because a virus causes croup, treatment with antibiotics does not help. Symptoms are similar to a cold, bronchitis and whooping cough so medical advice is recommended. Croup is caused by a virus that affects the windpipe (trachea), the airways to the lungs (the bronchi) and the voice box (larynx). Croup usually affects young children aged between 6 months and 3 years, most cases happen in 1 year olds. Very rare in adults. More common during the late autumn and early winter months. It tends to affect more boys than girls. A child can have croup more than once.

- Diarrhoea & Vomiting – A child will be excluded if they have three loose or watery nappies, which will be witnessed by two employees and agreed with manager/deputy manager. As with vomiting, children can return 48 hours from their last episode. If a particular cause is identified there may be additional exclusion advice e.g. E Coli STEC and hep A. We inform all parents if there is a contagious infection identified in the nursery, to enable them to spot the early signs of this

illness. We thoroughly clean and sterilise all equipment and resources that may have come into contact with a contagious child to reduce the spread of infection

- Diphtheria* – Exclusion until doctors/UKHSA confirmation & evidence of microbiological clearance. All family contacts must be excluded until clear to return. Settings must contact UKHSA health protection team who must give confirmation of return.

- Fever - If medication has been taken, children cannot return within 8 hours. Children will not be admitted into nursery at the manager's discretion if they are still running a fever above 38C.

- Flu (Influenza) or influenza like illness – exclusion until recovered. Report outbreaks to UKHSA HPT

- Food Poisoning - is a general term used for gastrointestinal (GI) infections caused by consuming contaminated food or drink or by person-to-person spread. Infections can be caused by a variety of bacteria, viruses or parasites; the most commonly reported bacterial infections are salmonella and campylobacter, usually associated with food poisoning**.** We will notify Ofsted and the UKHSA HPT as soon as possible, and in all cases within 14 days of the incident where we have any child or staff member with food poisoning. Exclusion is for 48 hours following the last event of D & V.

- German measles (rubella)* – 6 days from the onset of rash.

- Glandular fever – None except children will be refused entry to nursery if they have had Calpol or if they are running a fever.

- Head lice – No exclusion. 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 a case of head lice is found at the nursery, the child's parents or carers will be discreetly informed when they collect the child. Other parents will be warned to check their own children. Care will be taken not to identify the child affected. We ask that parents administer treatment immediately.

- Hepatitis A – exclusion until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice) 10 days after onset of jaundice or symptoms. Outbreaks must be advised to UKHSA HPT who will advise on control measures.

- Hepatitis B, C, HIV – no exclusion. All are blood borne viruses that are not infectious through casual contact. Contact UKHSA HPT for advice

- Hand, Foot and Mouth - Usually clears up 7 to 10 days, but there is no exclusion period. If your child is unwell, please ensure your child stays at home. Hand, Foot and Mouth may display some ulcers in the mouth, hands or feet, or a high temperature. At the first onset of the rash, medical advice must be sought before your child can attend the setting. If children are presenting with a fever, or have had any Calpol, they will not be allowed into the setting. If a large number of children are affected the setting will advise UKHSA HPT and exclusion may be considered in some circumstances

- Impetigo – exclusion is until lesions are crusted or healed or 48 hours after starting of antibiotic treatment which speeds healing and reduces the infectious period.

- Measles – 4 days after onset of rash and is well enough i.e. no fever or temperature. Pregnant staff contacts should seek prompt advice from GP or midwife. Check for MMR vaccination

- Meningococcal meningitis* or septicaemia* – exclusion until recovered. Meningitis ACWY and B are preventable by vaccination – check for vaccination. UKHSA HPT will advise on any action required. Siblings and other close contacts also excluded

- Meningitis* due to other bacteria - until recovered – check for Hib and pneumococcal meningitis vaccination. UKHSA HPT will advise on any action required. Siblings and other close contacts also excluded

- Meningitis viral - no exclusion. Milder illness that bacterial. Siblings and other close contacts need not be excluded.

- Mpox – exclusion until confirm safe to return by their clinician or in line with any current guidance. Contact UKHSA for advice and management under current guidance

- MRSA - no exclusion. Good hygiene, in particular hand washing and environmental cleaning are important to minimise spread. Contact UKHSA HPT for more advice

- Mumps* – exclusion for 5 days after onset of swelling. Check for MMR vaccination.

- Norovirus – exclusion until 48 hours after last symptoms. The most common cause of gastroenteritis in the UK also known as the 'winter vomiting bug' it causes symptoms such as nausea, diarrhoea and vomiting. The virus can spread from person to person through hand to mouth contact and can be picked up from contaminated surfaces such as equipment, hands, toys, or dirty nappies. It can also spread through the air

by sneezing and coughing, though this is less common. Contact UKSHA HPT if cases are rapidly increasing.

- Rashes and skin infections such as Athlete's foot – none.

- Respiratory infections (including Flu/Influenza) – Exclusion until recovered fully, (typically between 5-7 days). Children will be sent home if they have a fever, or if they have a temperature and/or are requiring 121 care.

- Ringworm – also known as tinea, is a fungal infection of the skin, hair or nails. It is caused by various types of fungi and infections are named after the parts of the body that are affected, namely face, groin, foot, hand, scalp, beard area and nail. Exclusion until confirmation that treatment is in hand.

- Rotavirus – exclusion until 48 hours after last D& V symptom. Highly infectious virus that is more common in the winter months, but it can be seen throughout the year which spreads easily between people through hand to mouth contact and contact with contaminated surfaces such as equipment, hands, toys or dirty nappies. It can also be spread through the air by coughing and sneezing. An oral vaccine against rotavirus infection is given to babies as part of their routine childhood vaccinations. Rotavirus infection can cause severe diarrhoea usually with vomiting, stomach cramps, dehydration and mild fever. The symptoms usually last 3 to 8 days.

- Rubella* (German Measles) – exclusion for 5 days from onset of rash. Check for MMR vaccination. Pregnant staff should seek prompt advice from GP or midwife

- Scabies – Children who are under 5 or with additional needs who are not able to understand how to avoid close physical contact with others for the first 24 hours will be excluded until 24hours after first dose of antibiotic treatment. For those who are able to avoid close physical contact there is no exclusion. Households and close contacts require treatment at the same time.

- Scarlet fever* – Exclude until 24 hours after starting antibiotic treatment. Individuals who decline treatment with antibiotics will be excluded until resolution of symptoms. For more than two cases the setting will contact the UKHSA HPT

- Slapped cheek/Fifth disease/parvovirus B19 – None once rash has developed. Pregnant contacts of the case should contact their GP or midwife.

- Shingles – 7 days from the onset and more if the rash is weeping and cannot be covered.

- Threadworm – Exclusion is not required but parents/carers must inform the nursery of any instances. Follow all guidance from the GP, including treatment for the whole household.

- Tonsillitis – No exclusion. There are many causes with most cases due to viruses and do not need or will respond to antibiotics

- Tuberculosis* (TB) – If pulmonary (lung) TB then until at least 2 weeks after the start effective antibiotic treatment as infectious to others. Exclusion not required for non-pulmonary or latent TB. Exclusion criteria will vary depending on the people surrounding the child, and responses to treatment. Settings must contact the UKHSA HPT to seek advice before informing contacts. UKHSA HPT will perform contact tracing where necessary.

- Typhoid – Exclusion until doctor's confirmation, & evidence of microbiological clearance.

- Vomiting – All children must be kept away from the 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, regardless of where the last instance took place. Children should only return to nursery when they are well enough and have regained their appetite.

- Warts and verruca's – None. Verrucas should be covered in areas where others may be barefoot.

- Whooping cough (pertussis)* – 2 days from starting of antibiotic treatment, or 14 days from onset of coughing if no antibiotic treatment and feel well enough to return i.e. no fever or temperature

17. Head Injuries

In the event a child sustains a bump to the head, parents/carers will be informed via telephone immediately. If the head or face injury is severe, parents will be advised to collect their child and seek medical attention.

Employees are responsible for ensuring the accident/incident has been recorded in line with the Accident Reporting Policy.

Parents/carers will be asked to sign the accident/incident sheet to acknowledge they have been informed. This must be completed on the day of the accident.

18. Biting

If a child gets bitten whilst at nursery the site of the bite mark should be treated with a cold compress if necessary. The child should be referred for medical advice if the bite breaks the skin.

19. Foreign Objects

Home from Home will not remove any foreign objects from eyes, nose or ears. This can be invasive and cause distress. Parents/carers will be contacted and advised to collect their child and seek medical attention and recorded on the accident/incident form and parents/carers must sign the form at collection. If the foreign object presents a hazard or obstruction to breathing, and may lead to choking, an ambulance will be called.

Occasionally children may get sand in their eyes during the day. The event would be noted and parents/carers advised to seek medical attention if the eye becomes irritated.

If a child receives an insect sting that remains attached, parents/carers will be contacted to seek medical advice. This will be recorded on the incident form.

Employees will monitor a child, if their condition worsens while awaiting collection an ambulance may be called to assist.

20. Absence due to fracture or broken bones

When a child fractures/breaks a bone, this means a child would most likely require 121 care, for at least the first week and Home from Homes ratio's/fee structure are not set up to be able to provide 121 care in this way.

Each situation is assessed on an individual basis, as obviously some breaks/fractures are more manageable than others from the outset.

For a break/fracture to a lower limb (hip, leg, foot) a child would usually remain at home for at least the first week, possibly two to allow medical advice/intervention to be sought to enable Home from Home and the parent to review care and put in place a risk assessment for return. Where 121 intervention is not so necessary such as a wrist or arm fracture it may be possible for a child to still attend even from week one.

Alternatively, Home from Home could support a child attending if the fees can be paid to support 121 care.

In all situations a risk assessment would be prepared by the Nursery Manager or relevant senior Manager in conjunction with the Team Leader and parent

21. Baby rooms and infection rates

Our baby rooms have grown in numbers over the past four years with up to 26 babies attending daily. Young babies registering at the nursery are exposed to new environments and contacts, and parents should expect a certain level of infection whilst immunity builds. Young babies and children encounter a range of different illnesses throughout their life as they develop and grow. At Home from Home Nursery, we take great care to ensure we have the highest of standards to ensure your child has an enriched experience. We use the guidelines of Public Health England to provide a safe environment for all children attending. We have robust policies with regard illness and we expect everyone attending Home from Home to adhere to ensure everyone is kept safe and healthy. This allows us as a Nursery setting to provide a safe nurturing environment with limited spread of diseases.

Home from Home employs a robust cleaning routine in all our rooms. The babies have a daily and weekly sterilisation programme which all employees follow. This includes cleaning of all toys throughout the day, and at the end of the day milk equipment is cleaned. All surfaces are cleaned using disposable cloths. Our cleaners clean daily and do a deep clean twice yearly. Employees immerse toys in Milton weekly and during periods of sickness and bugs, equipment and toys this happens daily. We also use a steam cleaner on cots and mattresses daily.

22. Good Hygiene Practises

Children often have a runny nose especially through the winter period. All of our employees are aware of the importance of hygiene and this includes wiping children's noses immediately. All tissues are disposed of immediately, and children and employees wash their hands.

23. Food Standards

Our current food hygiene rating is 5, the highest rating, in our Food Hygiene spot check. We feel confident that this indicates we have good understanding and practice of food handling, hygiene, and cleanliness. All our employees complete regular food hygiene courses and when new employees join us, we have a robust induction process around our hygiene practices and what we expect at Home from Home. Refer to *Food Policy* for more information.

24. Management and Communication

Home from Home holds weekly meetings with Team Leaders and Senior team members. Our agenda covers the points Parent/Children and Daily Operation which promotes us to share and discuss any issues or concerns raised by parents/ourselves on any matter, this includes children settling in and any health care needs a child might have. It also covers

any concerns around infection trends and control. The Home from Home management team are here to support parents and manage transmission in line with government guidelines

25. Reporting a Childs Accident and/or Injury

If we are unable to operate on a contracted day, we will make contact with you the night before or in the morning as early as possible to advise you that employees will be unable to care for your child. While there would be every effort made to ensure safety of the children, in the event of a severe accident, we must ensure compliance to Ofsted and Health and Safety Executive (HSE) requirements under **Reporting of Illness, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)**. The regulations require us to report all incidents and illnesses that are specified and are of a severe nature. These include serious injuries such as broken bones, fractures, loss of consciousness, incidents that require visit to Accidents and Emergency (A&E), those requiring hospitalisations for more than 24 hours as a result of something that happened at our premises, or the death of a child or any other person on the premises.

Ofsted requires that we need to notify Ofsted & the local authority of any serious accident, illness or injury to, or death of, any child while in care, and of the action taken. This notification to Ofsted shall be made as soon as possible and within 14 days. The quickest and easiest way to notify Ofsted is to telephone them on **0300 123 1231**. Ofsted guidance on incidents and injuries that require reporting.
https://www.gov.uk/guidance/childcare-reporting-childrens-accidents-and-injuries

RIDDOR requires Home from Home to report certain accidents, diseases and dangerous occurrences of severe nature. The detailed guidance is available at http://hse.gov.uk/riddor/specified-injuries.htm While the HSE (www.hse.gov.uk) is Britain's national regulator for workplace health and safety.

The enforcing authority for health and safety at the workplace in respect of provision is the HSE. In addition to Ofsted, Home from Home must to report all incidents to HSE and LBB. The required reporting needs to be done online at the link:
http://www.hse.gov.uk/riddor/report.htm and www.hse.gov.uk/contact/contact.htm

There is no longer a paper form for RIDDOR reporting, since the online system is the preferred reporting mechanism. Should it be essential for Home from Home to submit a report by post, it shall be sent to: RIDDOR Reports Health and Safety Executive Redgrave Court Merton Road Bootle Merseyside L20 7HS.

26. Summary

Home from Home follows guidance issued by UK Health Security Agency (UKHSA) health protection team (HPT) to manage the transmission of infectious diseases within the setting. https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/managing-specific-infectious-diseases-a-to-z

With regards to infections and diseases such as viruses, fungal infections, skin diseases we ask parents to seek medical advice from their GP or Accident and Emergency department regarding specific symptoms of their child and to share that advice prior to attending the setting. Or phone NHS Direct 111 on landline or mobile or https://www.nhs.uk/

Management will ask any parent to take their child home if the child is found not to be well on entering nursery or during their stay at nursery.

27. Useful resources

https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities#full-publication-update-history

https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/children-and-young-people-settings-tools-and-resources

https://www.gov.uk/guidance/childcare-reporting-childrens-accidents-and-injuries

https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/children-and-young-people-settings-tools-and-resources#diarrhoea-and-vomiting-outbreak-action-checklist

https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/children-and-young-people-settings-tools-and-resources#meningitis-or-septicaemia-action-checklist

https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/children-and-young-people-settings-tools-and-resources#exclusion-table

https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/what-infections-are-how-they-are-transmitted-and-those-at-higher-risk-of-infection

https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections

https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/supporting-immunisation-programmes

https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/managing-outbreaks-and-incidents

https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/managing-specific-infectious-diseases-a-to-z

https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/specific-educational-settings-and-populations-additional-health-protection-considerations

https://www.nhs.uk/

https://www.england.nhs.uk/publication/national-infection-prevention-and-control/

https://www.gov.uk/government/collections/notifications-of-infectious-diseases-noids

https://www.hse.gov.uk/

28. Review

Home from Home will update this policy in line with changes in statutory and government guidance

29. Version Control

Version	Date	Status	Comments	By
1	May 2020	Issued		Julia Pattenden
2	August 2021	Reviewed		Julia Pattenden
3	July 2023	Reviewed		Sonia Green
4	Dec 2023	Reviewed	Added Version control	Sophie Eade

5	16/9/24	Updated	Updated section 16. Exclusion and reporting advice In line with Government update on 12/9/24 https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/children-and-young-people-settings-tools-and-resources Changed section 25. To 'Reporting a Childs Accident or Injury' and added link to govt advice Added section 27. "Useful resources" added links to govt sources Added: Appendix 1 - health protection team contacts Appendix 2 – govt exclusion table Appendix 3 – how long should I keep my child of school – advice for parents Appendix 4 – managing infectious diseases – a guide for employees Appendix 5&6 - diarrhoea and vomiting and meningitis action checklist Reviewed with senior team and issued to parents 20/9/24	Julia Pattenden
6	June 2025	Reviewed		Sophie Eade
7	May 2026	Reviewed		Sophie Eade

Appendices

Appendix 1 – Contact details for the UK local health protection team

https://www.gov.uk/health-protection-team

Appendix 2 - Exclusion table for children's and young people's settings

https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/children-and-young-people-settings-tools-and-resources#exclusion-table

Appendix 3 - How long should I keep my child of school – advice for parents

https://assets.publishing.service.gov.uk/media/626669cb8fa8f523b7221b98/UKHSA-should-I-keep-my_child_off_school_guidance-A3-poster.pdf

https://www.nhs.uk/live-well/is-my-child-too-ill-for-school/

Appendix 4 – Managing infectious diseases – a guide for employees

https://assets.publishing.service.gov.uk/media/626668ade90e07168b3c0943/UKHSA-11412-managing-cases-of-infectious-diseases-in-schools_staff-practical-guide-opt1.pdf

Appendix 5 – Action checklist for diarrhoea and vomiting outbreak

- https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/children-and-young-people-settings-tools-and-resources#diarrhoea-and-vomiting-outbreak-action-checklist

Diarrhoea and vomiting outbreak: action checklist

Date completed:
Checklist completed by (Print Name):
Name and telephone number of institution:
Name of Head Teacher/Manager:

	Yes	No	Comments:
Deploy 48-hour exclusion rule for ill children, young people and staff.			
Children and young people with symptoms to wait in an area away from communal/busy areas where they can be observed until parent/carer collects them			
Liquid soap and paper hand towels available at all hand wash basins			
Staff to check, encourage and supervise hand washing in children.			
Check that enhanced cleaning using appropriate products, that is, twice daily (min) cleaning is being carried out, (especially toilets, frequently touched surfaces, for example, handles and taps and including any special equipment and play areas). (See Preventing and controlling infections section for detail). Ensure that all staff and contractors involved are aware of and are following the guidance.			
Disposable protective clothing available (for example, non-powdered latex or synthetic vinyl gloves and aprons).			
Appropriate waste disposal systems in place for infectious waste.			
Appropriate spill kit in place. Staff to wear appropriate PPE when dealing with spills, which should be removed and disposed of quickly			
Advice given on cleaning of vomit (including steam cleaning carpets and furniture or machine hot washing of soft furnishings).			
Clean and disinfect hard toys daily (with detergent and water followed by bleach/Milton). Limit and stock rotate toys.			
Suspend use of soft toys plus water and sand play and cookery activities during outbreak.			
Segregate infected linen (and use dissolvable laundry bags where possible).			
Consider having a box of spare clean clothing to replace soiled clothing			
Visitors restricted. Essential visitors informed of outbreak and advised on hand washing.			
New children joining affected class or year group suspended.			
Keep staff working in dedicated areas (restrict food handling if possible). Inform HPT of any affected food handlers.			
Trays of fruit/snacks to be covered until point of serving. Snacks should be served in individual bowls handed directly to children and young people			
Drink bottles clearly labelled with names			
Consider signage on doors advising of circulating illness with exclusion advice			
Check if staff work elsewhere and that all staff are well (including agency). Exclude if unwell (see above regarding 48-hour rule).			
HPT informed of any planned events at the institution.			

Appendix 6 - Meningitis Action Checklist

https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/children-and-young-people-settings-tools-and-resources#meningitis-or-septicaemia-action-checklist