



EYFS: Safeguarding and Welfare Requirements
3.44

Health

3f.2 Managing Children Who Are Sick or Infectious/Infection Control (Including Reporting Notifiable Diseases)

Policy Statement

- We provide care for healthy children and promote health by identifying when a child is unwell and by working to prevent cross-infection of viruses and bacterial infections.

Procedures for Dealing with the Child and Family

- If a child is sick during the day, the child's key-worker will:
 - Try to contact the parent/carer (if unable to make contact, then emergency contacts will be tried).
 - Inform them of their child's symptoms.
 - Possibly request that the parent/carer comes to collect the child.
 - Where possible, stay with the child, who will be given the opportunity to rest quietly until they are collected by the parent/carer.
- Children who have a contagious illness should be kept absent from nursery until a doctor has confirmed that it is safe for them to return.
- Children suffering from sickness and/or diarrhoea should not return to the nursery until 48 hours has elapsed since their last bout and they are eating normally.
- Please inform the Nursery Manager if a child is unwell and unable to attend nursery.
- Parents and staff alike must respect the sickness policy in order to avoid unnecessary spread of illness to other children, parents and members of staff.
- We reserve the right to refuse a child at nursery if we feel they are unwell, and in certain circumstances we may ask for a letter from a doctor confirming that they are well enough to attend.
- Please also refer to Policy 3f.1 – Administering Medication.

The EYFS states: The provider must promote the good health of 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 is a legal requirement so we expect support from all parents on this.



Minimum Nursery Exclusion Periods

- If antibiotics have been prescribed then the first dose must be given at home in case of reaction.
- The child will only be allowed in to nursery if they are well in themselves – this is at the discretion of management.

Disease / Illness	Minimum Exclusion Period	Please See Additional Info Below
Chickenpox	5-7 days from appearance of rash or until spots have all scabbed over.	Vulnerable Children Females - Pregnancy
Conjunctivitis	Single cases: if child is well, no exclusion needed. Several cases (at the discretion of management): until discharge has stopped.	
Covid-19**	7 days isolation/please refer to risk assessment and policy	
Diarrhoea and/or vomiting	48 hours once free from symptoms.	
Flu (influenza)	Until fully recovered.	Vulnerable Children
Gastroenteritis, food poisoning, Salmonellosis and dysentery and rota virus	Until authorised by doctor.	
German measles (rubella) **	6 days from appearance of rash.	Females - Pregnancy
Hand, foot and mouth	None as long as the child is well.	
Head lice/nits	12 hours from effective treatment.	
Hepatitis A **	7 days after the onset of jaundice or other symptoms.	Cleaning up bodily fluid spills
Hepatitis B and C	None as long as the child is well.	Cleaning up bodily fluid spills
HIV/AIDS	None.	Cleaning up bodily fluid spills
Impetigo	Until lesions are crusted or healed OR 48 hours after commencing antibiotics.	
Measles**	4 days from onset of rash if the child is well enough.	Vulnerable Children Females - Pregnancy
Meningococcal meningitis/septicaemia**	Until fully recovered.	Meningitis C is preventable by vaccination. There is no reason to exclude siblings. In case of an outbreak, it may be necessary to provide antibiotics.
Meningitis** due to other bacteria	Until fully recovered	Hib and pneumococcal meningitis are preventable by vaccination.
Meningitis viral**	None	Milder illness. No reason to exclude siblings.
Mumps**	5-7 days from onset of swollen glands.	
Ringworm	None, but treatment is required.	
Scabies	Until treatment has commenced.	



Scarlet fever and streptococcal infection of throat**	24 hours after commencing antibiotic treatment.	
Shingles	As long as the rash is weeping and too big to be covered.	Vulnerable Children Females - Pregnancy
Slapped cheek (fifth disease)	None	Vulnerable Children Females - Pregnancy
Threadworms	None, but treatment is required.	
Tuberculosis	Until declared free from infection by doctor, usually 2 weeks after commencing treatment.	
Typhoid fever	Until declared free from infection by doctor.	
Whooping cough (pertussis)**	5 days commencing antibiotic treatment OR 21 days from onset of illness if no treatment.	
Glandular fever	None as long as the child is well.	

****denotes a notifiable disease.**

Reporting a Notifiable Disease

- It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority.
- In addition, the nursery must inform Ofsted in writing should a child in the setting should contract one of these diseases.

Vulnerable Children

- Some medical conditions make children vulnerable to infections that would rarely be serious in most children. These include:
 - Children being treated for leukaemia or other cancers.
 - Children on high doses of steroids.
 - Children with conditions that seriously reduce immunity.
- We ask parents to inform us if their child is in one of these categories.
- These children are particularly vulnerable to chickenpox, shingles or measles and if exposed to any of these the key-person or manager will inform the parents immediately and may seek further medical advice.
- It may be advisable for these children to have additional immunisations e.g. pneumococcal and influenza.

Females (Staff/Parents/Visitors) – Pregnancy

- In general, if a pregnant woman develops a rash or is in direct contact with someone with potentially infectious rash this should be investigated by a doctor.
- If we get a case of one of the diseases listed below at the nursery, we will ensure that pregnant staff are sent to their doctor.
- We will also ensure that we personally inform all parents/visitors that we know are pregnant as well as putting up a sign so that anyone who is pregnant but has not yet informed us can also seek medical advice.
- **Chickenpox/shingles** can affect pregnancy if a woman has not already had the infection. If exposed early in the pregnancy (first 20 weeks) or very late (last 3 weeks),



the GP and antenatal care should be informed promptly and a blood test should be done to check immunity.

- **German measles/rubella.** If a pregnant woman comes into contact with German measles she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy. All female staff under the age of 25 years are encouraged to check their immunity.
- **Slapped cheek disease** can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), the doctor and antenatal care should be informed promptly as this must be investigated immediately.

- **Measles** during pregnancy can result in the early delivery or even loss of the baby. If a pregnant woman is exposed, the doctor and antenatal care should immediately be informed to ensure investigation. All female staff under the age of 25 years are encouraged to check their immunity.

Procedures to Promote Good Hygiene and Reduce Infection

- **Hand-washing** is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting and also respiratory diseases. At Auden Place, we use the recommended method of liquid anti-bacterial soap, water and paper towels. Adults and children always wash hands after using the toilet, before eating or handling food, and after handling animals. Staff cover all cuts and abrasions with waterproof dressings (these are blue if handling food)
- **Coughing and sneezing** easily spreads infections. Children and adults are encouraged to cover their mouth and nose with a tissue and wash hands after using or disposing of tissues. Spitting is discouraged.
- **Cleaning** of the environment, including toys and equipment, is frequent, thorough and follows nursery guidance on colour-coded equipment. We also ensure that contract cleaners are appropriately trained.
- **Cleaning of blood and bodily fluid spillages.** All spillages of blood, faeces, saliva, vomit and nasal and eye discharges are cleaned up immediately and always with gloves being worn. When spillages occur, we clean using a product that combines both detergent and a disinfectant and use as per the manufacturer's instructions. We ensure that it is effective against bacteria and viruses and suitable for use on the affected surface. We use jay cloths for cleaning up blood and body fluid spillage and discard these in the clinical waste bins. Disposable mops are used for bathrooms, with the mop heads being thrown out weekly or more often if necessary.
- **Personal Protective Equipment (PPE).** Disposable non-powdered latex or vinyl gloves must be worn when changing nappies or dealing with other bodily fluids, e.g. blood or vomit. We also provide plastic aprons for the same purpose.
- **Laundry.** We outsource laundry to a local launderette who collects and delivers three times a week. **Children should never share bedding. If beds are shared, e.g. between part-time children, bedding needs to be changed and the bed detoxed down between different children using the bed.**
- **Clinical waste.** We always segregate domestic and clinical waste. Used nappies, sanitary products and soiled dressings are stored in a separate clinical odourless waste bin which



is foot operated. These bins are emptied to an outside clinical bin at the end of each day. We then use a reputable company to empty this bin twice a week.

Procedures Following an Outbreak of Diarrhoea and/or Vomiting

The following measures should be implemented to assist in reducing the spread of infectious diseases, and in particular gastroenteritis caused by viruses.

- All staff and clients (i.e. children, staff, students, volunteers and parents) should be excluded from the premises for a period of at least 48 hours after their symptoms stop.
- Ensure the thorough disinfection of all equipment and surfaces of classrooms, toilets including toilet flush handles and seats, door handles and work surfaces with a solution made up of **10% bleach**.
(N.B. This bleach concentration is considered to be the optimum for dealing with viruses, so making it stronger will not help and may not be effective.)
- Toilet facilities should be thoroughly disinfected after every use by children, staff, students, volunteers and parents exhibiting symptoms of gastroenteritis and those children, staff, students, volunteers and parents who have displayed such symptoms within the previous 48 hours.