



## ***Managing children who are sick, infectious or with allergies.***

The Montessori environment is clean, ordered and promotes good hygiene and healthy practices. We provide care for healthy children and promote health by identifying allergies, preventing contact with allergenic substance and preventing cross infection of viruses and bacterial infections through healthy practices.

At Oaklea we promote the good health of all children attending. To help keep children healthy and minimise infection, we do not expect children to attend nursery if they are unwell. If a child is unwell it is in their best interest to be in a home environment with adults they know well rather than at nursery with their peers. We cannot work if we have sickness or diarrhoea or any other highly contagious infection. Continuing to work would only result in a further spreading of the infection and we would be unable to provide your child with the care they deserve. Parents/carers shall be advised not to bring a child in the event he is not well. This is to prevent other children from catching the infection.

### **Revised EYFS: Themes & Commitments**

- Children learn best when they are healthy, safe & secure, when their individual needs are met. (EYFS 3.1)
- Providers must take all necessary steps to keep children safe & well...promote good health...maintain records. (EYFS 3.2)
- The provider must promote the good health of children attending the setting. They must have a procedure, discussed with parents & / 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. (EYFS 3.42)
- Providers must record the following information for each child in their care: full name; date of birth; name & address of every parent & / or carer who is known to the provider (and information about any other person who has parental responsibility for the child); which parent(s) & / or carer(s) the child normally lives with; and **emergency contact details for parents & or carers.** (EYFS 3.71)
- Providers must identify any need for additional support and keep children safe (Unique Child)

## Effective Practices

- The nursery follows Public Health England guidance to take necessary steps to prevent the spread of infection and take appropriate action if children are ill.
- To protect the children in our care from the spread of infection we follow the UKHSA exclusion table as a baseline however we have amended some areas to provide the safest environment we can for the children. (see areas in blue) The form is attached at the bottom of this document
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- The nursery is a **'nut free' nursery**.
- If a child has a known allergy, a health care plan is completed with the parent detailing the following:
  - The allergen (i.e. the substance, material or living thing the child is allergic to, such as nuts, bee stings, eggs etc.)
  - The nature of the allergic reaction (e.g. anaphylactic shock reaction, rash, breathing problems etc)
  - What to do in case of allergic reactions (e.g. medication to be administered)
  - Control measures
  - Review
- The form is kept in the child's personal file and brought to the attention of all care staff.
- Staff may be trained in how to administer special medicine in the case of an allergic reaction (e.g. EpiPen).
- For children with life threatening conditions or requiring invasive treatments, written confirmation from the nursery insurance provider is obtained to extend the insurance.
- The administration of medicines is compliant with the Welfare Requirements of the Early Years Foundation Stage and follows the 'Administering Medicines' Policy.
- Hand washing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting, and respiratory disease.
- The recommended method is the use of liquid soap, warm water and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals.  
Wash hands after using or disposing of tissues.
- Coughing and sneezing easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue

- Spitting should be discouraged.
- Cover all cuts and abrasions with waterproof dressings.

### *Oral Medicines*

- Asthma inhalers are regarded as “oral medication” by insurers and do not need to be forwarded to the insurance provider.
- The nursery health care plan details clear written instructions for the administration of such medication.
- All risk assessment procedures need to be adhered to for the correct storage and administration of the medication.

### *Life saving medication and invasive treatments*

Adrenalin injections (Epipens) for anaphylactic shock reactions or other invasive treatments, such as rectal administration of Diazepam require the following procedures:

- A letter from the child’s GP/consultant stating the child’s condition and what medication (if any) is to be administered
- Written consent from the parent/guardian authorising staff within the setting to administer medication
- Proof of training in the administration of such medication by the child’s GP, district nurse, nurse specialist or paediatric nurse
- Copies of these 3 letters must be forwarded to the insurance provider and the procedures checked with them. The child will not be admitted to nursery without written confirmation that the nursery insurance has been extended.
- If a child requires an epi-pen then two epi-pens must be on site when the child attends. This is to ensure that another dose is available if needed.

### *Children with special needs requiring help with tubes to help with everyday living (e.g. breathing apparatus, colostomy bags etc)*

- Prior written consent from the child’s parent or guardian to give treatment or medication prescribed by the child’s GP
- The key person must have the relevant medical training/ experience. This may include appropriate instructions from the child’s parent or those with suitable qualifications.
- Copies of all letters relating to these children must be forwarded to the insurance provider and the procedures checked with them. The child will not be admitted to nursery without written confirmation that the nursery insurance has been extended.

## **Procedures for children who are sick or infectious**

- If a child appears unwell in the day (e.g. have a high or low temperature, sickness, diarrhoea or pains, particularly in the head or stomach, the manager calls the parents and asks them to collect the child or send a known carer to collect the child on their behalf.
- If the child has a high temperature, they are kept cool by removing top clothing, sponging their heads with cool water, given water to drink but are kept away from draughts. A cool flannel placed on the child's calf cools a high temperature quickly.
- Temperature is taken using a fever scan / auditory thermometer
- If the child has a low temperature, they are kept warm with additional clothing (hats, socks, jumper and bedding).
- In extreme cases of emergency, the child is taken to the nearest hospital and the parents are informed.
- Parents are asked to take their child to the doctor before returning them to nursery. The nursery can refuse admittance to children who have a temperature, sickness or diarrhoea, or a contagious infection or disease.
- Where children have been prescribed a new medication such as antibiotics, parents are asked to keep them at home for 24 hours from starting the course, to ensure the child doesn't have a reaction, before returning them to nursery.
- After vomiting or diarrhoea, parents must keep children at home until 48 hours after the last episode.
- Following the guidance from UKHSA diarrhoea is classed as "any change in bowel pattern in young children" – meaning if a child has a change in bowel movements they will be asked to be collected and the 48 hour exclusion period will be applied.
- If the setting notices any change in bowel movement on a child they will refer to the 'Bristol Stool Chart'. This will determine whether or not the type of stool is classed as diarrhoea. If so the parent/carers will be contacted to collect and the exclusion policy will apply
- Where a child has a known allergy or intolerance, an individual health care plan will be written up to advise on the exclusion period following a letter from the GP. This is to confirm how many episodes of loose bowel's is normal for the individual child before exclusion applies.
- If a child with a known allergy or intolerance has any change in bowel movement and is showing other signs of illness then the parent/carers will be contacted and asked to collect and follow the 48 hour exclusion period
- Children's nappies will be individually monitored, and if there is obvious diarrhoea the child will be sent home.

- The nursery has a list of excludable diseases and current exclusion times. The full list is obtainable from [www.gov.uk/government/publications/infection-control-in-schools](http://www.gov.uk/government/publications/infection-control-in-schools)

#### *Reporting of 'notifiable diseases'*

- 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 setting is made aware of, or is formally informed of the notifiable disease, the manager informs Ofsted and acts on any advice given by the Health Protection Agency.

#### *HIV/AIDS/Hepatitis Procedure*

- HIV virus, like other viruses such as hepatitis (A,B or C) are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for children and adults.
- Single use vinyl gloves are worn for changing nappies, pants and clothing that are soiled with urine, blood, faeces or vomit.
- Soiled clothing is bagged for parents to collect.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops. Cloths are disposed of.
- Tables and other furniture or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.

#### *Nits and head lice*

- Nits and head lice are not an excludable condition, although in exceptional cases a parent may be asked to remove a child until the infestation has cleared.
- On identifying cases of head lice, all parents are informed and may be asked to treat their child and family if they are found to have head lice.

### **Parents**

- When Parents register their child at the setting they are asked if the child has any known health issues or allergies. They record this on the registration form.
- We advise parents if your child is unwell and requires Calpol (for a temperature) to keep them off nursery until they are fit and well to return.
- Parents are required to inform nursery on arrival if their child has been given medication (such as Calpol or antihistamine, eg. Piriton) before arriving at nursery. This will be noted on a medication form.
- Parents complete a health care plan with the manager and key person.

## **Children**

- Children are encouraged to follow good hygiene routines as staff demonstrate these through clear presentations throughout their time at nursery.

### ***Effective Practice during COVID-19 Outbreak***

If a child begins displaying Covid symptoms, they should be sent home and remain off nursery for 3 days.

A child awaiting collection should be moved, if possible and appropriate, to a room where they can be isolated. A window should be opened for ventilation.

If a member of staff has helped someone who displayed symptoms they do not need to go home unless they develop symptoms themselves. They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell.

### **Further Guidance**

- [www.gov.uk/government/publications/infection-control-in-schools](http://www.gov.uk/government/publications/infection-control-in-schools)

Managing Medicines in Schools and Early Years Settings (DfES, 2005) (<http://publications.teachernet.gov.uk/eOrderingDownload/1448-2005PDF-EN-02.pdf>)

[www.gov.uk/coronavirus](http://www.gov.uk/coronavirus)

If clinical advice is needed, the setting staff, parent or guardian should go online to [NHS 111](https://www.nhs.uk) (or call 111 if they don't have internet access).





## Oaklea Montessori CIC Exclusion Table following illnesses



Please note: We use the HPECS guidance provided by UKHSA as a baseline to create this table.  
The sections in blue have been amended by Oaklea to provide the safest environment for all who attend

INFECTION	EXCLUSION PERIOD	COMMENTS
Athlete's foot	None	Children should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others.
Chickenpox	At least 5 days from onset of rash and until all blisters have crusted over.	Pregnant staff contacts should consult with their GP or midwife.
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores.
Conjunctivitis	24 hours after starting antibiotic drops	If an outbreak or cluster occurs, consult your local health protection team (HPT).
Respiratory infections including coronavirus (COVID19)	Children and young people should not attend if they have a high temperature and are unwell. Children and young people who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.	Children with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.
Diarrhoea and/or vomiting	Staff and students can return 48 hours after diarrhoea and vomiting have stopped.	If a particular cause of the diarrhoea and vomiting is identified, there may be additional exclusion advice, for example E. coli STEC and hep A. For more information, see Managing outbreaks and incidents.
Diphtheria*	Exclusion is essential. Always consult with UKHSA HPT.	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT.
Flu (influenza) or influenza like illness	Until recovered.	Report outbreaks to your local HPT. For more information, see Managing outbreaks and incidents.
Glandular fever	None	
Hand foot and mouth	Until blisters have dried up, and rash and temperature have gone.	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances.





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INFECTION	EXCLUSION PERIOD	COMMENTS
Headlice	Apply treatment before returning to Oaklea.	
Hepatitis A	Exclude until 7 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 UKHSA HPT for more advise.
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period.
Measles	4 days from onset of rash and well enough.	Preventable by vaccination with 2 doses of MMR.  Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Meningococcal meningitis* or septicaemia*	Until recovered.	Meningitis ACWY and B are preventable by vaccination.  Your local HPT will advise on any action needed.
Meningitis* due to other bacteria	Until recovered.	Hib and pneumococcal meningitis are preventable by vaccination. Your UKHSA 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 UKHSA HPT for more information.
Mumps*	5 days after onset of swelling.	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff.
Ringworm	Can return after first treatment.	Treatment is needed. To keep covered up until recovered.



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INFECTION	EXCLUSION PERIOD	COMMENTS
Rubella* (German measles)	5 days from onset of rash.	Preventable by vaccination with 1 doses of MMR. Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Scabies	Can return after first treatment.	Household 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 should be excluded until resolution of symptoms. In the event of 2 or more suspected cases, please contact you UKHSA HPT.
Slapped cheek/Fifth disease/Pavovirus B19	None (once rash has developed).	Pregnant contacts of case should consult with their GP or midwife and setting will act accordingly.
Threadworms	Exclude until 24 hours after starting treatment.	Treatment recommended for child and household.
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment.
Tuberculosis* (TB)	Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB).  Exclusion not required for non-pulmonary or latent TB infection.  Always consult your local HPT before disseminating information to staff, parents and carers.	Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread.  Your local HPT will organise any contact tracing.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms.
Whooping cough (pertussis)*	2 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.