



<b>young friends kindergarten</b>	
<b>Name:</b>	<b>Date written:</b>
<b>Sickness Policy (Child)</b>	<b>23/1/22</b>
<b>Written by:</b>	<b>Date of Review:</b>
<b>Emma Holmes/Louise Lloyd-Evans</b>	<b>16/4/24</b>
<b>Policy Statement</b>	
This policy is in place to ensure both staff and children’s illness is managed efficiently to reduce the risk of spreading infection, protecting both physical and mental well-being, and upholding legislation.	
<b>Aims and Purpose</b>	
We always promote the good health of both children and staff. This policy informs everyone how we respond to someone who is ill or infectious and take steps to prevent the spread of infection. It also details the admin procedures we use, in the case of sickness.	
We can prevent the spread of infections by ensuring routine immunizations, adhering to recommended exclusion periods, high standards of personal hygiene and practice, handwashing, ‘catch it, kill it, bin it’ and maintaining a clean environment.	
<b>Applicability</b>	
Children Staff Families	
<b>Definition of Terms</b>	
N/A	
<b>Overview</b>	
General Procedures Exclusion Periods Child Sickness	
<b>Procedures</b>	

## General Procedures

- All Incidences of notifiable diseases (see poster below) must be reported to the local Health Protection Team, and guidance followed: 03442253861
- All contagious diseases and epidemics must be reported to RIDDOR and Ofsted. RIDDOR is the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. These Regulations require employers, the self-employed and those in control of premises to report specified workplace incidents and diseases.
- If a child or staff member becomes ill with a contagious disease we will notify all staff and families on Famly with NHS guidance.

## Exclusion Periods

- For exclusion periods for all illnesses please contact your local protection agency: [Contacts: UKHSA health protection teams - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
- For guidance on COVID-19 please see COVID-19 Policy

## Child Sickness

- If a child seems ill, we will take their temperature. If it is raised, we will use cooling down techniques, wait 10 mins and take it again. If it is still high, we will ask the parent to collect the child asap. When the temperature is very high, we will administer 5ml of Calpol, with parents permission. If parents fail to pick their child up, an ambulance would be called if these steps fail to bring the temperature down. Written permission for this is given on the child's registration form.
- If a child has a loose bowel movement and then another within an hour to two-hour period, we will contact parents and they will need to be collected as soon as possible.
- If a child vomits while they are with us at nursery they will need to be collected immediately.
- If a child has sickness and/or diarrhoea, they cannot return to nursery for 48 hours after their last bout of either.
- Sick children who are waiting for their parents to arrive are moved to a quiet area away from other children and pregnant staff. Children are comforted by their key person. This is done in a variety of ways depending on the child and their situation e.g., reading stories, cuddles etc.
- **If a child is unable to attend nursery, families should use Famly to contact their Pod Lead before or at their session start time, providing details of any illness, professional diagnosis, and a return date if possible.**
- **Parents must inform staff in person at drop off and Pod Leads via Famly when their child has had any immunizations so that they can be alert to any common side effects.**
- **Children who have required paracetamol for illness before attending nursery should not attend in any circumstances.**
- **Children who have a slight cold and are not needing paracetamol are well enough to attend and are not separated from their peers.**
- **Any infections in the nursery which appear on the Government Notifiable Diseases Poster, will be reported via a message to all parents on Famly.**
- **If your child has been prescribed antibiotics, please allow at least 48 hours after commencement, at home, before returning to the nursery.**

- If the administration of prescribed medication requires medical knowledge, individual training must be provided for the relevant member of staff by a health professional to suit all individual children's needs.
- We aim for all staff to complete a paediatric first aid course within the first year of starting at Young Friends.
- When a child has an operation or a medical procedure under general or local anaesthetic, they must not attend nursery for 48 hours and only then if they are deemed well enough to engage in full nursery activity
- The nursery may send home any child that they believe should not be in attendance due to illness.
- If a child has stitches as part of any operation or dentistry procedure, the child cannot come back to nursery until the stitches have been removed or dissolved.
- If a child has been diagnosed as susceptible to febrile convulsions, the nursery must have written confirmation of this from the child's doctor. Parents must fill out ADMINISTRATION OF PRESCRIBED MEDICATION RECORD and provide paracetamol to be kept at nursery. Staff will fill out a medication form on Family and parents must sign to acknowledge administration. Parents will be contacted immediately should a child's temperature go up for verbal confirmation of administration of paracetamol to prevent convulsions. However, this will be given under the strict understanding that the parents/carers or emergency contacts have been called and are immediately on their way to pick the child up

## Forms & Admin

- If a child needs any prescribed medication or cream, we will fill out a medication form on Family which parents will acknowledge each time a dose is given. Staff will be witnessed administering the medication (see Medication Policy).

## External Links and Organisations

For recommended periods to keep children away from Nursery we follow the guidance on Infection Control. It can be accessed here - [PHE Notifiable diseases poster \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/91222/phe-notifiable-diseases-poster.pdf)

"Health protection in schools and other childcare facilities" (PHE 2021) document [Health protection in schools and other childcare facilities - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/91222/phe-notifiable-diseases-poster.pdf)

NHS 111 is available 24 hours a day to provide simple advice, no matter how small the question may be. **You can contact them on: 111**

**Health Protection Team: 03442253861**

Health Protection Team is available 24 hours a day to provide simple advice regarding illness and sickness procedures.

RIDDOR - [Reporting of Injuries, Diseases & Dangerous Occurrences RIDDOR \(hse.gov.uk\)](https://www.hse.gov.uk/riddor/)

Ofsted - [Report a serious childcare incident - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/91222/phe-notifiable-diseases-poster.pdf)

## Relevant Policies and Documents

Medication Policy  
Staff Code of Conduct  
Parent Code of Conduct  
Sickness Policy (Adult)

## Authorisation

Signature:



Louise Lloyd-Evans  
Owner and Director

Young Friends Nature Nursery  
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Hove  
East Sussex  
BN3 1JP

# Statutory notification by registered medical practitioners\* of all hazards: infections, chemicals & radiation

Please send all written notifications to: .....  
Forms are available from: <https://www.gov.uk/government/publications/notifiable-diseases-form-for-registered-medical-practitioners>

For URGENT Cases:  
please contact your local Health Protection Team by phone on: .....

## WHAT TO NOTIFY - in a patient you are attending or a person who is deceased

- Any notifiable disease
- Any infection which presents, could present or could have presented significant harm to human health
- Any contamination (e.g. chemical or radiological) which presents, could present or could have presented significant harm to human health

**NOTIFICATIONS SHOULD BE MADE ON THE BASIS OF CLINICAL SUSPICION. LABORATORY CONFIRMATION IS NOT A PRE-REQUISITE**

## WHEN TO NOTIFY - deciding how urgent it is

### FACTORS TO CONSIDER:

- 1 The nature of the suspected disease, infection or contamination
- 2 The ease of spread of that disease, infection or contamination
- 3 The ways in which the spread of the disease, infection or contamination can be prevented or controlled
- 4 The patient's circumstances (including age, sex and occupation)

## HOW TO NOTIFY

All URGENT cases should be reported, by **PHONE, within 24 hours** as there is often a **CRITICAL WINDOW OF TIME** within which effective public health control measures can be implemented. This should be followed up by a written notification within 3 days.

ROUTINE cases should be notified in writing within 3 days.

## WHAT HAPPENS WHEN YOU MAKE A NOTIFICATION

### We will undertake a timely JOINT RISK ASSESSMENT. Factors that will be considered include:

- Details of significant contacts who might have been exposed
- Vaccination history
- Epidemiologically linked cases
- Factors that may make contacts more vulnerable
- Potential source of infection/ contamination
- Wider public health context

### We will provide PUBLIC HEALTH ADVICE on control measures. This may include advice on:

- Isolation; exclusion and decontamination
- Further laboratory testing
- Post-exposure prophylaxis or immunisation
- Other control measures

\*A Registered Medical Practitioner is a medical doctor registered with the GMC, with a license to practice in the UK.  
For Registered Medical Practitioners, statutory notification is a legal duty; however, it is good practice for all clinical staff

## DETAILS REQUIRED

Name  
Contact details of case (or parent if minor): home address, current address and **telephone number**  
D.O.B./ Gender/ Ethnicity  
NHS number  
GP  
Diagnosis  
*If relevant, details of occupation, place of work or education/overseas travel*  
Details of person making the notification

Disease	Whether likely to be Routine or Urgent
Acute encephalitis	Routine
Acute meningitis	Urgent if suspected bacterial infection, otherwise routine
Acute poliomyelitis	Urgent
Acute infectious hepatitis (A,B,C)	Urgent
Anthrax	Urgent
Botulism	Urgent
Brucellosis	Routine; urgent if UK acquired
Cholera	Urgent
Diphtheria	Urgent
Enteric fever (typhoid/ paratyphoid)	Urgent
Food poisoning	Routine; urgent, if as part of a cluster or outbreak
Haemolytic Uraemic Syndrome	Urgent
Infectious bloody diarrhoea	Urgent
Invasive group A streptococcal disease	Urgent
Scarlet fever	Routine
Legionnaire's disease	Urgent
Leprosy	Routine
Malaria	Routine; urgent if UK acquired
Measles	Urgent
Meningococcal septicaemia	Urgent
Mumps	Routine
Plague	Urgent
Rabies	Urgent
Rubella	Routine
SARS	Urgent
Smallpox	Urgent
Tetanus	Routine; urgent if associated with injecting drug use
Tuberculosis	Routine; urgent if healthcare worker or suspected cluster or multi drug resistant
Typhus	Routine
Viral haemorrhagic fever	Urgent
Whooping cough	Urgent if diagnosed in acute phase; routine if later diagnosis
Yellow fever	Routine; urgent if UK acquired

### ALL OTHER HAZARDS: Cases with potential public health implications - To be notified URGENTLY

- 1 Chemical exposure e.g. Carbon monoxide, lead, mercury
- 2 Radiation exposure
- 3 New and emerging infections (e.g. new strains of influenza)
- 4 Cases that occur as part of an outbreak/ cluster e.g. clostridium difficile, norovirus
- 5 Other infections where vulnerable contacts are at risk: e.g. *infection in a healthcare worker, varicella zoster exposure in pregnant or immunocompromised people*

**This list is not exhaustive. If in doubt please telephone your local HPT**

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