



Sickness and Infection

At Brightsparks, 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. We are aware of and refer to both NHS and Public Health guidance on exclusion periods for various infections. However, we are a private nursery, and we aim to fully safeguard the welfare of our staff, parents, and the children we care for. Therefore, we implement our own infection policy to help reduce the risk of infection transmission.

If a child becomes unwell during the nursery day, we will contact their parent(s) or if necessary, the emergency contacts and ask them to pick up the child as soon as possible.

We will exclude all children on oral antibiotics for at least the first 24 hours of the course. This is because 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 have first become unwell enough to require a course of antibiotics.

We have the right to refuse admission to a child who appears unwell. This decision will be taken by the most senior staff member on duty and is non-negotiable. Even if a child is not deemed contagious, they still may not be well enough to attend and enjoy nursery. Each case will be decided on an individual basis based upon the child's well-being and needs.

We inform all parents by Parent Admin if there is a contagious infection identified in the nursery, to enable them to spot the early signs of this illness. We thoroughly clean all equipment and resources that may have come into contact with a contagious child to reduce the spread of infection.

We will follow the guidance given to us by Public Health England on exclusion times for specific illnesses and notifiable diseases e.g. sickness and diarrhoea, measles and chicken pox, to protect other children in the nursery. (Health Protection In Schools and other childcare facilities) <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities> We will also seek advice from our local health protection unit (PHE South London Health Protection Team, telephone number: 0300 303 0450 email: london.region@ukhsa.gov.uk)

Fever

Normal body temperature is between 36.5°C and 37.5°C. The NHS state that a high temperature is 38C or more. Paracetamol and Ibuprofen are often used to reduce a high temperature. Children who have been given medicine to control a fever before the start of their session, will not be allowed to attend nursery that day. If a child appears to be running a high temperature whilst at nursery, we take their temperature using an ear thermometer. Staff will refer to the thermometer instructions to ensure they are getting an accurate reading. The Manager / Deputy Manager will also check the temperature using a second device and then we would contact the parent and inform them of the child's raised temperature. At least one photograph of the thermometer displaying the temperature will be uploaded to the child's day diary. If we have been given written consent to administer Calpol or Nurofen, we will firstly check if the child has already been administered any medication during the day, and if appropriate we will administer the recommended dose of Calpol or Nurofen to ensure that the child is kept comfortable and that the fever does not get any higher. We would remove some of the child's clothing, offer water and ensure that the room temperature is comfortable. In most cases the child must be collected from nursery within the hour of discovering the raised temperature. Each case will be judged individually based on the child's symptoms and their general well-being. If there is a medical reason why a child cannot be given Calpol or Nurofen, the parents can provide the nursery with another form of medicine to be kept at nursery for use as long as they also give us written consent to administer the medicine. Children should stay home from nursery until they have been free of a fever for at least 8 hours without the need for medication.

We will advise our parents to call 111 or see their GP if the child

- is under 3 months old and has a temperature of 38C or higher
- is 3 to 6 months old and has a temperature of 39C or higher
- has other signs of illness, such as a rash, as well as a high temperature
- has a high temperature that's lasted for 5 days or more
- does not want to eat, or is not their usual self and you're worried
- is dehydrated – such as nappies that are not very wet, sunken eyes, and no tears when they're crying

We will call 999 if the child has a fever and has any of the following symptoms:

- has a stiff neck
- has a rash that does not fade when you press a glass against it
- is bothered by light
- has a fit (febrile seizure) for the first time (they cannot stop shaking)
- has unusually cold hands and feet
- has changes to their skin colour such as blue, grey, paler than usual or blotchy skin (this may be harder to see on brown or black skin), or blue, grey or paler than usual lips or tongue
- is drowsy and hard to wake
- is extremely agitated (does not stop crying) or is confused
- has difficulty breathing (you may notice grunting noises or their stomach sucking under their ribcage), breathlessness or breathing very fast
- is not responding like they normally do, or is not interested in feeding or normal activities

Febrile Convulsions - Most febrile seizures occur between the ages of 6 months and 3 years. This is when a child has a seizure when they have a high temperature (over 38°C), usually as a result of an infection.

Should a child go into a Febrile Convulsion, staff will remain calm, take a note of the time, protect the child from injury, cushion their head, and reassure them. A call will be made to 999/112 immediately, where staff will continue to follow the guidance from the Emergency Call Handler.

High Temperature - Heat Exhaustion is caused from the loss of salt and water through excessive sweating. Typically, this will be after a day exercising or playing actively in hot weather. Heat exhaustion can involve a body temperature of 38.3°C to 40°C. In the case a child experiences signs and symptoms of heat exhaustion, staff will ensure the child is moved to a cool place and laid down with their legs raised. Outer layers of clothes will be removed and plenty of cool water will be encouraged. If a child has a temperature of 39°C due to heat exhaustion, we will contact 111 who can help assess the situation and direct us accordingly.

Heatstroke - is primarily caused by the body overheating, usually from prolonged exposure to high temperatures or intense physical activity in hot environments.

Heat stroke occurs when the core body temperature exceeds 40°C. Symptoms include high temperature, confusion, agitation, lowered levels of consciousness, nausea, vomiting, and severe headache. This is an urgent medical emergency in such cases we would follow First Aid Guidance and contact 999/112. We would attempt to cool the child rapidly using the fastest method available (cold water, ice packs, etc)

Low Temperature – Hypothermia

Hypothermia can be serious if not treated quickly. You should call 999 and give first aid if you notice signs of hypothermia. If a child is running a low temperature of 35 or lower (Hypothermia), a member of staff will notify management immediately and an ambulance will be called. Early signs of hypothermia include shivering, cold and pale skin, slurred speech, fast breathing, tiredness and confusion. A baby with hypothermia may be cold to touch and their skin maybe red, floppy or unusually quiet and sleepy. We would ensure the child is inside and the room is warm. Any wet clothing will be removed, and the child will be wrapped in blankets, coats or whatever is available protecting their head and torso first. The child will be held to keep warm. If possible, the child will be offered warm milk or juice to help warm them up. However, it's important to only do this if they can swallow normally.

Diarrhoea and Vomiting

If a child has sickness or diarrhoea at nursery, the parents would be contacted and asked to pick up their child within an hour of the call, depending on the frequency and severity of the case. Children and adults with diarrhoea or vomiting should be excluded until 48 hours after symptoms have stopped and they are well enough to return. If medication is prescribed, ensure that the full course is completed and there is no further diarrhoea or vomiting for 48 hours after the course is completed.

Chickenpox (Notifiable Disease)

An itchy, spotty rash is the main symptom of chickenpox. It can be anywhere on the body. Chickenpox happens in 3 stages. But new spots can appear while others are becoming blisters or forming a scab. Chickenpox is very itchy and can make children feel miserable, even if they do not have many spots. Children need to stay off nursery until ALL spots have formed a scab, and are well enough to attend.

Conjunctivitis

Conjunctivitis is also known as red or pink eye. It usually affects both eyes and makes them red, burn or feel gritty, produce pus that sticks to lashes, itch and water. Conjunctivitis that produces sticky pus or makes the eyes red and gritty is highly contagious and is easily spread from one person to another. Conjunctivitis caused by allergies like hayfever makes eyes red and watery but is not contagious. If children have sticky pus or their eyes are red and feel gritty, we exclude children from nursery for 24 hours whilst being treated with antibiotic eye drops. If no antibiotic eye drops are used parents are to keep their child at home until the condition has cleared up naturally. Eyes are to be cleaned regularly using cotton wool and cooled boiled water to help ease the symptoms.

Croup

Croup is a common condition that mainly affects babies' and young children's airways. It's usually mild, but it's important to call NHS 111 or see a GP if you think your child has croup. This is because they may need treatment.

Symptoms of croup include:

- a barking cough – this may sound like a seal
- a hoarse voice
- difficulty breathing
- a high pitched, rasping sound when breathing in

Your child will usually have cold-like symptoms, such as a temperature, runny nose and cough. Croup symptoms typically occur after a few days and are often worse at night. Most cases of croup are mild and can be treated at home. Sitting your child upright and comforting them if they are distressed is important. This is because crying may make symptoms worse. Your child should also drink plenty of fluids to prevent dehydration. Often, your child will be prescribed medication to help reduce the swelling in their throat. Steam treatment is not recommended. Give your child paracetamol to ease pain, and to lower your child's temperature if they have a fever. You should seek urgent

medical advice if your child's symptoms worsen. Your child can return to nursery when they are well enough (feeding normally and with no fever or breathing difficulties).

Respiratory Infections Including Covid-19

If a child has symptoms of a respiratory infection, such as COVID-19, and they have a high temperature or do not feel or appear to be well enough to be at nursery, we will ask children to stay home until they have been free of a fever without the need of any medication for at least 8 hours and appear to be well enough to be in the setting.

Symptoms of COVID-19, flu and common respiratory infections include:

- A new continuous cough
- high temperature, fever or chills
- loss of, or change in, your normal sense of taste or smell
- shortness of breath
- unexplained tiredness, lack of energy
- muscle aches or pains that are not due to exercise
- not wanting to eat or not feeling hungry
- headache that is unusual or longer lasting than usual
- sore throat, stuffy or runny nose
- diarrhoea, feeling sick or being sick

To reduce the spread in the nursery, children and adults who have tested positive for COVID-19 should not attend the setting for at least three full days after the test and should stay home until they are completely fever-free and feel well enough to return.

Hand, Foot & Mouth

Hand, foot and mouth disease is a common childhood illness that can also affect adults. It usually gets better on its own in 7 to 10 days. Hand, foot and mouth disease is not the same as foot and mouth disease that affects farm animals.

The 1st symptoms of hand, foot and mouth disease can be:

- a sore throat
- a high temperature
- not wanting to eat

The 2nd stage usually starts a few days later and symptoms can include:

- mouth ulcers, which can be painful
- a raised rash of spots on the hands and feet, and sometimes the groin area and bottom

The rash of spots can look pink, red, or darker than the surrounding skin, depending on your skin tone. The spots can turn into blisters, which might be grey or lighter than surrounding skin and can be painful. Hand, foot and mouth disease is easily passed on to other people. It's spread in coughs, sneezes, poo and the fluid in the blisters. You can get it more than once. You can start spreading it a few days before you have any symptoms, but you're most likely to spread it to others in the first 5 days after symptoms start, therefore we ask that children stay home during this time, and only return when their blisters are dry, and they are feeling well in themselves.

Head Lice

On discovering an infestation in the nursery, i.e., live head lice, the child's parents will be contacted and asked to collect their child from nursery and will be asked to treat the head lice at home. Children will be excluded from nursery until treatment has been applied and **all live lice** have been removed. It is then the parent's responsibility to carry out daily combing to remove any eggs left in the child's hair.

Impetigo

Impetigo is usually a mild infection that most often affects exposed skin, such as around the nose and mouth or on the arms or legs. Symptoms include red, itchy sores that break open and leak a clear fluid or pus for a few days. Next, a crusty yellow or "honey-coloured" scab forms over the sore, which then heals without leaving a scar. Children are to stay at home until lesions are crusted or healed, or 48 hours after starting antibiotic treatment

Measles (Notifiable disease)

Measles is an infection that spreads very easily and can cause serious problems in some people. Having the MMR vaccine is the best way to prevent it. Measles usually starts with cold-like symptoms, followed by a rash a few days later. Some people may also get small spots in their mouth. If you get measles when you're pregnant, it could harm your baby. Please keep your child home for at least 5 days from onset of rash and until they are fully well enough to return. Pregnant staff and parent contacts should seek prompt advice from their GP or midwife.

Mumps (Notifiable disease)

Not everyone who gets mumps gets symptoms, but many people develop a fever and feel generally unwell. It's also common to have swollen salivary glands (the glands on either side of your face, just below your ears). Common complications can include swollen testicles (which sometimes affects fertility) in boys, and ovaries in girls. It can also cause viral meningitis, encephalitis and hearing loss. There isn't any treatment or cure for mumps. Mumps is a contagious infection. Children are to stay home for at least 5 days after onset of swelling and until they are fully well enough to return.

Rubella (German measles) (Notifiable disease)

Rubella is usually a mild infection – children may just get symptoms similar to a cold and a rash for a few days. However, it can be very dangerous for women to catch it in early pregnancy, as it can cause serious birth defects in their babies. Pregnant staff and parent contacts should seek prompt advice from their GP or midwife. Children should stay home for at least 5 days from onset of rash, and until they are fully well enough to return.

Meningitis (Notifiable disease depending on if its viral or bacterial)

Meningitis is an infection of the protective membranes that surround the brain and spinal cord. It can affect anyone, but is most common in babies, young children, teenagers and young adults. Meningitis can be very serious if not treated quickly. It can cause life-threatening blood poisoning (septicaemia) and result in permanent damage to the brain or nerves. A bacterial or viral infection usually causes meningitis. Bacterial meningitis is rarer but more serious than viral meningitis.

Symptoms of meningitis develop suddenly and can include:

a high temperature (fever) of 38 °c or above

- being sick
- a headache
- a rash that does not fade when a glass is rolled over it (but a rash will not always develop)
- a stiff neck
- a dislike of bright lights
- drowsiness or unresponsiveness
- seizures (fits)

These symptoms can appear in any order. You do not always get all the symptoms. Anyone with suspected meningitis will usually have tests in hospital to confirm the diagnosis and check whether the condition is the result of a viral or bacterial infection. If a parent informs the nursery that their child has meningitis, the nursery manager will contact the Infection Control (IC) Nurse for their area. The IC Nurse will give guidance and support in each individual case. If parents do not inform the nursery, we will be contacted directly by the IC Nurse and the appropriate support will be given. We will follow all guidance given and notify any of the appropriate authorities including Ofsted if necessary.

Ringworm

Ringworm is a common fungal infection. It's not caused by worms. You can usually buy medicine from a pharmacy to treat it. The main symptom of ringworm is a rash. It may look red, silver or darker than surrounding skin, depending on your skin tone. The rash may be scaly, dry, swollen or itchy. Ringworm can appear anywhere on the body, including the scalp (tinea capitis) and groin (jock itch). Children are to stay home for the first 24 hours of treatment.

Scarlet Fever (Notifiable disease)

Scarlet fever is a contagious infection that mostly affects young children. It's easily treated with antibiotics. The first signs of scarlet fever can be flu-like symptoms, including a high temperature, a sore throat and swollen neck glands (a large lump on the side of the neck). A rash appears 12 to 48 hours later. It looks like small, raised bumps and starts on the chest and tummy, then spreads. The rash makes the skin feel rough, like sandpaper. Children are to stay home until 48 hours after starting antibiotic treatment, and until they are well enough to return.

Slapped Cheek

Slapped cheek syndrome (also called fifth disease or parvovirus B19) is a viral infection that's most common in children, although it can affect people of any age. It usually causes a bright red rash on the cheeks. Although the rash can look alarming, slapped cheek syndrome is normally a mild infection that clears up by itself in one to three weeks. Once you've had the infection, you're usually immune to it for life. However, slapped cheek syndrome can be more serious for some people. Pregnant staff and parent contacts of the case, should consult with their GP or midwife. Unless your child is feeling unwell, there's no need to stay away from nursery once the rash has developed, as the infection is no longer contagious by this point.

Threadworms

Threadworms (pinworms) are tiny worms in faeces. They're common in children and spread easily. You can treat them without seeing a GP. You can spot worms in children's poo, they look like pieces of white thread. You might also see them around a child's bottom (anus). The worms usually come out at night whilst a child is sleeping. Other symptoms can include extreme itching around the anus or vagina, particularly at night and irritability and waking up during the night. Children are to stay home for the first 24 hours of treatment.

Whooping Cough (Notifiable disease)

Whooping cough (also known as pertussis) is a bacterial infection causing severe bouts of coughing, which can last for several weeks or months. It gets its name from the fact that some people, particularly children, make a 'whoop' sound as they draw in breath between coughing. The infection is highly contagious – it is easily spread between people. You can reduce your child's chance of catching it by making sure they are vaccinated against whooping cough. Children should stay home for at least 2 days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotic treatment.

This policy was adopted on	Signed on behalf of the nursery	Date for review
September 25	<i>Emma Jones</i>	March 26