

Ill or Infectious Disease Policy

September 2025

Signed (Chair of Trust Board):	
Date:	September 2025
Review:	September 2026

Arbor Academy Trust reviews this policy annually. The Trustees may, however, review the policy earlier than this, if the Government introduces new regulations, or if the Trust receives recommendations on how the policy might be improved. This document is also available in other formats e.g. e-mail and enlarged print version, on request to the School Offices and is displayed on the schools' websites.

POLICY STATEMENT

At Acacia Nursery we take all necessary steps to promote the good health, including oral health, of the children entrusted in our care and to keep them safe from harm. The procedures outlined in this policy are primarily designed to ensure that we take appropriate actions if a child or member of staff becomes ill or infectious, to support that individual and to prevent the spread of any infectious disease. The policy includes procedures for the management of accidents and ensuring children and staff are not exposed to unreasonable risks.

LEADERSHIP

The Headteacher has ownership of this policy and lead responsibility for its effective implementation, monitoring, evaluation and update.

OBJECTIVES

- To ensure that staff maintain a regular check on children and can recognise the signs and symptoms of illness and infections.
- To prevent the spread of infections and diseases throughout the setting and to prevent children with any illnesses that should be excluded from attending the setting (please refer to the guidelines for 'the management of infection in day care' produced by the Health Protection Agency for current advice).
- To ensure that we fulfil our statutory reporting obligations to all regulatory bodies.

PROCEDURE

- Any signs of illness or distress must be reported to the Nursery Lead or in their absence the Executive Headteacher and must be discussed with the parents/carers. The procedure must be discussed with the parents/carers of children who are ill or infectious.
- At least one person (as a minimum) who has a current paediatric first training (PFA) certificate must always be on the premises when the children are present.
- Ofsted must be informed by the Nursery Lead of any serious illness or injury to any child whilst in our care and of the action taken in respect of it.
- Appropriate first aid equipment is easily available throughout the setting and must to meet the immediate needs of children.

PROCEDURES FOR CHILDREN WHO ARE ILL AND / OR INFECTIOUS

- Children with infectious diseases may need to be excluded from the setting until the infection has been contained and the child is no longer likely to transmit the infection to others. Advice must be sought from the local Health Protection Agency if staff are unsure of what applies to individual cases.
- A minimum of 48 hours should elapse before the child can be re-admitted to the setting unless a doctor has given permission for him/her to return sooner (a letter will be required).

Should a child be taken ill whilst at Acacia Nursery school the following procedures will be followed:

- If a child appears unwell during the day e.g. If they have a temperature, sickness, diarrhoea or pains, particularly head or stomach – the welfare officer should call their parents/carers and ask them to collect the child or to send a known carer to collect the child on their behalf.
- Take their temperature, using a thermometer. Record the child's temperature and retake at 20-minute intervals, and if above 38° C, remove clothing to underwear, and provide plenty of liquid. If the temperature is still high, inform the parents/carers, explain the condition of the child and request that the child is collected.
- If a child has a temperature, they are kept cool by removing top clothing and offering them plenty of water, keeping them away from draughts.

- If the child's temperature does not go down and is worryingly high, then we may give them Calpol or another similar analgesic, after first obtaining verbal consent from the parents/carers where possible. This is to reduce the risk of febrile convulsions. Parents/carers will sign a medication record when they collect their child.
- In cases of emergency, an ambulance is called and the parents/carers informed immediately, by the Nursery Lead. They should be given a summary of the concern, hospital address, name of member of staff accompanying child; the documentation and medication being taken to the hospital. A member of staff from the school must travel with the child to meet the parents/carers at the hospital, and have with them permission forms, care plans, medication form, medication, allergies.
- Staff should not take children to hospital in their own vehicles.
- Parents/carers are asked to take their child to the doctor before returning them to the setting; we can refuse admittance to children who have a temperature sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics for an infectious illness or complaint, we ask parents/carers to keep them at home for 48 hours before returning to the school.
- After diarrhoea we asked parents/carers to keep children home for 48 hours following the last episode.
- Some activities such as sand and water play and self-serving snacks where there is a risk of cross contamination may be suspended for the duration of any outbreak.

To find a list of notifiable diseases go to: <https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report>

Please also refer to [Children and young people settings: tools and resources - GOV.UK](#) which refers to public health exclusions to indicate the time period an individual should not attend a setting to reduce the risk of transmission during the infectious stage.

If there is an outbreak of infectious disease notices must be placed:

- on the entrance front door
- in the reception area
- in the main corridors
- in the staffroom
- In certain circumstances, staff and parents/carers should be informed verbally, e.g. meningitis, rubella.

HIV / AIDS / HEPATITIS PROCEDURE

HIV virus, like other viruses such as Hepatitis A, B and C, are spread through bodily fluids. Hygiene precautions for dealing with bodily fluids are the same for all children and adults. In our setting we:

- Wear single-use vinyl gloves and aprons when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Bag soiled clothing for parents/carers to take home for cleaning.
- Clear spills that involve any blood, urine, faeces or vomit using mild disinfectant solution and mops; any cloths used or disposed of with the clinical waste.
- Clean any tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit using a disinfectant.
- Ensure that children do not share toothbrushes which are also soaked weekly in sterilising solution.

NITS / HEAD LICE

- Nits and head lice are not an excludable condition; although in exceptional cases we may ask parents/carers to keep the child away until the infestation has cleared.
- On identifying cases of head lice, we inform all parents/carers and ask them to treat their child and all the family if they are found to have head lice.

REPORTING OR NOTIFYING ABOUT SERIOUS ACCIDENTS, ILLNESS, INFECTIOUS DISEASES

When we become aware, or are formally informed of a notifiable disease the Nursery Lead informs Ofsted and contacts Public Health England and act(s) on any advice given.

If a child or adult is diagnosed as suffering from a notifiable disease under the Health Protection (Notification) regulation 2010, the GP will report this to the Public Health England.

Where there is a serious outbreak, professional advice and support will be obtained from the Health Protection agency and Ofsted must be informed.

The Ofsted contact details are: Applications, Regulatory and Contact (ARC) Team, Ofsted, Piccadilly Gate, Store Street, Manchester, M1 2WD. e-mail enquiries@ofsted.gov.uk Telephone 0300 123 1231. www.ofsted.gov.uk

For information on reporting a serious childcare incident (this includes serious accidents, injuries or illnesses to a child go to: <https://www.gov.uk/guidance/report-a-serious-childcareincident>

The LADO can be contacted to request a consultation or to make a referral via e-mail: lado@hackney.gov.uk or via their LADO referral form for advice, consultation and for making a referral.

Multi-Agency Safeguarding Hub (MASH)

Single point of referral for Early Help, and Child Protection in Hackney

Phone: 020 8356 5500 - Mon-Fri 9.00am-5.00pm

Out of Hours: 020 8356 2710

Email: MASH@hackney.gov.uk

PROCEDURES FOR CHILDREN WITH ALLERGIES.

When children start at Acacia Nursery School we asked their parents/carers if the child suffers from any known allergies. This is recorded on the registration form.

If a child has an allergy, we complete a risk assessment form to detail the following;

- The allergen (i.e. the substance, material or living creature, the child is allergic to such as nuts, eggs, bee stings, cats etc)
- The nature of the allergic reaction (e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc).
- What to do in cases of allergic reactions, any medication used and how it is used (e.g. EpiPen).
- Control measures, such as how the child can be prevented from contact with the allergen.
- Review measures

This risk assessment form is kept in the child's personal file and a copy is displayed where our staff can see it. Staff are regularly reminded of children with allergies. Generally, no nuts or nut products are used within the setting. Parents/carers are made aware so that no nut or nut products are accidentally brought in, for example to a party.

If your child is unwell, please do not dose them with Calpol or any paracetamol or ibuprofen medication before they attend the setting. This may mask a temperature and put other families at risk.

UPSET STOMACHS

Parents/carers must be contacted after a third bout of diarrhoea or sooner if the child appears distressed or unwell in any other way. Children who are taking dioralyte must be excluded from the setting.

If a child has been away from the setting with an upset stomach, the following must apply before they are allowed to return:

- 48 hours clear of vomiting
- The child is eating a normal diet
- Stools are formed

ASTHMA

We welcome all children with Asthma. We recognise that asthma is a serious condition affecting many children. We encourage and help children with asthma to participate fully in all activities at our setting and work to ensure that the environment is suitable for children with asthma.

The practise outlined below aims to provide guidance for staff on what to do if a child has an asthma attack and what to do in an emergency. We work with parents/carers of children with asthma to ensure that their children are in a safe and caring environment.

Responsibility of Parents / Carers

Parents/carers are required to provide written information detailing:

- What asthma medicine the child takes and when.
- What triggers an asthma attack and what to do in these situations.
- Consent in writing for staff to administer medicine (either preventative or / and in the case of an emergency).
- Emergency contact details, including any details of medical agencies involved.

Any medication provided by parents/carers must be clearly labelled (with the child's full name), storage instructions must be provided, and medication must not have passed its expiry date. It is parents/carers responsibility to ensure their child's medication is within the date and to replace it as necessary.

Responsibility of the School

Parents and carers of children with asthma must be informed about the asthma policy and be clear about their responsibilities. Written records must be kept for children with asthma, detailing information from the parents/carers on:

- What medicine is to be taken.
- When it is to be taken.
- How it used to be administered.
- How to tell when and what to do if a child is getting worse.

A written record must be kept each time a child takes the medication and the person collecting the child must be informed accordingly with a written signature of acknowledgment.

Staff must:

- Be given regular training and new staff trained as soon as possible.
- Have the knowledge, ability and confidence to care for children with asthma.
- Liaise with parents/carers of children about planning for and controlling their children's asthma.
- Know where the child's asthma record and medicine or kept.
- Know how to administer the child's medicine.
- Know how to recognise if a child's symptoms are getting worse and what to do if that child has an asthma attack or in the event of an emergency.

- Involve children who have asthma in sport and other activities.
- Teach all children more about asthma and what to do in an emergency.
- Ensure awareness of trigger factors and keep the environment as safe as possible for children with asthma.

FIRST AID

There are first aid boxes at the setting, and all comply with the Health and Safety (First Aid) Regulations 1981 and are appropriately stocked to meet the needs of the children given their age. These are in:

- a) main office area b) nursery rooms 1 and 2 c) The setting managers office.
- All boxes are out of the reach of the children.
- Named staff are responsible for the immediate replenishment of first aid stocks from the general first store cupboard.
- The welfare officer is responsible for ensuring that each first aid box is fully stocked on a weekly basis and ordering additional stock.
- The Nursery Lead conducts regular spot checks to ensure that these procedures are being implemented.

If any member of staff finds a child that is not breathing, they should follow the CPR flowchart which is displayed in all nursery and reception classrooms. An ambulance must be called immediately.

PROMOTING GOOD HYGEINE

We have rigorous procedures in place for the regular cleaning of all toys and equipment, toilets frequently touched surfaces and the safe disposal of waste products including sanitary items, nappies, used PPE equipment etc. In the event of an infectious outbreak, we have capacity to increase the cleaning regime. We recognise the risk of infection and disease transmission through the provision of food and drinks to children and staff and have protocols in place to minimise those risks. Staff take every opportunity to encourage children to develop good hygiene practices through washing their hands regularly, and to cover noses and mouths when coughing or sneezing with a tissue and disposing of it appropriately.

STAFF TRAINING AND COMMUNICATION

All staff complete paediatric first aid training within three months of joining the setting and are required to hold current PFA Certificates. Infectious disease awareness focusing on 'red risks' is also included in the induction training of all staff.

In the case of an emergency any PFA certificated member of staff may call for an ambulance. However, this would normally be decided by the Nursery Lead.

All staff are kept informed about any infectious diseases within the setting in general terms normally by posters or general alerts. However, any member of staff who may be particularly vulnerable e.g. due to pregnancy, will be informed on a need-to-know basis by the Nursery Lead, and provision made to alter his / her schedule where necessary.

If staff display any relevant infectious symptoms or are ill, they are required to remain at home, until they are fit to return.

An infectious disease drill is conducted at least annually, and the outcomes are used to inform our setting improvement planning, including staff training.

COMMUNICATION WITH PARENTS/CARERS

This policy is provided to parents/carers. During induction parents/carers complete the pupil medical information documentation including administering medical treatment, emergency permissions, contact details, communication and confidentiality protocols in the case of infection, illness, allergic reaction. During this induction parents/carers are briefed on the setting policy in relation to protocols

around head lice, HIV etc, and protocols relating to exclusion and reintegration, including the possible need for a GP's letter.

We reserve the right not to allow a child to attend the setting even though parents/carers may be reluctant to keep their child at home, if the child is displaying signs of illness or infection.

ANIMALS

Whilst we want our children to learn about animals, and to enjoy them, we are conscious of the possibilities of infection. Consequently, we restrict the access to animals on the site.

Where children do come in to contact with animals such as guinea pigs, hamsters and visits to animal parks, zoos etc. we conduct regular risk assessments, and take the opportunity to promote healthy hygiene practise such as washing hands after contact with animals etc.

INSURANCE

Requirements for children with allergies and disabilities

If necessary, our insurance will include children with any disability or allergy, but certain procedures must be strictly adhered to as set out below. For children suffering life threatening conditions or requiring invasive treatments; written confirmation from our insurance provider must be obtained to extend the insurance.

At all times we ensure that the administration of medication is compliant with the Safeguarding and Welfare requirements of the EYFS Statutory Framework.

Oral medication

- Asthma inhalers are now regarded as 'oral medication' by insurers and so documents do not need to be forwarded to the insurance provider. Oral medications must be prescribed by a GP and have manufacturer's instructions clearly written on them.
- We must be provided with clear instructions on how to administer such medication.
- We adhere to all risk assessment procedures for the correct storage and administration of medication.
- We must have the consent from the parents/carers holding relevant authority. This consent must be kept on file.

Life-saving medication and invasive treatments

These include adrenaline injections (Epipens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatments such as rectal administration of diazepam for epilepsy. We must have:

- 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 parents/carers holding relevant authority allowing administration of medication.
- Proof of training in the administration of such medication.

Key person for children requiring assistance to help them with everyday living e.g. breathing operators, to take nourishment, colostomy bags etc

Prior written consent must be attained the child's parent or guardian to give treatment and / or medication prescribed by the child's GP. The key person must have the relevant medical training experience which may include receiving appropriate instruction from parents/carers. If we are unsure about any aspect of our insurance cover, we will contact our insurance provider.

POLICY REVIEW

The policy is reviewed on an annual basis by the school. This involves all staff, and accident, illness, and disease data which is considered for any required adjustments.