



Sickness and Illness Policy

At Ribbons Preschool we promote the good health of all children attending, including oral health by:

- Asking parents to keep children at home if they are unwell. If a child is unwell it is in their best interest to be in a home environment rather than at preschool with their peers.
- Asking staff and other visitors not to attend the setting if they are unwell
- Helping children to keep healthy by providing balanced and nutritious snacks, meals and drinks
- Minimising infection through our rigorous cleaning and hand washing processes (see Infection control policy)
- Ensuring children have regular access to the outdoors and having good ventilation inside
- Sharing information with parents about the importance of the vaccination programme for young children to help protect them and the wider society from communicable diseases
- Sharing information from the Department of Health that all children aged 6 months – 5 years should take daily vitamins
- Having areas for rest and sleep, where required and sharing information about the importance of sleep and how many hours young children should be having.

Our procedures

In order to take appropriate action regarding children who become ill, and to minimise the spread of infection, we implement the following procedures:

- If a child becomes ill during the preschool day, we contact their parent(s) and ask them to pick up their child as soon as possible. During this time we care for the child in a quiet, calm area with their key worker (wearing PPE), wherever possible
- We inform all parents if there is a contagious infection identified in the preschool, to enable them to spot the early signs of this illness. We thoroughly clean and sterilise all equipment and resources that may have come into contact with a contagious child to reduce the spread of infection
- We ask parents to keep children on antibiotics at home for the first 48 hours of the course (unless this is part of an ongoing care plan to treat individual medical conditions e.g. asthma and the child is not unwell). This is because it is important that children are not subjected to the rigours of the preschool day, which requires socialising with other children and being part of a group setting, when they have first become ill and require a course of antibiotics
- We have the right to refuse admission to a child who is unwell. This decision will be taken by the manager on duty and is non-negotiable
- We make information and posters about head lice readily available and all parents are requested to regularly check their children's hair. If a parent finds that their child has head lice, we would be grateful if they could inform the preschool so that other parents can be alerted to check their child's hair.
- Should a child have an infectious disease, such as sickness and diarrhoea, they must not return to preschool until they have been clear for at least 48 hours. We notify the CIW as soon as possible where we have any child or staff member with food poisoning.
- We follow the guidance given to us by Infection Prevention and Control for Childcare Settings (0-5 years) Nurseries, Child Minders and Playgroups and advice from our local health protection unit on exclusion times for specific illnesses, e.g. sickness and diarrhoea, measles and chicken pox, to protect other children in the preschool.

These are as follows:

Chickenpox (varicella) and shingles

Chickenpox is a mild and common childhood illness that most children catch. Chickenpox has a sudden onset with fever, runny nose, cough and a generalised rash.

Shingles is caused by the chickenpox virus. Shingles presents as a blistering rash in the area supplied by the affected nerve, usually only one side of the body

Chickenpox and shingles: what you need to do

Send any individual with chickenpox home. Keep the individual away from the setting until all blisters have crusted over. In cases of shingles, the decision to exclude an individual will depend on whether the rash or blisters can be covered.

Keep the individual away from the setting if they have a weeping shingles rash that cannot be covered.

You do not need to contact your [UKHSA HPT](#), unless the setting also has cases of scarlet fever circulating.

Ensure that anyone who is at higher risk (pregnant women, newborn babies, and people with a weakened immune system) seek medical advice as soon as they are exposed to chickenpox or if they develop chickenpox symptoms.

Advise individuals, parents or carers to:

- seek immediate medical advice if the individual is seriously ill or if they develop any abnormal symptoms such as:
 - the blisters becoming infected
 - a pain in their chest or difficulty breathing
- avoid contact with other people for at least 5 days from the onset of the rash and until all blisters have crusted over (if chickenpox) or can be covered (shingles)

Do not allow the individual to return to the setting until all the blisters have dried and crusted over.

Cold sores

Cold sores are caused by a virus called herpes simplex and usually appear on and around the lips. They sometimes also appear on other areas of the face and nose. It is estimated that more than half of us carry the virus but most of us do not develop cold sores.

Cold sores: what you need to do

You do not need to contact your HPT.

Advise individuals to try not to touch the cold sore or pick at the blisters to prevent spread.

Advise individuals to avoid contact with the sores and blisters by avoiding:

- kissing an affected individual
- sharing their food or eating and drinking utensils
- sharing towels, flannels, toothbrushes, and razors

Advise the individual who had a cold sore to avoid touching their eyes, including taking extra care when applying or removing make-up.

Exclusion is not required.

Conjunctivitis

[Conjunctivitis](#) is an inflammation of the outer lining of the eye and eyelid causing a sore or itchy red eye(s) with a sticky or watery discharge. It can be caused by bacteria or viruses or allergies.

Conjunctivitis: what you need to do

You do not need to contact your HPT.

Advise individuals, parents or carers to seek advice from their local pharmacist.

Encourage the individual not to rub their eyes and to wash their hands frequently.

Advise the affected individual to avoid sharing towels, flannels and pillows.

Exclusion is not required.

Diarrhoea and vomiting (gastroenteritis)

Diarrhoea is defined as 3 or more liquid or semi-liquid stools (type 6 or 7) within a 24-hour period.

Diarrhoea and vomiting: what you need to do

Exclude the infected individual 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 and/or vomiting for 48 hours after the course is completed.

Contact your UKHSA HPT if there are a higher than previously experienced and/or rapidly increasing number of absences due to diarrhoea and vomiting.

For some gastrointestinal infections, longer periods of exclusion are required. For these groups, your UKHSA HPT, or the local authority Environmental Health Officer (EHO) will advise you if any action is required.

Encourage individuals to implement good hand hygiene practices.

Clean kitchen and toilet areas regularly (for more details, see cleaning).

Use PPE when handling blood or bodily fluids such as vomit or diarrhoea.

Hand, foot and mouth disease

Hand, foot and mouth disease is a common viral illness in childhood. It is generally a mild illness caused by an enterovirus. In rare instances it can be more severe.

Hand, foot and mouth disease: what you need to do

You do not need to contact your HPT.

Encourage individuals to implement good hand hygiene practices, particularly in those affected and the staff who carry out nappy changing or assist with toileting. This should continue even after the person is well because the virus can still be present in the faeces and saliva for a few weeks.

Encourage individuals to implement good respiratory hygiene practices.

Strongly encourage staff to adhere to toileting and sanitation guidance.

Exclusion is not required.

Head lice

Head lice and nits are common in young children and their families. They do not have anything to do with dirty hair and are picked up by head-to-head contact.

Head lice and nits: what you need to do

You do not need to contact your HPT.

Consider carefully before sending letters and notifications to parents or carers. These generally do not reduce the risk of transmission and may provoke anxiety.

Encourage parents or carers to give regular head checks and provide good hair care to help identify and treat head lice early.

Exclusion is not required.

High Temperature/Fever

A child is considered to have a fever if his/her temperature is over 38°C.

Fevers are common in children.

Fever is a way that the body fights infection—a fever in itself is not harmful. Although the fever is not harmful it may make the child miserable.

Fever is a sign of infection in the body—understanding the type of infection will tell us whether the child needs any other treatment.

Viral infections are more common and do not need antibiotics— bacterial infections are treated with antibiotics.

High Temperature/Fever: what you need to do

Checking a high temperature

The child might:

- feel hotter than usual to the touch on their forehead, back or chest
- feel sweaty
- look or feel unwell

Use a digital thermometer to take the child's temperature.

Allow the child to carry on as usual if not presenting any distress.

You can help to lower the child's fever by allowing them to lose heat through their skin.

If the child feels hot then take most, but not all, of their clothes off.

Do not wrap them up. They should be appropriately dressed for their surroundings.

Keep the room well ventilated.

If you have an electric fan then this will help to keep the room cool, although do not place it so that it is blowing directly onto your child. Please note: **Tepid sponging or bathing is not recommended.**

Encourage the child to have frequent amounts of clear fluids and encourage them to take more if signs of dehydration develop. Signs of dehydration include passing little or no urine (wee), dry mouth, absence of tears.

For temperatures up to 37.7 degrees, inform the Parents that **the child can remain at the setting,** if they seem well enough to do so. Calpol will not be given as this could mask a temperature linked to other illnesses.

The temperature will be closely monitored, Staff will note any other symptoms that may develop with the high temperature (for example, rash or vomiting).

For temperatures above 37.8 degrees, Calpol will be administered in-line with our medication procedures (not without parental permission, the child will be removed from the main room and will be cared for in our designated sickness waiting area. **The parents will be contacted and prompt collection will be expected.**

Exclude the individual from the setting while the fever persists (at least 24 hours)6.

You do not need to contact your HPT.

Impetigo

Impetigo is a bacterial skin infection which mainly affects infants and young children. It is very infectious and appears most commonly as reddish sores on the face. It may be a primary infection or a complication of an existing skin condition such as eczema, scabies or insect bites.

Impetigo: what you need to do

Exclude the individual from the setting until all lesions (sores or blisters) are crusted over or until 48 hours after commencing antibiotic treatment.

You do not need to contact your HPT.

Encourage individuals to implement good hand hygiene practices.

Encourage children, young people and staff to avoid touching or scratching the sores, or letting others touch them.

Do not allow towels, flannels and eating and drinking utensils to be shared by others.

Ensure that equipment, including toys and play equipment are thoroughly cleaned daily. Non-washable items, for example soft toys should be wiped or washed with a detergent using warm water and dried thoroughly (for more details, see cleaning).

Influenza

Influenza, commonly known as flu, is caused by a virus, usually influenza A or B. Flu viruses are always changing so this winter's flu strains will be slightly different from previous winters.

Influenza: what you need to do

Exclude individuals with symptoms of the flu, until they have recovered. However, do not exclude individuals with only mild symptoms of a respiratory illness, such as a runny nose, sore throat, or mild cough, but who are otherwise well.

You do not need to contact your HPT.

Encourage those in eligible groups to have the flu vaccine.

Encourage individuals to implement good [hand hygiene](#) and [respiratory hygiene](#) practices.

Measles

Measles is a highly infectious viral infection. Symptoms include a runny nose; cough; conjunctivitis (sore, itchy, watery, red and sticky eyes); high fever and small white spots (Koplik spots) inside the cheeks. Around day 3 of the illness, a rash of flat red or brown blotches appear, beginning on the face, behind the ears and spreading over the body. The incubation period is between 10 to 12 days but can vary from 7 to 21 days.

Measles: what you need to do

Exclude the infected individual from setting until 4 days after the onset of the rash (where the date of the rash onset is day 0).

Encourage all children and young people over the age of one year old to have the combined MMR vaccination as per the national immunisation schedule.

You should contact your HPT.

Any staff who are unvaccinated or partially vaccinated with the MMR vaccination should be encouraged to seek advice from their general practitioner or practice nurse.

Advise individuals with a weak immune system, pregnant staff (if they are unsure of their immunity, that is have not had either measles or 2 measles vaccines) and children under 12 months who come into contact with measles to seek prompt medical advice. When contacting the GP or midwife they should inform them know that there has been exposure to a case of measles.

Meningitis

Meningitis is a general term that describes an inflammation of the membranes covering the brain and spinal cord. It can be caused by a range of germs including bacteria or viruses.

Meningitis: what you need to do

Exclude the infected individual until they have recovered.

Notify the UKHSA HPT if 2 cases of meningitis occur in your setting within 4 weeks.

If a glass tumbler is pressed firmly against a septicaemic rash, the rash will not fade. The rash will be visible through the glass. If this happens, seek urgent medical attention.

Note that the rash is a late symptom – if any of the other symptoms have already occurred seek medical advice immediately and advise individuals, parents and carers to do the same.

Encourage individuals, parents and carers, in respect to their children, are up to date with their vaccinations.

If a parent informs the preschool that their child has meningitis, the preschool manager should contact the Health Protection Team (HPT) and CIW. The HPT will give guidance and support in each individual case. If parents do not inform the preschool, we may be contacted directly by the HPT and the appropriate support will be given. We will follow all guidance given and notify the appropriate authorities including CIW where necessary.

Mumps

Mumps is a viral infection. The first symptoms of mumps are usually a raised temperature, swelling and tenderness of salivary glands (parotid) accompanied by headaches, joint pain and general malaise. The swelling can be one sided or affect both sides.

Mumps: what you need to do

You do not need to contact your HPT.

Exclude the affected individual until 5 days after the onset of swelling and well enough to return.

Encourage individuals to implement good hand hygiene practices.

Advise the individual, parents or carers to seek advice from a general practitioner.

Encourage everyone (aged one year old and over) to have the combined MMR vaccination as per the national immunisation schedule.

Encourage all staff to be up to date with their MMR vaccinations.

Respiratory infections, including coronavirus (COVID-19)

Respiratory infections are common, particularly during the winter months. Symptoms can be caused by several respiratory infections including the common cold, COVID-19, flu, and respiratory syncytial virus (RSV).

Respiratory infections: what you need to do

Exclude any affected individual who has a high temperature and are unwell until they no longer have a high temperature and are well enough to attend the setting.

Do not exclude individuals with mild symptoms such as a runny nose, sore throat, or mild cough, who are otherwise well.

Advise individuals aged 18 years and under with a positive COVID-19 test result to try to stay at home for 3 days after the day they took their test if they are unwell. Please note this is just advisory.

Advise individuals aged over 18 years with have a positive COVID-19 test result to stay at home for 5 days after the day they took the test if they are unwell. Please note this is just advisory.

Contact your UKHSA HPT if there is:

- a higher than previously experienced and/or rapidly increasing number of staff or student absences due to acute respiratory infection
- evidence of severe disease due to respiratory infection, for example if a child, young person or staff member is admitted to hospital

Individuals who usually attend an education or childcare setting and who live with someone who has a positive COVID-19 test result should continue to attend as normal.

Encourage individuals to implement good respiratory hygiene practices.

Advise all individuals to follow the Living safely with COVID-19 and other respiratory infections guidance.

Ringworm

Ringworm, also known as tinea, is a fungal infection of the skin, hair or nails. It is caused by various types of fungi and infections are named after the parts of the body that are affected, namely face, groin, foot, hand, scalp, beard area and nail.

Ringworm: what you need to do

Advise the individual, parents or carers to seek advice from a general practitioner for recommended treatment.

Once treatment has started, individuals can return to their setting.

You do not need to contact your HPT.

Ensure the individual with ringworm of the feet is wearing socks and trainers. The individual should have his or her feet covered for physical education.

Discourage the individual from scratching the affected skin or area as it can spread to other parts of the body.

Advise affected individuals to avoid sharing towels, flannels, pillows, socks and shoes with others.

Encourage individuals to implement good [hand hygiene](#) practices.

Rubella (German measles)

Rubella is a viral infection that generally causes a mild, febrile rash-illness. The MMR vaccine is the safest and most effective way to protect against rubella. People need 2 doses of MMR to be protected.

Rubella: what you need to do

Exclude the infected individual for 5 days from the appearance of the rash.

Cases of laboratory confirmed rubella are quite rare (although it may be more common for an individual with a rash to be told that it looks like rubella by their GP).

In the event of a confirmed case of rubella, the HPT will speak to the individual, parents and carers directly and contact you if there is a risk to the setting. You do not need to contact your HPT where a laboratory test for rubella has not yet been done.

Encourage all individuals aged one year and over to have the combined MMR (measles, mumps and rubella) vaccination as per the national immunisation schedule.

Any staff who are unvaccinated or partially vaccinated with the MMR vaccination should be encouraged to seek advice from their general practitioner or practice nurse

Advise staff who are pregnant and not sure of their immunity, that they should seek advice from their general practitioner or midwife. When contacting the GP or midwife they should inform them that there has been exposure to a case of rubella.

Scabies

Scabies is a skin infection caused by tiny mites that burrow in the skin. The pregnant female mite burrows into the top layer of the skin and lays about 2 to 3 eggs per day before dying after 4 to 5 weeks. The appearance of the rash varies but most people have tiny pimples and nodules on their skin. Secondary infection can occur particularly if the rash has been scratched.

Scabies: what you need to do

Exclude the affected individual until after the first treatment has been completed.

Contact your UKHSA HPT if there are 2 or more cases of scabies within your setting.

Encourage the affected individual to attend the second treatment. It is important that this is not missed and should be carried out one week after the first.

All household contacts and any other very close contacts should have one treatment at the same time as the second treatment of the case (contacts do not need to be excluded from the setting).

Scarlet fever

Scarlet fever (sometimes called scarlatina) is a bacterial illness caused by *Streptococcus pyogenes*, or group A streptococcus (GAS). It mostly affects young children. Symptoms vary but in severe cases there may be high fever, difficulty swallowing and tender enlarged lymph nodes. The rash develops on the first day of fever, it is red, generalised, pinhead in size and gives the skin a sandpaper-like texture and the tongue has a strawberry-like appearance.

Scarlet fever: what you need to do

Exclude the affected individual until 24 hours after commencing appropriate antibiotic treatment. Children or nursery and/or school staff who decline treatment with antibiotics should be excluded until resolution of symptoms.

You should contact your UKHSA HPT if there is an outbreak of 2 or more scarlet fever cases within 10 days of each other and the affected individuals have a link, such as being in the same class or year group.

Advise the individual, parent or carer to seek advice from their general practitioner.

Encourage individuals to implement good hand hygiene and good respiratory hygiene practices.

Slapped cheek syndrome (parvovirus B19)

Slapped cheek syndrome (also called fifth disease or parvovirus B19) is common in children and should get better on its own. It is rarer in adults and can be more serious in individuals with immune deficiencies, some inherited blood disorders, and for unborn babies in the first 20 weeks. The illness may only consist of a mild feverish illness which escapes notice but in others a rash appears after a few days.

The rose-red rash makes the cheeks appear bright red, hence the name 'slapped cheek syndrome'. The rash may spread to the rest of the body but unlike many other rashes it rarely involves the palms and soles.

Slapped cheek syndrome: what you need to do

Exclusion is not required.

You do not need to contact your HPT.

Anyone exposed to an affected individual early in pregnancy (before 20 weeks) should be advised to seek prompt advice from whoever is providing antenatal care.

If there are complications, advise individuals, parents or carers to seek advice from a general practitioner.

Threadworm

Threadworm infection is an intestinal infection and is very common in childhood. They are tiny worms in stools and can spread easily.

Worms may be seen in stools or around an individual's bottom. They look like pieces of white thread.

Symptoms include extreme itching around the anus or vagina, particularly at night. They can also cause individuals to be irritable and wake up during the night.

Threadworm: what you need to do

Exclusion is not required.

You do not need to contact the HPT for threadworm.

Encourage individuals, parents or carers to contact the pharmacy for treatment.

Encourage individuals to implement good [hand hygiene](#) practices.

Keep fingernails short.

Wash towels, flannels, sheets and sleepwear on a hot temperature. For more information, see [safe management of linen and soft furnishings](#).

Hospitalisation

We will follow the transporting children to hospital procedure in any cases where children may need hospital treatment.

The preschool manager/staff member must:

- Inform a member of the management team immediately
 - Call 999 for an ambulance immediately if the illness is severe. DO NOT attempt to transport the unwell child in your own vehicle
 - Follow the instructions from the 999 call handler
 - Whilst waiting for the ambulance, a member of staff must contact the parent(s) and arrange to meet them at the hospital
 - Redeploy staff if necessary to ensure there is adequate staff deployment to care for the remaining children. This may mean temporarily grouping the children together
 - Arrange for the most appropriate member of staff to accompany the child taking with them any relevant information such as registration forms, relevant medication sheets, medication and the child's comforter
 - Remain calm at all times. Children who witness an incident may well be affected by it and may need lots of cuddles and reassurance. Staff may also require additional support following the accident.
- **If a child has an accident that may require hospital treatment but not an ambulance and you choose to transport children within staff vehicles, Citation advice is to consider the following in your

policy:

- Requesting permission from parents
- Ratio requirements of the setting being maintained
- The age and height of the child, in regards to if they will need a car seat. Further guidance can be found at www.childcarseats.org.uk/types-of-seat/
- There are some exceptions for needing a child seat depending again on their age. Further guidance can be found at www.childcarseats.org.uk/the-law/cars-taxis-private-hire-vehiclesvans-and-goods-vehicles/#under-three
- With the fitting of the car seat, we also need to ask has the individual had training in carrying in carrying this out
- Is this transport covered under business insurance, so a call to your insurance company will be needed, or do they have business insurance on their vehicle?
- Safeguarding of the child needs to be looked at. In certain situations, e.g. a designated member of staff should be appointed to plan and provide oversight of all transporting arrangements and respond to any difficulties that may arise. Wherever possible and practicable it is advisable that transport is undertaken other than in private vehicles, with at least one adult additional to the driver acting as an escort. Staff should ensure that the transport arrangements and the vehicle meet all legal requirements. They should ensure that the vehicle is roadworthy and appropriately insured and that the maximum capacity is not exceeded
- Emergency procedures, e.g. what happens if the child's health begins to deteriorate during the journey.

This policy will be reviewed at least annually in consultation with staff and parents and/or after a significant incident, e.g. serious illness/hospital visit required.

* For the purpose of this publication the term 'parents' will be used to describe all types of primary caregivers, such as biological and adoptive parents, foster carers and guardians

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Signed on behalf of the preschool: K.Watkins-Freeman

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