

**Illness and Exclusion Policy**  
**Managing children who are sick, infectious or with allergies**

Meynell Kindergarten aim to provide care for all children. We aim to prevent cross infection of viruses and bacterial infections and promote health through identifying allergies and preventing contact with the allergenic trigger.

- If a child appears unwell during the day and has a temperature over 38 degrees, we will try to cool them down by removing socks/jumpers and re take their temperature after 15 minutes. If their temperature remains high (over 38 degrees) we will call parents for permission to give calpol. If the calpol does reduce the temperature the child may remain at the kindergarten and staff will continue to monitor their temperature and any other symptoms.
- If the child's temperature does not go down and is 39 degrees, then we will ask parents to collect their child. This is to reduce the risk of febrile convulsions, particularly for babies. Parents will sign the medication record when they collect their child.
- We will keep Calpol on site and ask parents to sign to say if needed calpol can be given
- The children's temperature is taken by a digital thermometer and is regularly checked to ensure it is working correctly..
- If Meynell Kindergarten is unable to contact a parent/carer or other named contact, the manager will contact the named G.P. surgery (recorded on permission form and follow their advice accordingly or take them to hospital in an emergency. Parents/carers will be required to give signed consent for this procedure on registering their child at the setting.
- If a child is prescribed antibiotics by a doctor they must take them 48hrs before they are allowed back in setting. Similarly if they have diarrhoea it is 48 hours after their last episode, before they may return to Kindergarten.

**Notification of exposure to infectious diseases**

<b>Illness/Infectious Diseases</b>	<b>Period of Exclusion</b>
Chicken pox/shingles	5 days after the onset of the rash, when all the spots have become dried and not weeping
Conjunctivitis	No exclusion.
Diarrhoea and/or vomiting	Children and staff should be excluded from the setting until their symptoms have settled and until 48 hours after the last episode of

	diarrhoea or vomiting
Glandular fever	There is no benefit in keeping children or staff off once they feel well enough to attend
Hand, foot and mouth	None, however, whilst the child is unwell he/she should be kept away from the setting
Head lice	None. Treatment is only required if live lice are seen in the hair.
Hepatitis	Hep A- Until the child feels well or until 7 days after the onset of jaundice, whichever is the later.
	Hep B-Children who develop symptoms will be too ill to be at the setting.
	Hep C-Usually no symptoms but care must be taken with bodily fluids if person is known to have Hep C
HIV / Aids	Should not be restricted or excluded
Impetigo	Until lesions are crusted and healed or 48 hours after commencing antibiotic treatment
Measles, mumps and rubella	Measles- yes, until 5 days after the onset of the rash
	Mumps-the child should be excluded for 5 days after the onset of swelling
	Rubella- for 4 days after onset of the rash, and whilst unwell.
Meningitis	Children will be too ill to attend and there is no need to exclude siblings or other close contacts.
Molluscum contagiosum	None
Pharyngitis/tonsillitis	If the disease is known to be caused by streptococcal (bacterial) infection the child or member of staff should be kept away from the setting until 24 hours after the start of treatment. Otherwise they should stay at home while they feel unwell.
Rashes	A child who is unwell and has a rash should visit their GP to establish the reason for it.
Ringworm (Tinea)	Children need not be excluded but spread can be prevented by good personal hygiene, regular hand washing and use of separate towels and toilet articles. Parents should be encouraged to seek treatment.
Scarlet fever / Scarletina	Once a patient has been on antibiotic treatment for 24 hours they can return, provided they feel well enough.
Slapped cheek syndrome (Erythema Infectiosum/fifth disease)	An affected child need not be excluded because they are no longer infectious by the time the rash occurs.
Scabies	Children can return 48 hours after first

	treatment.
Typhoid, paratyphoid (enteric fever)	Yes, an infected child is likely to be very ill and whilst infectious unable to attend the setting.
Tuberculosis (TB)	“Open” cases- until 2 weeks after treatment started. “Open” cases of drug resistant TB when the hospital physician advises. (“open” is determined by sputum samples).
Verrucae	Not necessary
Whooping cough (Pertussis)	48 from commencing antibiotics treatment or 21 days from onset of illness if no antibiotics treatment.
Worms	Not necessary

### Reporting of notifiable diseases

- \* If a child or adult is diagnosed as suffering from a notifiable disease under Health Protection (Notification) Regulations 2010, the GP will report this to Public Health England
- \* When we become aware, or are formally informed of the notifiable disease, our manager informs Ofsted and contacts Public Health England, and acts on any advice given.

Hygiene precautions for dealing with body fluids are the same for children and adults. We:

- \* Wear single use vinyl gloves when changing children’s nappies, pants and clothing that are soiled with blood, urine, faeces or vomit
- \* Bag soiled clothes for parents to take home for cleaning
- \* Clear spills of blood, urine, faeces or vomit using disinfectant solution and mop, any cloths used are 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

### Nits and Head Lice

- \* Nits and head lice are not an excludable condition, although in exceptional cases we may ask a parent to keep their child away until the infestation has cleared.
- \* On identifying cases of head lice, we inform all parents and ask them to treat their child and all the family if they are found to have head lice. Parents are informed we have a case of nits in setting.

### Oral Medication – including long term/short term medications

- \* Asthma inhalers are now regarded as ‘oral medication’ and must be prescribed by a GP and have manufacturers instructions clearly written on them.
- \* We must be provided with clear written instructions on how to administer such medications.

\* We adhere to all risk assessment procedures for the correct storage and administration of the medication.

\* We must have the parent or guardian prior written consent. This consent is kept on file.

#### Life saving medication

These include adrenaline injections (Epipen) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc.)

We must have:

\* A letter from the child's GP/consultant stating the condition and what medication if any is to be administered.

\* Written consent from the parent or guardian allowing our staff to administer medication.

\* Proof of training in the administration of such medication by the child's GP, a district nurse, children's nurse specialist or a community paediatric nurse.

\* Treatments, such as inhalers or Epipen are kept in the office filing cabinet so they are immediately accessible in an emergency.

At all times we ensure the administration of medication is compliant with safeguarding and welfare requirements of the Early Years Foundation Stage (EYFS).

#### Procedures for children with allergies

\* When children start at the setting we ask parents if their child suffers from any known allergies. This is recorded on the registration form and then put on the allergy/intolerance form in the kitchen so all staff are aware.

\* If a child has an allergy, we complete a risk assessment to detail the following

1. The Allergen (i.e substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc)
2. The Nature of the allergic reaction (e.g anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.)
3. What to do in case of an allergic reaction, any medication used and how it is to be used (e.g Epipen.)
4. Control measures, such as how the child can be prevented from contact with allergen. Menu's are adapted to support children with known allergies.
5. Where necessary a Health care plan will be also be completed
6. Our setting is a nut free environment; no nut or nut products are used within the setting.

This policy has been adopted by Meynell Kindergarten

Signed on behalf of the setting by:

James Parman

.....Chairperson

Jackie Roberts

.....Manager

Date Sept 2022

Review Sept 2023