

**Child Health Policy**

**Reviewed August 2022**

At Cherry Tree Nurseries we aim to promote a healthy environment and healthy children. We understand it is natural that children will be ill we will do all we can to make your child comfortable.

If your child is unwell before you bring him/her to nursery please consider keeping them at home. Some indicators you will need to base your decisions on are: - High temperature, vomiting, diahorrea, restlessness, constant crying, rash and spots.

**If your child becomes unwell whilst in our care we will:**

* Make your child as comfortable as possible.
* Follow nursery procedure and fill out our sickness monitoring form.
* Inform senior member of staff.
* Make every effort to contact parents/carers or emergency contact and request that the child is picked up.
* In most cases when a child is sent home we feel it would be beneficial for them to see a Doctor.
* Giving medication- refer to the **medication policy**
* Take every effort to prevent the spread of infection.

**Parents**

* We will expect parents to co-operate with us if they know that their child has an infection or contagious illness in order for us to limit the spread of infection.
* Parents must notify the nursery, if they are aware that their child has a contagious illness or if a doctor has confirmed the cause of the illness.
* Parents must also notify the nursery of non – attendance of the child in all cases including sickness.

**Staff**

The staff at Cherry Tree Nurseries will also be asked to not attend work in the same circumstances.

**In order for us to limit infection control please follow these guidelines.**

|  |  |  |
| --- | --- | --- |
| **Infection** | **Period of Exclusion** | **Comments** |
| Chicken pox | Five days from onset of rash/blisters | Wait for spot/blister to heal or crust over |
| Cold Sores | None | Very common, virus carriers don’t necessary develop. Avoid contact |
| Conjunctivitis | Until treated | If an outbreak/cluster occurs, consult your local HPT |
| Diarrhoea/Vomiting | 48 hours after the last bout | Guidance is same for all types of diarrhoea and vomiting please see the outbreak checklist on the next page |
| Diphtheria\* | Exclusion is essential, always consult with HPT | Preventable by vaccination. Family contacts must be excluded until cleared to returned by the local HPT |
| Flu (influenza) | Until recovered | Report outbreaks to HPT |
| Glandular fever | None |  |
| German Measles (Rubella) | Five days from onset of rash/blisters | Caution for pregnant women and should seek prompt advice from their GP or midwife |
| Hand, Foot and Mouth | Generally, until recovered | Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances |
| Head lice | Until treated |  |
| Hepatitis A\* | Exclude for 7 days after the onset of jaundice (or 7 days after the symptom onset if no jaundice) | In an outbreak local HPT will advise control measures |
| Hepatitis B\*, C\*, HIV | None | These are blood borne viruses that are not infectious through casual contact. Contact local HPT for advice |
| Impetigo | Until lesions are crusted/healed or 48 hours after starting antibiotic treatment | Antibiotic treatment speeds healing and reduced the infectious period |
| Measles\* | Five days from onset of rash/blisters and recovered | Now rare but affect vulnerable children. Preventable by vaccination. Caution for pregnant women and should seek prompt advice from their GP or midwife |
| Meningococcal Meningitis\*/Septicaemia\* | Specific advice will be given by Doctor and the CCDC | Preventable by vaccination. Contact local HPT for advice for any action needed |
| Meningitis\* due to other bacteria | Specific advice will be given by Doctor - generally until recovered | Preventable by vaccination. Contact local HPT for advice for any action needed |
| Meningitis\* viral | Specific advice will be given by Doctor – generally, until recovered | Milder illness than bacterial meningitis. Siblings and other close contacts do not need to be excluded |
| MRSA | None |  |
| Mumps\* | Five days from the onset of swollen Glands | Preventable by vaccination. Child is more infectious before diagnosis |
| Ringworm | Until treated | GP treatment is important, need antifungal treatment |
| Scabies | Until treated | Household and close contacts require treatment at the same time. |
| Scarlet fever | 2 days from the start of antibiotics | A person is infectious for 2-3 weeks if antibiotics are not administered. If in the event of 2 or more suspected cases, contact the HPA |
| Slapped Cheek/Fifth disease/Parvo virus B19 | None | Caution for pregnant women and should seek prompt advice from their GP or midwife |
| Tonsillitis | None | Most cases not infectious except streptococcal infection |
| Whooping cough (pertussis)\* | 2 days from the start of antibiotic treatment or 21 days from onset of symptoms if no antibiotics | Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise contact tracing |

\*denotes notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officers of the local authority.

Ofsted, Early Years and the Health and Safety Executive, HPA will be notified of two or more children suffering from food poisoning in the nursery. We will also notify then of one or more child/ren suffering from meningitis.

We contact the Department of Communicable diseases, Health and Safety Executive and Ofsted Early Years if any of the children present with any illness on the communicable diseases list that the nursery holds.

Please also read **Coronavirus Policy and Checklist**

Please see Diarrhoea action checklist on next page

**Diarrhoea and vomiting outbreak – action checklist**

|  |  |
| --- | --- |
| Date Completed |  |
| Checklist completed by |  |
| Name of Institution | Cherry Tree Nurseries |
| Name and telephone number |  |
| Name of Manager | Ms Harvey Kalsi |
|  |
|  | **Y** | **N** | **Comments** |
| Deploy 48 hour exclusion rule for ill children and staff |  |  |  |
| Liquid soap and paper hand towels available |  |  | Always in place |
| Staff to check/encourage/supervise hand washing in children |  |  | Always in place |
| Check that deep cleaning, ie twice daily (min) cleaning and follow through with bleach/Milton/ appropriate disinfectant is being carried out, (especially toilets, frequently touched surfaces eg handles and taps and including any special equipment and play areas). Ensure that all staff/contractors involved in cleaning are aware of, and are following, the guidance |  |  | Ozone machine goes on a minimum of 3 times a week and that kills all bacteria, virus’, etc  |
| Disposable protective clothing available (ie nonpowdered latex/synthetic vinyl gloves & aprons) |  |  | Always in place |
| Appropriate waste disposal systems in place for infectious waste |  |  | Always in place |
| Advice given on cleaning of vomit (including steam cleaning carpets/furniture or machine hot washing of soft furnishings)  |  |  |  |
| Clean and disinfect hard toys daily (with detergent and water followed by bleach/Milton). Limit and stock rotate toys  |  |  |  |
| Suspend use of soft toys plus water/sand play and cookery activities during outbreak |  |  |  |
| Segregate infected linen (and use dissolvable laundry bags where possible) |  |  |  |
| Visitors restricted. Essential visitors informed of outbreak and advised on hand washing |  |  |  |
| New children joining institution suspended |  |  |  |
| Keep staff working in dedicated areas (restrict food handling if possible). Inform HPT of any affected food handlers. |  |  |  |
| Check if staff work elsewhere (restrict) and that all staff are well (including agency). Exclude if unwell (see above re 48 hour rule) |  |  |  |
| HPT informed of any planned events at the institution |  |  |  |
| Inform School Nurse and discuss about informing OFSTED, if applicable. |  |  |  |

**To be reviewed August 2023**