At Stebbing Green Day Nursery, we will deal promptly and effectively with any illnesses or injuries that occur while children are in our care. We take all practical steps to keep staff and children safe from communicable diseases.

All parents or carers must complete the **registration form** when their child joins the Nursery, requesting permission for emergency medical treatment for their child in the event of a serious accident or illness.

We will record any accidents or illnesses, together with any treatment given, on an **Incident** **Record** or **Accident Record** as appropriate, which the parent or carer will be asked to confirm via ‘Famly’ and discussed in detail when they collect the child.

Stebbing Green Day Nursery cannot accept children who are ill. If any children are ill when they first arrive at the Nursery, we will immediately notify their parents or carers to come and collect them. Any children who have been ill should not return to the Nursery until they have fully recovered, or until after the minimum exclusion period has expired (see table at the end of this policy).

## First aid

The majority of our staff hold qualified paediatric First Aid certificates, and new staff are supported to become first aid trained as soon as possible. When deploying staff, we take into account the number of children and layout of the premises to ensure that first aiders are able to respond quickly to any incident. Staff with current First Aid certified staff have attended a 12-hour paediatric first aid course.

A first aid box is located in each room and a list of qualified first aiders are clearly displayed at the Nursery. Regular checks on the contents of the first aid box are carried out to ensure that they are up to date, appropriate for children and comply with the Health and Safety (First Aid) Regulations 1981. Staff responsible for first aid box checks are:

Baby unit: Emma Loe

2-5’s unit: Julie Hicks

The manager will ensure that a first aid kit is taken on all outings and that at least one member of staff on the outing holds a current paediatric first aid certificate.

## Procedure for a minor injury

* If a child suffers a minor injury, first aid will be administered, and the child will be monitored for the remainder of the session. If necessary, the child’s parent will be asked to collect the child as soon as possible. Any calls or contact to parents will be logged. If the parent decides not to collect the child and we have recommended this, then we will advise parents that we will be seeking emergency medical advice and/or treatment.
* Once the child has been treated and comforted, the accident record must be completed in full. All accidents involving children or staff, however slight the injury, must be clearly recorded on the accident record and signed by the member of staff who dealt with the incident. If necessary, a detailed, confidential report should be placed in their file.

**Knocks or Bumps to the head**

If the accident involves a minor bump to the head, then this is recorded as per our procedure, the child will be comforted and a cold compress applied, but the following additional steps will be taken to ensure that the child remains safe and well and that any signs or symptoms of potential concussion are monitored effectively.

* If the bump is deemed serious, looks unpleasant or staff are concerned, staff will automatically contact the parent. The manager/ deputy manager must be informed. We will advise parent on what further action to take – observing the child, collection etc. In most cases staff will contact parents as a matter of courtesy.
* If the bump is raised, even very slightly or if we are concerned about the injury, a ‘children’s head injury’ log will be completed, and the child’s health will be closely monitored. Checks will take place every 15 minutes for the first 2 hours and every 30 minutes for the remainder of the session. Staff will be observing for any potentially worrying signs of concussion. The form must be signed by the manager/deputy manager before being handed to parents to sign at the end of day.
* A ‘bumped head notification’ letter is then completed to be passed to the parent at collection. The letter contains advisory information for parents. Parents are requested to sign the form to say they understand what to look out for. A copy is then put on the children’s file.
* An accident record must also be signed by the parent/carer (or person collecting the child) on the same day. Parents/Carers of children/relatives of staff should be fully informed regarding the accident and the action taken.

The accident record should include:

* date, time and nature of accident, type location of injury, action taken at the time and subsequently and by whom, circumstances of the accident, any witnesses, other people involved (for whom a separate report will be made), whether medical advice or treatment is recommended, staff member who dealt with the incident and parent/carer should sign the accident report.
* We will notify HSE under RIDDOR in the case of a death or major injury on the premises (eg broken limb, amputation, dislocation, etc – see the HSE website for a full list of reportable injuries). The accident records for all children are kept until the child reaches 21 years of age (Limitations Act 1980). The accident records for adults are kept for 3 years after the incident (RIDDOR 1995).
* All accidents are monitored on a regular basis for trends and concerns by our health and safety officer/managers.
* If staff are at all unsure whether the emergency services are required, they must immediately seek a second opinion from a qualified first aider and contact the parent.

**Procedure for a minor illness**

* If a child becomes unwell whilst at nursery, we will ensure their well-being is our priority. We will notify parents and advise collection as soon as possible. If the parent would like the child to have Calpol administered, we will follow our **ADMINISTERING MEDICATION POLICY**.
* If a child vomits at Nursery will contact the parent to collect the child. If a child has two loose nappies or bouts of diarrhoea, then we will inform the parents that their child is unwell and that any further episodes of diarrhoea will result in them needing to collect their child.
* If a child is sent home following diarrhoea or vomiting, parents will be reminded of our 48hour exclusion policy.
* An infectious illness is an illness that can be spread from one person to another. We have a duty to prevent the spread of infection within the Nursery which is why we have exclusion periods for certain illnesses/diseases.
* If a child becomes unwell with a temperature during the day, they will need to be collected promptly. With permission from the parent/carer, the nursery may administer Calpol to the child whilst they await collection. This is to lower the child’s temperature within safe levels and allow the child to feel comfortable. They may return from the following day when the temperature has gone, and they feel well again.

## Procedure for a major injury or serious illness

In the event of a child becoming seriously ill or suffering a major injury, the first aider along with the manager will decide whether the child needs to go straight to hospital or whether it is safe to wait for their parent or carer to arrive.

* If the child needs to go straight to hospital, an ambulance will be called, and a member of staff will go to the hospital with the child. The staff member will take the child’s **medical information and/or registration form** with them and will consent to any necessary treatment (as approved by the parents on the **Registration Form**).
* We will contact the child’s parents or carers with all urgency, and if they are unavailable, we will call the other emergency contacts that we have on file for the child.
* If staff are at all unsure whether the emergency services are required, they must immediately seek a second opinion from a qualified first aider and contact the parent.
* If the parent decides not to collect the child, if we have recommended this, then we will advise parents that we will be seeking emergency medical advice and/or treatment.
* After a major incident, the manager and staff will review the events and consider whether any changes need to be made to the Nursery’s policies or procedures.
* We will notify Ofsted and child protection agencies and RIDDOR if relevant in the event of any serious accident or injury to a child in our care as soon as reasonably possible and within 14 days at the latest.

# Communicable diseases and conditions

If a case of head lice is found at the nursery, the child’s parents or carers will be discreetly informed when they collect the child. Other parents will be warned to check their own children for head lice, but care will be taken not to identify the child affected.

If an infectious or communicable disease is detected on the Nursey’s premises, we will inform parents and carers as soon as possible.

If there is an incident of food poisoning affecting two or more children looked after at the Nursery the Manager will inform Ofsted as soon as possible and within 14 days at the latest.

If there is an outbreak of a notifiable disease at the Nursery, we will inform the local health protection unit, HSE under RIDDOR (if appropriate), and Ofsted.

**Useful contacts**

Health Protection Unit: PHE East of England Health Protection Team,   
Thetford Community Healthy Living Centre, Croxton Road,   
Thetford,   
IP24 1JD

Ofsted: 0300 123 1231

RIDDOR Incident Contact Unit: 0845 300 99 23

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| This policy was adopted by:  Stebbing green day nursery | Date: 21st April 2022 |
| To be reviewed:  April 2023 | Signed:  Terri Barnett |

Written in accordance with the *Statutory Framework for the Early Years Foundation Stage (2017): Safeguarding and Welfare Requirements: Accident or injury [3.50-3.51] and Food and drink [3.49].*

## Minimum exclusion periods for infectious conditions and diseases

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| **Infection or symptoms** | **Recommended Exclusion** | **Comments** |
| **1. Rashes/ skin infections** | | |
| Athlete’s foot. | None. | Not serious infection child should be treated. |
| Chickenpox (Varicella Zoster). | Until all vesicles have crusted over (usually 5 days). | Pregnant staff should seek advice from their GP if they have no history of having the illness. |
| Cold sores (herpes simplex). | None. | Avoid kissing and contact with the sore. |
| German measles (rubella). | 6 days from onset of rash. | Preventable by immunisation. |
| Pregnant staff should seek advice from their GP. |  |  |
| Hand Foot and Mouth (coxsackie). | Exclusion until all blisters have healed. Children should remain at home whilst they are feeling unwell. | If a large number of children affected contact HPT. |
| Impetigo (Streptococcal Group A skin infection). | Until lesions are crusted or healed or 48hours after starting antibiotics . | Antibiotics reduce the infectious period. |
| Measles. | 4 days from onset of rash. | Preventable by immunisation. |
| Pregnant staff should seek advice from their GP. |  |  |
| Molluscum contagiosum. | None | Self limiting condition.. |
| Ringworm. | Not usually required unless extensive. | Treatment is required. |
| Roseola. | None. | None |
| Scabies. | Until first treatment has been completed. | 2 treatments are required including treatment for close contacts. |
| Scarlet fever. | Child can return 24 hours after starting appropriate antibiotic treatment. | Antibiotic treatment is recommended for the affected child. |
| Slapped cheek/fifth disease. Parvovirus B19. | None (once rash has developed). |  |
| Shingles. | Exclude only if rash is weeping and cannot be covered. | Can cause chickenpox in those who are not immune, ie have not had chickenpox. It is spread by very close contact and touch. |
| Warts and verrucae. | None. | Verrucae should be covered in swimming pools, gymnasiums and changing rooms. |

1. **Diarrhoea and vomiting illness**

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| Diarrhoea and/or vomiting. | 48 hours from last episode of diarrhoea or vomiting. |  |
| *E. coli* O157 VTEC Typhoid and paratyphoid (enteric fever) *Shigella* (dysentery). | Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting. | Further exclusion is required for children aged five years or younger and those who have difficulty in adhering to hygiene practices. |
| Cryptosporidiosis. | Exclude for 48 hours from the last episode of diarrhoea. | Exclusion from swimming is advisable for two weeks after the diarrhoea has settled. |

1. **Respiratory infections**

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| Flu (influenza). | Until recovered. |  |
| Tuberculosis. |  | Requires prolonged close contact for spread until no longer infectious. |
| Whooping cough (pertussis). | Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment. | Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. |

1. **Other infections**

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| Conjunctivitis. | Exclude for 24hrs after the start of treatment, such as medicated eye drops. Keep the eye area clean with boiled sterile water and cotton wool. | Treatment can continue after return to the setting, as long as eye drops have been prescribed and clearly labelled with date etc. Over the counter drops should not be used on under 2’s. |
| Diphtheria. | Exclusion is essential. | Family contacts must be excluded until cleared to return by your local HPT. Preventable by vaccination. |
| Glandular fever. | None. |  |
| Head lice. | None. | Treatment is recommended only in cases where live lice have been seen. |
| Hepatitis A. | Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice). |  |
| Hepatitis B, C, HIV/AIDS. | None. | Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. |
| Meningococcal meningitis/ septicaemia. | Until recovered. | Meningitis C is preventable by vaccination.  There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts. |

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| Meningitis due to other bacteria. | Until recovered. | Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. |
| Meningitis viral. | Until recovered. | Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required. |
| MRSA. | None. | Good hand hygiene and environmental cleaning. |
| Mumps. | Exclude child for five days after onset of swelling. | Preventable by vaccination (MMR x2 doses). |
| Threadworms. | None. | Treatment is recommended for the child and household contacts. |
| Tonsillitis. | None. | There are many causes, but most cases are due to viruses and do not need an antibiotic. |