



## **Illness Management Policy**

### **Introduction**

At Living Spring Montessori, we aim to promote good health for all of the children attending our setting. We also have a responsibility to protect the health and safety of adults and children alike. We therefore have developed the following illness policy so that we may reduce the risk of exposure to illness and to help the parents to understand the procedures we all must follow in the event of their child becoming unwell.

### **Methods**

It is our policy that if a child is unwell, they need to recover in their home so that they may get adequate rest and recovery time.

For the health, safety and wellbeing of everyone involved, this is the procedure we follow:

- If a child appears unwell during the nursery day – has temperature, vomiting, diarrhoea, unusual rash, pains or they seem unwell in themselves, the Manager, Deputy Manager, Operations Manager or Key person will call the parents and ask them to collect the child, or to send a known carer to collect on their behalf.
- We will care for the unwell child and make every attempt to ensure they are comfortable until a parent arrives.
- If a child has a temperature, they are kept cool, by removing top clothing, and kept away from draughts.
- The child's temperature is taken using a 'fever scan', there is one in each classroom. In each class there is a chart which defines what constitutes a low, normal or high temperature. Staff members use this chart as a reference, deciding if the child needs fever medication or if instead it is more appropriate to monitor temperature in case it rises or does not go down. Staff members also consult and advise one another on the

appropriate action to take. The temperature of the child, along with the time the reading was taken is usually recorded so that staff may monitor any change to the child's condition; and also, so that staff members may share this information with the parents and amongst one another.

- If the temperature is high, Calpol\*, may be given after first gaining verbal consent from the parent (where possible). Fever relief is to reduce the risk of febrile convulsion, particularly for babies and children with a history of such occurrences. Parents will be asked to sign and complete a medicine log on the day it was administered. (See Medication Policy). In extreme cases the child will be taken to the nearest hospital (by ambulance) and the parent will be informed.
- When registering with us, parents are required to sign consent forms allowing staff to arrange for emergency medical or dental care, to administer Calpol\* and to send their child home from Nursery if they are unwell. Parents sign and date the forms which are returned to the office with their child's booking documents. Consent forms are kept in a labelled folder in each class so that staff members may refer to them as necessary. Children with a history of febrile convulsions are listed on the Living Spring Health Matters forms, along with any prescribed fever relief for their condition.
- In the case of diarrhoea and/or vomiting, the child should remain home for at least 48 hours after the last bout of illness.
- We follow the guidance on Infection Control in Schools from Public Health England as well as guidance from our local health protection unit on exclusion times for specific illnesses such as measles and chicken pox.
- All staff have undergone Infection Control and Prevention training.
- In the event of an illness such as measles, we request that parents notify the nursery after taking their child to the doctor. We will notify the parents in the case of infectious illnesses such as Chicken Pox and Measles. Ofsted are informed of any infectious diseases that a medical professional considers notifiable. We also have plans in place in the event of an outbreak of infectious disease (See Pandemic Policy).
- Where children have been prescribed antibiotics, parents are asked to keep them at home for 48 hours before returning to nursery.
- Staff will not administer medication to children who are unwell and who need to stay at home.

- We have the right to refuse admission to a child who is unwell. These decisions can be taken by the manager, deputy manager, head of room or any other senior member of staff and is non-negotiable.
- Parents are requested to keep Living Spring fully informed of any changes to their child's health.
- It is imperative that parents notify staff if they have administered medication to their child before they arrive at the nursery in the morning, or if they suspect their child is unwell. (This is to alleviate the very dangerous risk of overdosing on medication such as Calpol which contains paracetamol).
- Parents are requested to check their children's hair regularly for head lice and to treat any case they find with an appropriate shampoo and combing method. If we notice a child has head lice, we will notify parents immediately, and ask you to collect your child, so they can be treated at home. We recognise that the process of combing out head lice is laborious and has to be done on a number of sittings with your child. For that reason, we ask that you keep your child at home for a further day, so that you have the opportunity to remove any eggs or head lice from your child's head to prevent the spread to other children in the nursery.
- We expect staff members who are themselves unwell to use appropriate judgement; staying at home to recover and seeking medical attention when necessary in order to minimise risk of infection to their colleagues and the children in their care.
- The manager will ensure that no staff member will work directly with children in the event any prescribed medication is likely to impair their ability to responsibly care for children (EYFS 3.19).
- Good hygiene practice concerning the cleaning of any spilled bodily fluids is carried out at all times. (See also Intimate Care Guidelines within the Safeguarding Policy).
- Staff members are also all aware of their duty of care in regards to safeguarding and of the symptoms of abuse. Staff members understand that they must take action if they have reason to believe that a child's health or development could be or has been impaired due to a chronic failure to meet the child's basic needs such as protection from the cold, providing adequate food, clothing and medical attention when needed. Staff members are also aware of the protocol they must take if they suspect neglect or any other type of abuse and they understand that they must discuss any such concerns with the person with lead responsibility for safeguarding children or the Designated

Safeguarding Co-ordinator (DSCO) - Sade Biobaku-Odusanya. She is available to discuss any safeguarding concerns during nursery hours or in her absence, Junette Salonga is available. (Please see Safeguarding Policy). As part of the booking process, parents sign a consent form acknowledging that they understand that any suspicion of abuse or neglect will be reported.

\* The brand name CALPOL is used here to avoid confusion, there are however other products available 'over the counter' which are also paracetamol-based pain and fever relief. Some parents may also prefer to use ibuprofen such as Nurofen for children over 3 months.

### **Return to Nursery**

- Recovery periods vary and may be between 2 days to 30 days depending on the illness.
- Parents should contact the nursery in advance before bringing the child back to nursery. Parents may be required to bring a doctor's report or certificate confirming that it is safe for the child to return to nursery. If the nursery has any doubts about a child's fitness to return to school, the child will not be admitted on that day.
- The nursery will not admit a child showing symptoms of a contagious illness into the nursery under any circumstances.
- A child can return to nursery once they have fully recovered and are able to participate in nursery activities. Children should be kept at home during periods when they are unable to participate in activities or if they require one-to-one care.

### **CONTAGIOUS ILLNESSES**

These are illnesses usually caused by a variety of viruses, bacteria or fungi.

Modes of transmission vary and could be from direct contact with infected persons, through respiratory secretions, use of contaminated objects, through inhalation of droplets or exposure in an enclosed environment in cases of airborne diseases. Incubation and recovery periods for these illnesses vary from 2 days to 30 days. The lists below are not exhaustive, but are to be used as a general guide.

**EXAMPLES:** Bronchiolitis, Chicken Pox, Measles, Mumps, Meningitis, Conjunctivitis, Respiratory Syncytial Virus, Scarlett Fever, Viral Sore Throat, Whooping Cough,

Tuberculosis, Cholera, Croup, Bronchitis, Encephalitis, Influenza, Pneumonia, Hand Foot & Mouth, Tinea, Fungal Skin Conditions, Coronavirus\*.

\*Please refer to the Covid-19 Risk Assessment for guidance on suspected or confirmed cases at nursery or child's home. For further guidance, there is a Covid-19 Planning, Guidance and Policies folder in the office.

### **SERIOUS ILLNESSES**

These are other illnesses that although may not necessarily be contagious, may leave a child physically exhausted, in pain or great discomfort, may require one-to-one monitoring or any conditions that may lead to further complications.

**EXAMPLES:** Ear Infection, Pain, Fever, Severe Constipation.

### **MINOR ILLNESSES**

These are illnesses sometimes caused by fatigue, specific strain on the body, changes in weather conditions or lack of exercise.

**EXAMPLES:** Common Cold, Minor Cough, Minor Headaches etc.

The duration varies from a few hours to 1 or 2 days. Symptoms usually disappear following adequate rest or administration of off-the-counter medication.

### **OTHER CONDITIONS**

These are other conditions that may not necessarily be an illness, but may cause discomfort to the child and may affect other children and staff within the school. The duration varies depending on the nature of the condition. Symptoms also vary and some of the conditions may require treatment or administration of medication.

**EXAMPLES:** Head Lice, Stomach Worms, Ring Worm, other Fungal Skin Conditions and Body Worms etc.

### **Notification Process**

- If suspected at nursery, the nursery will contact the child's parent(s) to request for the child to be collected immediately.
- Parents are advised to take the child for further medical assessment or evaluation of the condition.

- Parents are required to inform the nursery once they have a more accurate diagnosis as soon as possible so that we can put a warning notice up to inform other parents and visitors.
- Children must be kept at home during periods when they show signs of fatigue, pain or inability to concentrate on school activities or if symptoms persist.

## **Guidance**

Public Health England

Guidance on Infection Control in Schools and other Childcare Settings (2014)\*

Keeping Children Safe in Education: Statutory guidance for schools and colleges (2021)

## **Links to the Statutory Framework for the Early Years Foundation Stage Section 3 – The safeguarding and welfare requirements 2021:**

- The Safeguarding and Welfare Requirements:
- Health: Medicines
- Information and Records
- Suitable premises, environment and equipment
- Suitable people
- Documentation