

# Illness and Injury Policy

## Reviews and Amendments:

• Implemented	02 <sup>nd</sup> January 2013	Laura Leigh Wayman
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• Reviewed	08 <sup>th</sup> March 2017	Carla Gibson
• Updated	03 <sup>rd</sup> May 2017	Carla Gibson

# Child's Play Private Nursery Ferryhill

## Policies and Procedures

### Illness and Injury Policy

It is a legal requirement that at least one person who has a current paediatric first aid certificate must be on the premises when children are present, at Child's Play Private Nursery, currently 100% of staff hold a Paediatric First Aid Qualification and it is the aim to remain at 100%.

There must be at least one person on outings who has a current paediatric first aid certificate. First aid training must be consistent with the Statutory Framework for the EYFS 2012 and approved by Durham County Council (a minimum of 12 hours training which is renewed every three years.)

**Aim of Child's Play Private Nursery-**The nursery aims to promote the good health of the children in our care, take steps to prevent the spread of infection and take appropriate action when they are ill. When encouraging and promoting good health and hygiene the nursery, our paediatric first aiders are trained to check and/or recognise signs and symptoms of infectious diseases such as chickenpox, measles, mumps, rubella, meningitis, hepatitis, diarrhoea, vomiting and fevers of over 101oF/38oC?

**Exclusions-** If a child becomes ill, whilst at nursery a special carer will contact the child's emergency contacts, (parents first.) to advise them that their child is unwell and of any 'practical' advice to take. For different types of illnesses there are different exclusion periods (see table below) parents will be informed of this. (see our Health and Well-being Folder located in the manager's office) The exclusions also apply to staff members.

RASHES AND SKIN INFECTIONS		
Infectious disease or illness	Exclusion period	Comments
Athletes foot	NONE	Athletes foot is not a serious condition. Treatment is recommended.
Chicken Pox	FIVE DAYS <i>from the onset of rash</i>	This protects vulnerable children and Female staff in pregnancy.
Cold Sores (Herpes Simplex)	NONE	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German Measles (Rubella)	SIX DAYS <i>From onset of rash</i>	Preventable by immunisation (MMR x2 doses). Female pregnant staff must be informed.
Hand, foot & mouth	24 HOURS <i>Treatment should be sought</i>	Treatment should be sought and started before returning to nursery to avoid further spread.
Impetigo	<i>Until lesions are crusted &amp; healed, or</i> 48 hours after starting treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles	4 DAYS from onset of rash	Preventable by vaccination (MMR x2) Vulnerable children and female pregnancy staff need to be informed.
Ringworm	Exclusion not usually required	Treatment is required
Scabies	Can return after FIRST TREATMENT	Household and close contacts require treatment
Scarlet Fever	24 HOURS after starting appropriate treatment	Antibiotic treatment recommended for the affected child

<b>Slapped Cheek</b> (fifth disease)	NONE	Vulnerable children and pregnant staff need to be informed
<b>Shingles</b>	EXCLUDED only if rash is weeping and cannot be covered	Can cause chicken pox in those who are not immune i.e. have not had chicken pox. It is spread by very close contact and touch. Vulnerable children and pregnant staff need to be informed.
<b>Warts &amp; verrucae</b>	NONE	They should be covered in swimming pools, gymnasiums and changing rooms.
DIARRHOEA & VOMITING ILLNESS		
Infectious disease or illness	Exclusion Period	Comment
<b>Diarrhoea &amp; or vomiting</b>	48 HOURS from last episode of diarrhoea or vomiting	
<b>E. Coli O157, TEC, Typhoid [and paratyphoid] (enteric fever) Shigella</b>	48 HOURS from last episode	Further exclusion maybe required for some children until they are no longer excreting. Further exclusion may be required for young children under five and those who have difficulty in adhering to hygiene practices This guidance may also apply to some contacts who may require microbiological clearance. Please consult local HPU for further advice .
<b>Flu (Influenza)</b>	UNTIL RECOVERED	
<b>Whooping Cough (pertussis)</b>	FIVE DAYS FROM COMMENCING ANTIBIOTIC TREATMENT OR 21 DAYS from onset of illness if no treatment.	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPU will organise any contact tracing necessary
OTHER INFECTIONS		
Infectious disease or illness	Exclusion Period	Comment
<b>Conjunctivitis</b>	NONE	If an outbreak/cluster occurs, consult local HPU
<b>Diphtheria</b>	EXCLUSION IS ESSENTIAL	ALWAYS CONSULT LOCAL HPU Family contacts must be excluded until cleared to return by local HPU. Preventable by vaccination. Local HPU will organise any contact tracing necessary
<b>Glandular Fever</b>	NONE	
<b>Headlice</b>	NONE	Treatment is recommended on in cases where live lice have been seen
<b>Hepatitis A</b>	EXCLUDE UNTIL 7 DAYS after onset of jaundice (or 7 days after symptom if no jaundice)	If an outbreak of Hepatitis A, local HPU will advise on control measures
<b>Hepatitis B, C HIV/AIDS</b>	NONE	Hepatitis B & C & HIV are blood borne viruses that are not infectious through casual contact. For cleaning of body spills, see Good Hygiene Practice
<b>Meningococcal meningitis/ septicaemia</b>	UNTIL RECOVERED	Meningitis C is preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Local HPU will advise on any action needed
<b>MRSA</b>	NONE	Good hygiene, in particular hand-washing and environmental cleaning are important to minimise any danger if spread. If further information is required, contact HPU
<b>MUMPS</b>	FIVE DAYS FROM ONSET OF SWELLING	Preventable by vaccination (MMR x2 doses)
<b>Threadworm</b>	NONE	Treatment is recommended for the child and household contacts
<b>Tonsillitis</b>	NONE	There are many causes, but most cases are due to virus and do not need any antibiotic treatment

**Informing parents, families and staff of illnesses.** If there is an infectious disease or illness at nursery, we need to inform other staff and parents. Naturally, we need to consider confidentiality and will never disclose who the unwell child is. We will put together an appropriate sign and put it in the parents' area with information on it regarding the illness, signs, symptoms and exclusion periods. (The same would occur if there is a case of head lice.)

**Contact Ofsted-** If we have reason to believe that any child is suffering from a notifiable disease identified as such in the public health (infectious diseases) regulations 1988, we must tell Ofsted. We will act on any advice given by the Health Protection Agency and tell Ofsted about any action taken. To find a list of notifiable diseases go to the HPA website [www.hpa.org.uk](http://www.hpa.org.uk) and search for notifiable diseases.

**Protection** -Staff must wear protective clothing (disposable aprons and gloves). Staff must follow good hygiene practices concerning the clearing of any spilled bodily fluids.

**Emergency-** In the case of an accident, illness or emergency we will contact the parent immediately and take appropriate action. In the unlikely event of the parent not being available, the senior staff member must assume responsibility and if necessary go with the child in the ambulance to hospital taking along all relevant paperwork. In the meantime, alternative emergency contacts will be contacted from another practitioner and informed of the situation.

Upon initial registration all parents/carers are asked for their permission for Child's Play Private Nursery to seek any emergency medical advice or treatment for their child. We also obtain permission from parents for health professionals to carry out lifesaving procedures.

**First aid box-** The setting's first aid boxes contain appropriate equipment that meets the needs of the children. All contents/dates are checked periodically by a senior member of staff.

**Major accident or illness-** Staff must wear protective clothing (disposable aprons and gloves) at all times.

- The manager assesses the situation and decide whether the child needs to go to hospital by ambulance or whether the child can wait for the parent to come. If the child needs to go straight to hospital: a senior will call 999. Preferably the manager will call the parent to make arrangements to meet at the hospital, however, the manager is likely to be providing first aid to the child, so the deputy manager or child's special carer will call the parent.
- It is very important that the child is not made to panic so a familiar adult (special carer) will take the child to the hospital with a senior member of staff. The staff must take copies of any relevant paperwork: permission forms, care plans, known allergies, medication forms with them along to the hospital.

If the child can wait for the parent to come: Preferably the manager will call the parent to make arrangements to meet at the hospital, however, the manager is likely to be providing first aid to the child, so the deputy manager or child's special carer will call the parent. A senior qualified paediatric first aider will stay with the child to make sure that they are comfortable.

The special carer will explain to the parent when they arrive what has happened and/or the symptoms being shown. It will then be for the parent to seek medical advice. *Remember to get the parent to sign the accident/incident form, and if medication was administered medication form signed before they leave the premises.*

**Sudden death of child** - " In the unlikely event of a child dying on the premises, for example, through cot death in the case of a baby, or any other means involving an older child, the emergency services will be called immediately and the advice of these services will be followed. Ofsted and Durham County Council's Early Years' Team will be notified and procedures followed.

Child's Play will reallocate children to a different area of the nursery, staff members who are not directly involved will also be reallocated until further notice (children:staff ratios will be adhered to). No staff member will be allowed to leave site until authorized to do so, by both management and other professionals. Child's Play will not inform parent/carer of the child's death, parents/carers will be asked to attend nursery immediately. If this unlikely occasion this does occur Child's Play will offer support to all those involved.

**Record Keeping:-** we keep a signed record of all accidents/incidents that happen to children, and tell Ofsted about any serious accident, illness, injury or death of a child while they are in our care or of an adult on the premises. See the accident and incident procedure guidance document for more information.

We must also tell Durham County Council's local authority child protection designated officer: **Kirstie Wilkinson** about any serious accident, injury to, or death of a child whilst in your care. We will always act on any advice given.

We must tell Ofsted and Durham County Council's **Kirstie Wilkinson** about any incidents as soon as is reasonably possible and always within 14 days of the incident occurring.

#### Useful resources and websites

- **Health and Safety Executive:** [www.hse.gov.uk](http://www.hse.gov.uk)
- See the accident and incident procedure guidance document for more information.
- **Ofsted:** 03000 123 1231
- **First Contact Service/ Social Care Direct:** 03000 26 79 79
- **Kirstie Wilkinson:** EDA/Lead Safeguarding Officer: 0300 268 925
- **Child's Play Private Nursery:** Laura Leigh Wayman: 07912789169
- **Emergency Medical Treatment:** 999, 111
- **Ferryhill and Chilton Medical Practice:** 01740 651238

**STAFF ARE NOT TRAINED MEDICAL PRACTITIONERS AND CAN ONLY ADVISE ON ILLNESS, WE ARE NOT ABLE TO DIAGNOSE OR GIVE MEDICAL RECOMMENDATIONS.**

**IF YOU EVER BECOME CONCERNED ABOUT A CHILD- SEEK IMMEDIATE FURTHER MEDICAL ADVICE.**