



MONTESSORI GARDEN Nursery School

Policies & Procedures ("PP") – F2 Sickness & Illness and F3 Allergies

F < HEALTH >

Montessori Garden Nursery School promotes good health of children in our care, ensuring we follow our policies and procedures below to correctly deal with sickness or illness of our staff and children, including controlling infectious diseases and our parents are informed of these through our verbal communication, emails in response to sickness and illnesses as well as our Health policies being available to all our parents on our website. We have plan in place to prevent the spread of infection (*PP F2.1. Infection Control*).

F 2. Sickness & Illness

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F 2.1. Infection Control

At Montessori Garden Nursery School we undertake various precautions and procedures to minimise any cross infection that may occur between the children and staff, but sicknesses do happen and our aim is to prevent the spread to children and staff. We strongly suggest that Parents consider plans for the care of their child in case of sickness ahead of time, before it is needed, as the school is not equipped to care for sick children. We only admit children who have commenced their individual programme of immunisations against diseases recommended by the Department of Health. This policy takes into consideration current advice from the Public Health England (aka Health Protection Agency) and NHS, and complies with the statutory requirements of the EYFS.

HIV (Human Immunodeficiency Virus) may affect children or families attending the setting. Staff may or may not be informed about it. Good hygiene practice concerning the clearing of any spilled bodily fluids must be carried out at all times.

Parents are asked NOT to bring their child into Nursery in the following circumstances: -

- Any signs of being poorly (when a child needs one to one attention). We do not provide care for children, who are unwell, have a temperature, or sickness and diarrhoea, or who have an infectious disease. If a child is not well enough to go outdoors, then that child should be kept at home and must not attend the setting until recovered;
- If they need or have taken Infant Paracetamol, Ibuprofen or Calpol;
- Conjunctivitis (if it has not been treated);
- A high temperature or fever;
- Head lice (if it has not been treated). Children with head lice are not excluded, but must be treated to remedy the condition;
- Any childhood infectious disease (please refer to the incubation times and symptoms vary with each case);
- Children and staff who have had sickness or diarrhoea must not return back to the nursery until 48 hours after the LAST episode of sickness or diarrhoea;



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F 2.2. Exclusion Periods & Notifications

Any child who appears to be suffering from any infectious or contagious disease or is unwell and appears distressed must not be attending the setting and the Manager must not allow admission onto the premises. It is the parents' duty to inform the setting if their child has been diagnosed by a medical professional to have an infectious or contagious disease. It is at the Manager's discretion whether or not to allow a child into the setting if they are showing signs of sickness, even if there is no exclusion period or if this is after any recommended exclusion period has passed, or if a doctor has stated that they are not infectious. The Manager will need to take into account the demeanour of the child and whether they are well enough to participate in the activities. In general, we require the following periods of exclusion before the child may return to the setting, provided that caring for the child will not affect his/her and other children's well-being:

Parents are **notified** if there is a case of head lice in the setting or if there is an infectious disease, such as chicken pox. If we have a reason to believe that any child is suffering from a *notifiable disease identified as such in the Public Health (Infection Diseases) Regulations 1988, we will **inform** the Parent/carer, local Health Protection Unit and Ofsted. Montessori Garden Nursery School will act on any advice given by the Health Protection Agency and inform Ofsted of any action taken. ANY case of notifiable diseases (*denoted with a star in table attached to this PP) must be reported, after consultation with a Director, to:

- **Health Protection Unit** /PHE North East and North Central London Health Protection Team
necl.team@phe.gov.uk; nencl.hpu@nhs.net
Phone: 020 3837 7084 (option 1)
Fax: 020 3837 7086
Out of hours for health professionals only: 020 7191 1860

Ground Floor South Wing,
Fleetbank House 2-6 Salisbury Square,
London EC4Y 8AE

and

- **Ofsted** 0300 123 1231 as soon as possible and within 14 days (Ofsted is notified of any infectious diseases that a qualified medical person considers notifiable)



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F 2.3. If a child's becomes unwell at the setting

If Parents are called during the day and advised that their child is too unwell to remain with the other children in our care, Parents agree to make suitable arrangements to collect their child as soon as possible and no later than within **two hours**. This is in the best interests of that child, who can rest much better at home, best interests of the other children in our care and our ability to meet the needs of all children. If a child is sent home unwell, that child must **stay home for at least 24 hours** (i.e. must remain at home the following day) to enable full recovery from their illness. A child who appears fully recovered while at home often regresses when exposed to the demands of the school day.

Staff build up a close relationship with the children and become very familiar with each individual child's personality and behaviour. Staff can quickly pick up on signs of a child not being themselves i.e. not having snack, wanting lots of cuddles or wanting to sleep more than usual. Physical signs of not being well might include being flushed in the face, watery eyes, clammy skin, unusual behaviour, eating habits, change in temperature and general well-being. In this case a member of staff will be related to the Manager or senior staff immediately. The manager on duty may phone the parent/carer and inform them of the situation. Careful monitoring of the child's temperature is essential – we will record the child's temperature every 30minutes for three times (3) before the Manager in charge decides on next steps and if the temperature is high and/or the child is displaying signs mentioned above and staff feel that that child isn't their normal self and we feel that they are unwell and needing one to one care then we will ask that the child is collected by a parent/carer.

On discovering a child who has a high temperature, staff will:

- Remove layers of clothing.
- Provide the child with a drink of water.
- Move the child to a quieter area of the setting.
- Open a window and allow the child to cool slowly.
- A staff member will comfort the child.
- In the eventuality of a child with history of febrile convulsions or if the child's temperature reading is soaring and reaching 39 degrees Celsius or more, we will administer one (1) dose of Calpol (staff must have regard to Administration of Medication PP e.g. check allergies and consents) while waiting for the parents to collect, in accordance with our Administration of Medication PP.

If a child becomes unwell, vomits or has diarrhoea, then the parent/carer will be contacted straight away and the child **must** be taken home **within max 2 hours** and have **48 hours** away from the setting without any symptoms / 48 hours after the LAST episode.

If a child becomes unwell and is showing symptoms of allergic reaction not previously known to us (please also see our Allergy Policy) the Manager in charge will decide whether or not to administer one (1) emergency dose of Piriton (staff must have regard to Administration of Medication PP e.g. check allergies and consents) in accordance with our Medication Policy while waiting for parents to arrive.

At all times staff will:

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Signed & named: Ujin Erdene

Review date: March 2020



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- Contact parent/carer
- Maintain high standards of personal hygiene
- Summon emergency medical help if required

If a child is not well enough to go outdoors, then that child should be kept at home and must not attend the setting until recovered. If we are unable to contact the child's parent/legal guardian when a child is unwell, then the first emergency contact on the child's file will be contacted.

Parents agree that whatever the circumstances, **we can NOT give any child any non-prescribed medication except for emergency purposes as detailed above**, such as cough mixtures, sun cream, teething gels, Calpol or Nurofen, unless Parents have signed a parental permission form for us to do so, have provided us with such medication which bear the correct labels as required by our medication policy and the administration will be within the medicine administration policy. In case of administration of First Aid, Parents also agree that **we can NOT administer first aid** unless Parents have signed a parental permission form for us to do so, have disclosed any usual first aid products which that child should NOT be exposed to e.g. plasters, latex gloves, bandages, antiseptic gels or wipes etc...



F 2.4. Staff Sickness & Medication (SF s.3.19)

(link SF s.3.19)

- At Montessori Garden Nursery School, we require that our staff **do not** take any medication which may affect their ability to care for any child during operating hours, and if in the future any staff become required to take such medication, we will seek the respective **GP's confirmation** that the medication is unlikely to impair the individual's ability to provide the high standard of care each child needs.
- All medication is stored securely and out of reach of children.
- It is the individual staff's responsibility to ensure his/her medication is stored in accordance with the Medication Policy and at each performance review date (end of each term), staff must ensure their medication declaration is up to date and it is the Manager's duty to check each staff have signed off their declarations and these are filed in staff folders as confidential information. Staff are not obliged to disclose all medication they are on only that which may affect their ability to care for children during operating hours.
- If staff have allergies, intolerances or preferences with respect to food and products, it is their responsibility to manage themselves and make appropriate disclosures to ensure their condition is kept within control.
- Staff who have had sickness or diarrhoea must not return back to the setting until 48 hours after the LAST episode of sickness or diarrhoea, particularly if they also experience stomach cramps or pain, nausea and fever and/or that member of staff is likely to handle food. If staff have an infection such as conjunctivitis, common cold, cold sore etc they must ensure they wash their hands thoroughly after touching infected areas or blowing nose/sneezing and using disposable towels to catch any bodily fluids and dispose of these appropriately. It is the setting's policy to support employees who are genuinely sick and unable to come to work, as well as to act reasonable at all times in its dealings with employee. Further details are found in the Staff Handbook.
- Staff are provided with guidance about the safe storage, movement, lifting and handling of large pieces of equipment. When adults need to reach up to store equipment, they are provided with safe equipment to do so. All warning signs are clear and in appropriate languages. The sickness of staff and their involvement in accidents is recorded. The records are reviewed termly to identify any issues that need to be addressed.



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F 2.5. Exclusion Periods & Notifiable disease Table

Sickness	Minimum Exclusion	*Notification & other Notes
Chicken pox	Min five(5)days from onset of rash and until all lesions have crusted	
Conjunctivitis	24hours after discharge is cleared	
*COVID-19	14days minimum and according to NHS advice 111	
Diarrhoea and/or Vomiting	48 hours after the last episode of diarrhoea and/or vomiting	If *Salmonella, *Bacillary Dysentery/*Shingella: Notify Camden if Child is under 5yo
*Diphtheria	Essential consult with PHE	Preventable by vaccination
e.coli or some gut infections	children and/or teachers may also be required to have negative laboratory tests on stool (poo) samples before they can return to school. This would be co-ordinated by the health protection team * contact PHE	
German measles/ Rubella	Min six(6)days from onset of rash	
Hand, Foot and Mouth	Min five(5) days from onset and until all lesions are crusted over	
Hepatitis A	Exclude until seven (7) days after onset of jaundice (or 7 days after symptom onset if no jaundice).	
HIV/AIDS	No exclusion applicable	HIV is not infectious through casual contact. We have a strict policy of promptly cleaning any bodily fluids (see Hygiene Policy)
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment	
Influenza / Flu	Until fully recovered, although most infectious just before and at the onset of symptoms	Flu is most infectious just before and at the onset of symptoms
*Measles	Min five(5)days from onset of rash	Ofsted. Any pregnant woman exposed to the infection must be alerted.
*Meningitis (all forms)	Until fully recovered	Ofsted
*Mumps	Min five(5) days from onset of swelling	Ofsted Most infectious before the diagnosis is made and most children should be immune due to immunisation.
Periculis (Head-Lice)	Where live lice have been seen, until treatment has commenced	
Ringworm of Scalp or Body	Until treatment has commenced, provided lesions are covered	
Ringworm of Feet (Athlete's Foot) Verrucae	Exclusion from barefoot activities until free from infection	
Scabies	Child can return after first treatment	
*Scarlet fever	Min 24 hours after COMPLETING antibiotic treatment	Ofsted
Shingles	Until fully recovered	

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Slapped cheek (Parvovirus)	Once rash has developed. Pregnant contacts should consult with GP/Midwife.	
Threadworm	Until treatment has commenced	Transmission is uncommon but treatment still recommended. Any pregnant woman exposed to the infection must be alerted.
Fever	Until temperature has been normal for at least 24 hours (without the aid of Calpol!)	Any pregnant woman exposed must be alerted.
Tonsillitis	No exclusion required	Many causes and most are viral so no need antibiotic, except if caused by streptococcal infection then antibiotics may be needed.
*Tuberculosis	Call PHE /local HPT BEFORE disseminating information to staff/parents/carers.	Notify Local Authority. Generally requires prolonged, close contact for spread. Not usually spread from children but can be spread from adults.
*Whooping cough (Pertussis)	Min five(5)days from commencing antibiotic treatment, or 21days from onset of sickness if no antibiotic treatment.	Ofsted Notify Local Authority Non-infectious coughing may still continue for many weeks.
If Child is prescribed antibiotics for any reason	Excluded for 48hours from commencement of the antibiotics.	There might be reaction to the medication and the child may still be infectious during the first few days.
<p align="center">PLEASE NOTE THIS LIST IS NOT EXHAUSTIVE</p> <p>*for current list of notifiable diseases pls visit https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report </p>		



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F 3. Allergies

If a child has known allergies, parents must disclose these to us at the outset and provide us with up to date list of allergens your child suffers from, at least every term. At each end of term we conduct a Parent Teacher Chats and parents are required to confirm their details as well as food and allergies list for their child to make sure we have **up to date information**.

Our allergies procedure is to **display** the up to date list of allergy information provided by parents in the kitchen, in each classroom and bathroom so all staff are aware of them. Things people can be allergic to are e.g. latex, plasters, nuts, eggs, pollen, dust etc...

We also display **signs and symptoms** of allergic reactions so our staff are aware of what to look out for. These can include e.g.

- sneezing,
- itchy, runny or blocked nose,
- itchy red or watering eyes,
- wheezing, chest tightness, shortness of breath,
- cough,
- raised, itchy or red rash
- swollen lips, tongue, eyes or face
- tummy pain, feeling sick, vomiting, diarrhoea
- dry red and cracked skin

In rare cases, an allergy can lead to a severe allergic reaction, called anaphylaxis or anaphylactic shock, which can be life threatening. This affects the whole body and usually develops within minutes of exposure to something the person is allergic to. Signs and symptoms can include e.g.

- Swelling of the throat and mouth
- Difficulty breathing
- Lightheadedness
- Confusion
- Blue skin or lips
- Collapsing and losing consciousness

In the case of an allergic reaction we will administer the procedures requested by the parents, contact the parents at our soonest convenience and update our incident book.

In the case of allergic reactions **for the first time** and/or any emergency scenario during our care we will contact emergency services and follow their advice, this might mean administering emergency medication (e.g. setting's supply of piriton) and this shall fall within the remit of the First Aid authorisation provided by you in the Registration Form.

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If a member of staff has known allergies, s/he is responsible for managing their own allergies and keeping any medication in accordance with the F1. Medication PP and must let the setting Manager know.