

Illness and Notifiable Diseases Policy

At Walton Montessori we promote the good health of the children in the school and take all steps possible to prevent the spread of infection and will take appropriate action as outlined below when a child is ill.

To ensure all members of staff are aware of the signs and symptoms of when a child might be ill or have injured themselves all practitioners and the nursery manager have current Paediatric First Aid certificates that are approved by Surrey County Council and completed over a minimum of 12 hours, these are renewed every 3 years, to ensure everyone has a refreshed knowledge of first aid procedures and are aware of any changes to first aid that could have been implemented.

If a child is showing signs and symptoms of illness, a member of staff will initially check the child's temperature. If the temperature is over 38°C then the parents will be called to be informed their child has a raised temperature and further history will be asked: Has your child been ill at home? Any changes to behaviour at home? Any concerns?

The parent will then be asked if we can administer Calpol to the child, ensuring the child has not been given any in the 4-hour period previous. Parents must have also signed the Calpol consent form on registration, if this has not been completed another member of staff must also talk to the parent and confirm Calpol can be administered. This will then be taken to the child and 2 members of staff will administer the Calpol. (1 Person administer, 1 person to witness). The medicine form will then be completed, and the parent will sign on collection. If a child is given Calpol at Nursery the parent/carer will be required to collect the child if the temperature does not reduce within 30 minutes of administration, to prevent any cross infection in case the temperature is masking an underlying illness.

If your child has had a temperature it is Walton Montessori's policy for you to keep the child at home for 24 hours as a precaution in case, there is an additional illness/sickness coming from the raised temperature.

In the event of a member of staff thinking a child might have an infectious disease, for example: Chicken Pox, measles, mumps, rubella, hepatitis or meningitis they will follow the signs and symptoms from the first aid book in the office and take appropriate action. If it is then suspected a child has one of the above the parents will be called and the child, as far as reasonably possible will be isolated from the other children, to prevent the risk of cross infection and the disease spreading further. In terms of when a child can return to nursery following an infectious disease, we will follow the Health Agencies guidance for individual illnesses. (A poster is displayed in the office) Once an infectious disease has been confirmed a letter will be put up in the entrance of each classroom and a parent email will be sent out to inform parent/carers of the infectious disease.

If we are aware a child is suffering from a notifiable disease (See below for a list of notifiable diseases) then we must inform OFSTED and make them aware of the actions we have taken to prevent spreading of the disease and we will act on any advice given from the Health Protection Agency, who will also be informed on the confirmation of a diagnoses.

In the event a child has 1 episode of diarrhoea and/or vomiting whilst at nursery, the parent/carer will be informed that on a 2nd episode the child will need to be sent home, as

this could be the start of an infection. If the child is sent home with diarrhoea and/or vomiting they cannot come back to nursery until 48 hours after their last episode. This is explained to the parents on the phone call of the 2nd episode and again when they collect their child.

Also if the child has had diarrhoea and/or vomiting whilst at home they must stay at home until 48 hours after their last episode, to ensure they are no longer contagious and recovered from the illness they may have had.

Staff must always follow hygiene procedures when dealing with ill children and bodily fluids, gloves and aprons must be worn and disposed of in the clinical waste bin immediately.

In the unlikely event we are unable to contact the child's parent/carers, or their emergency contacts, then the nursery manager will assume responsibility. When a child first starts at the nursery parents are required to sign a permission form for emergency treatment to be given to their child in their absence, this allows us to accompany the child to hospital if needed. In this event the child's key person will go to hospital with the child, taking all relevant paperwork: Contact details, health requirements and all information on the child. If in the event the member of staff does not feel confident to go with the child the nursery manager will accompany the child to hospital. The parents will be informed of where the child is taken and when arrived at hospital where they are. The nursery manager must attend the hospital once the setting has closed for the day to ensure the child is recovering sufficiently.

The above exclusion periods also relate to staff, volunteers and students.

At Walton Montessori Nursery we have numerous First Aid boxes located in:

- Office
- Elm Room
- Oak Main Room
- Kitchen
- Garden

These are checked on a monthly basis and replenished as needed. All out of date bandages or items will be used in the role play areas of the classrooms.

The following table shows Walton Montessori's exclusion periods for the most common illnesses:

Walton Montessori Nursery Illness Exclusion Periods		
Illness	Exclusion Period	Notes
High Temperature above 38oC	24 Hours with a normal temperature	Will be sent home if given Calpol and temp does not reduce after 30 mins
Diarrhoea and/or vomiting	48 Hours after last Episode	
Chicken Pox	Until all the spots have scabbed over	
Conjunctivitis	NO EXCLUSION	Must get treatment
German Measles	Six days from the onset of the rash	
Impetigo	48 Hours after medication has started	
Measels	4 Days after the onset of the rash	
Scabies	24 Hours after the first treatment	
Scarlet Fever	24 Hours after medication has started	
Flu	Until well	
TB (Tuberculosis)	Consult Local HPU	0845 8942944
Whooping Cough	Five days after medication has started	
Diphtheria	Consult Local HPU	0845 894 2944
Hepatitis A	7 days after onset of jaundice	
Meningitis	Until well	
Mumps	5 days after the swelling started	
Prescribed Antibiotics	24 Hours after the start of the course	

Meningitis procedure

If a parent informs the nursery that their child has meningitis, the nursery manager will contact the Infection Control (IC) Nurse for their area. The IC Nurse will give guidance and support in each individual case. If parents do not inform the nursery, we will be contacted directly by the IC Nurse and the appropriate support will be given. We will follow all guidance given and notify any of the appropriate authorities including Ofsted if necessary.

Transporting children to hospital procedure

The nursery manager/staff member must:

- Call for an ambulance immediately if the sickness is severe. DO NOT attempt to transport the sick child in your own vehicle
- Whilst waiting for the ambulance, contact the parent(s) and arrange to meet them at the hospital
- Redeploy staff if necessary to ensure there is adequate staff deployment to care for the remaining children. This may mean temporarily grouping the children together
- Arrange for the most appropriate member of staff to accompany the child taking with them any relevant information such as registration forms, relevant medication sheets, medication and the child's comforter
- Inform a member of the management team immediately
- Remain calm at all times. Children who witness an incident may well be affected by it and may need lots of cuddles and reassurance. Staff may also require additional support following the accident.

Notifiable Diseases

The below list outlines which diseases are classified as 'Notifiable' to the Health Protection Agency and OFSTED.

Health Protection Agency: 0345 894 2944

OFSTED: 0300 123 1231

A

Acute Encephalitis

Acute Haemophilus Influenzas Meningitis

Acute Infectious Hepatitis A

Acute Infectious Hepatitis B

Acute Infectious Hepatitis C

Acute Infectious Hepatitis Other

Acute Meningococcal Meningitis

Acute Other Specified Meningitis

Acute Poliomyelitis

Acute Unspecified Meningitis

Acute Viral Meningitis

Adenoviral Gastroenteritis

Adenoviral Infection Other or Unspecified

Adenoviral Pneumonia

Aeromonas Sepp

Amoebic Dysentery

Anthrax

Arcobacter Butzleri Gastroenteritis

Ascaris

Atypical Mycobacterial Infection Other

Atypical Mycobacterial Infection Pulmonary

Atypical Mycobacterial Infection Unspecified

B

Bacterial Meningitis Unspecified Campylobacteriosis

Botulism

Brucellosis

C

Chikungunya VHF

Chlamydial Conjunctivitis

Cholera

Clostridium Difficile Associated Disease (CDAD)

Coronavirus

Corynebacterium Infection Non-Toxigenic

Creutzfeldt Jakob Disease

Creutzfeldt-Jakob Disease Genetic

Creutzfeldt-Jakob Disease Sporadic

Cryptosporidiosis

D

Dengue Fever

Diphtheria

Dysentery

E

E. Coli Infection O157 Non-VTEC

E. Coli Infection Other or Unspecified

E. Coli Infection VTEC

E. Coli Infection VTEC O157

Entamoeba Dispur Gastro-Enteritis

Enterobacter

Enteric Fever Not Further Specified

Enteric Fever Paratyphoid Fever

Enteric Fever Typhoid Fever

Enteroviral Meningitis

Enterovirus Infection Other or Unspecified

Enterovirus Infection Unspecified

Erythema Infectiosum (Fifth Disease)

F

Food Poisoning – Formally Notified

Food Poisoning – Otherwise Ascertained

G

Gastroenteritis Unspecified

Giardia

Giardiasis

Glandular Fever

Glandular Fever Epstein Barrvirus

H

Haemolytic Uraemic Syndrome (HUS)

Haemophilus Influenza Infection Specified

Hand Foot and Mouth Disease

Hepatitis A Unspecified

Hepatitis B Chronic

Hepatitis B Unspecified

Hepatitis C Chronic

Hepatitis C Unspecified

Herpesviral Meningitis

I

Impetigo

Infectious Bloody Diarrhoea

Influenza Avian

Influenze or Flu-Like Illness

Influenza Other Identified

Influenze Swine

Invasive Group A Streptococcal Disease

L

Legionnaires' Disease

Leprosy

Leptospirosis

Leptospirosis Unspecified

Listeriosis

Lyme Disease

M

Malaria

Measles

Meningococcal Infection Other

Meningococcal Infection Unspecified

Meningococcal Septicaemia (Without Meningitis)

Meningococcaemia

MRSA PVL

Mumps

Mycoplasma Pneumonia

N

Neonatal Chlamydial Conjunctivitis

Neonatal Conjunctivitis Unspecified

Neonatal Listeriosis

Noroviral Gastroenteritis

O

Ophthalmia Neonatorum

Orff Disease

P

Paratyphoid Fever

Parvovirus Infection

Plesiomonas Shigelloides Infection

Pneumococcal Infection

Pneumococcal Pneumonia

Pneumococcal Septicaemia

Pneumonia

Pseudomonas Infection Other Than Pneumonia

Psittacosis

PVL-Associated Staphylococcal Infection

PVL Pyomyositis

PVL Septicaemia

PVL Sepsitic Arthritis

PVL SSTI

Q

Q Fever

R

Rabies

Respiratory Syncytial Virus Infection

Rotaviral Gastroenteritis

Rotavirus

Rubella

S

Salmonellosis

Scabies

Scarlet Fever

Schistoma Haematobium

Schistosomiasis Unspecified

Severe Acute Respiratory Syndrome (MERS-CoV)

Shigella Flexneri

Shigella Sonnei

Shigella Sp

Shigellosis

Shingles

Staphyococcal Infection Unspecified

Staphylococcus Aureus

Streptococcal Group A Necrotizing Fasciitis

Streptococcal Group A Other Invasive Infection

Streptococcal Group A Septicaemia

Streptococcal Infection Unspecified

Streptococcal Pharyngitis

Streptococcus Group A

Swine Influenza Swine Influenza

I

Taeniasis

Tetanus

Toxic Effect Of Lead

Toxic Effect Of Other Specified Substance(s)

Toxic Shock Syndrome

Trichinellosis

Typhoid Fever

Typhus Fever

U

Unidentified Rash

Unidentified Respiratory Illness

V

Varicella (Chickepox)

Varicella Meningitis

Vibrio Infection Other Unspecified

Viral Haemorrhagic Fever

Viral Hepatitis

Viral Hepatitis A

Viral Hepatitis B

Viral Hepatitis C

Viral Hepatitis Other

W

Whooping Cough

Y

Yellow Fever

Z

Zoster

This policy was adopted on	Signed on behalf of the nursery	Date for review
<i>24th February 2021</i>	<i>Tarahyn Fuhri</i>	<i>1 September 2021</i>