

ILLNESS & INJURIES

Aim

To ensure that Pre-school remains a safe environment for all children and staff members within its care.

At least one member of staff with a current paediatric first aid certificate will be on the premises at all times when children are present. At least one staff member on any outing will have a current paediatric first aid certificate.

ILLNESS

Procedure

If Pre-school staff believe that other children within Pre-school will be at risk by accepting a child into Pre-school who is unwell or has an infectious disease, parents will be asked to take their child home. A child should not return until a time when they no longer pose a risk of infecting others.

Should a child become ill whilst at Pre-school, the following procedure will take place:

- If a child appears unwell during the day, has a temperature – in children under five, a fever is considered to be a temperature higher than 37.5C (99.5F), (thermometer kept on site), sickness, diarrhoea or pains, particularly in the stomach or head – the supervisor will call the parents and ask them to collect the child or send a known carer to collect on their behalf.
- If a child has a temperature they are reassured and encouraged to rest while waiting to be collected. A staff member will monitor the child until the parent/carer arrives.
- In extreme cases of emergency the child should be taken to the nearest hospital by ambulance and the parent informed.
- Parents may be asked to take their children to the doctor before returning to pre-school; and pre-school can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- After diarrhoea, parents are asked to keep children home for 48 hours or until a formed stool is passed.
- After sickness, parents are asked to keep children home for 48 hours after the last bout of sickness before returning to the setting.
- The setting has a list of excludable diseases and current exclusion times (see below).

Marlow Bottom Pre-school refers to HPA (the Health Protection Agency) for up-to-date advice on all infectious diseases. The following table provides a guide to both parents and staff on the control of the most common illnesses and infections which affect children and adults. This is not intended as a diagnosis which should only be undertaken by a professional.

ILLNESS	Recommended period a child should be kept away from school (when a child would normally be considered well)	COMMENTS
RASHES AND SKIN AILMENTS		
Athletes Foot	None	
Chickenpox	Should not return to pre-school until spots/blisters have crusted	Pregnant staff should inform their GP if they are exposed.
Cold sores (herpes simplex virus)	None	Many healthy children and adults excrete this virus at some time without have a 'sore'.
German Measles (Rubella)	Five days from onset of rash	A child is most infectious prior to the diagnosis. Most children should be immune due to immunization so that exclusion after the rash appears will prevent very few cases.
Hand, foot and mouth disease	None	Usually a mild disease not justifying time off.
Impetigo	Until lesions are crusted or healed	Antibiotic treatment by mouth may speed healing. If lesions can reliably kept covered then exclusion may be shortened.
Measles	Five days from onset of rash	Measles is now rare in the U.K.
Molluscum contagiosum	None	A mild condition.
Ringworm (Tinea)	None	Proper treatment by a GP is important. Scalp ringworm requires treatment with an anti-fungal by mouth.
Roseola	None	A mild illness, usually caught from well persons.
Scabies	Until treated	Outbreaks have occasionally occurred in schools and nurseries. A child may return as soon as properly treated. This should include all the persons in the household.
Scarlet Fever	24 hours from commencement of antibiotics	Treatment recommended for the affected child.
Slapped cheek or Fifth disease	None	Exclusions is ineffective as nearly all transmissions takes place before the child becomes unwell.
Warts and verrucae	None	Affected children may go swimming but verrucae should be covered
DIARRHOEA AND VOMITING		
Diarrhoea and/or vomiting (with or without specified diagnosis)	Until diarrhoea and vomiting has settled. Children under 7 with diarrhoea should not return to pre-school until symptom free for 48 hours	Usually there will be no specific diagnosis and for most conditions there is not specific treatment. A longer period of exclusions may be appropriate for children under age 5 and older children unable to maintain good personal hygiene.
E.Coli and Haemolytic Uraemin Syndrome	Depends on the type of E.coli	Seek further advice from CCDC
Giardiasis	Until diarrhoea has settled (neither for the previous 24	There is a specific antibiotic treatment.

	hours)	
Salmonella	Until diarrhoea and vomiting has settled (neither for the previous 24 hours)	If the child is under five years or has difficulty in personal hygiene, seek advice from the CCDC.
Shigella (Bacillary dysentery)	Until diarrhoea has settled (neither for the previous 24 hours)	If the child is under five years or has difficulty in personal hygiene, seek advice from the CCDC
OTHERS		
Conjunctivitis	On Doctor's advice	If an outbreak occurs consult CCDC.
Glandular Fever (Infectious mononucleosis)	None	
Head lice (nits)	None	Treatment is recommended only in cases where live lice have definitely been seen.
Hepatitis A	See comments	There is no justification for exclusion of well older children with good hygiene who will have been much more infectious prior to the diagnosis. Exclusions is justified for five days from the onset of jaundice or stools going pale for the under fives of where hygiene is poor.
Meningococcal meningitis/septicaemia	The CCDC will give specific advice on any action needed	There is no reason to exclude from schools, siblings and other close contacts of a case.
Meningitis not due to Meningococcal infection	None	Once the child is well infection risk is minimal.
Mumps	Fives days from onset of swollen glands	The child is most infectious before the diagnosis is made and most children should be immune due to immunization.
Threadworms	None	Transmission is uncommon in schools but treatment is recommended for the child and family.
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic. For one cause, streptococcal infection, antibiotic treatment is recommended.
HIV/AIDS		HIV is not infectious through casual contact. There have been no recorded cases of spread within a school or nursery. (See CLEANING UP BODY SPILLS.)
Hepatitis B and C		Although more infectious than HIV, hepatitis B and C have only rarely spread within a school setting. Universal precautions will minimize any possible danger of spread of both hepatitis B and C. (See CLEANING UP BODY FLUID SPILLS.)

ILLNESS & INJURIES

Spreading of Bodily Fluids

- The HIV virus, like other viruses such as Hepatitis, (A B and C) is spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults.
- Single use vinyl gloves are worn when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Protective rubber gloves are used for cleaning areas and equipment that may be soiled.
- Soiled clothing is bagged and returned to parents at picking up time.

Outbreaks of Infection

If Pre-school staff suspects that some of its children are part of an outbreak of infection (an unusually number of cases of an infectious disease) they will inform the Consultant and Communicable Disease Control.

INJURIES

Marlow Bottom Pre-school has a first aid box with appropriate content to meet the needs of children.

Procedure for a Minor Injury

- Child is soothed and appropriate first aid is administered.
- We inform parents of any accidents or injuries sustained by a child whilst in our care, and of any first aid treatment that was given. The member of staff who witnessed the accident completes the accident book which is signed by the parent/carer at pick up to acknowledge the treatment given.
 - Our accident book is kept safely and accessibly
 - It is accessible to all staff who know how to complete it;
 - it is reviewed at half termly by the Manager and a committee member to identify any potential or actual hazards.
 - We carry out daily risk assessments to ensure that children are not made vulnerable within any part of our premises nor by any activity.

Procedure for a Major Injury

When there is an injury requiring general practitioner or hospital treatment to a child, parent, volunteer or visitor or where there is a death of a child or adult on the premises, we inform Ofsted and we make a report to the Health and Safety Executive using the Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) and we act on any advice given.

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This policy was agreed and adopted at a Committee Meeting held on	
Signed	For and on behalf of Marlow Bottom Pre-school CIO

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