



Policy statement

If a child becomes unwell at Nursery, we will provide care comfort until a parent / carer arrives to collect the child or the child is transferred to hospital whichever is appropriate. It is not the policy of the nursery to care for children who are ill. We want to reduce the possibility of other children catching infections and therefore ask parents to respect the exclusion periods for vomiting, diarrhoea and infectious diseases.

Procedures for children who are sick or infectious

- No member of staff should accept a child into nursery if the child currently has a high temperature or has experienced sickness and/or diarrhoea within the last 48 hours. They should ask the parent to take the child home again or to the GP whichever is appropriate.
- No member of staff should accept a child into nursery if the child currently has a contagious infection or disease. They should ask the parent to take the child home again or to the GP whichever is appropriate.
- No member of staff should accept a child into nursery if the child has been administered Calpol or any other paracetamol product prior to their attendance at nursery – for example for a high temperature, sickness, diarrhoea or generally not well enough to attend nursery. The only exception to this would be children that are teething.
- If a child becomes unwell during the day – for example they have a high temperature, sickness, diarrhoea or pains, particularly in the head or stomach – then the Key Person or Room Leader should inform the Manager (or person in charge of the nursery) and the parents or emergency contacts called and asked to collect the child.
- If a child who known a long-term medical condition suffers deterioration of the condition, follow the advice given in the Care Plan. In an emergency call an ambulance.
- If a child becomes seriously unwell First Aid should be given as appropriate by a trained First Aider, an ambulance called, and parents informed.
- The following procedures should be followed when a child is unwell in nursery.

High temperature

In children under five, a high temperature is a temperature higher than 38°C. High temperatures are very common in young children and are usually caused by minor viral infections, such as coughs or colds, and can normally be treated at home.

A high temperature can be quite worrying, but most children recover with no problems after a few days.

Procedure for a child with a high temperature

- If a child feels hot, exclude possible causes – has the child been running about, is it a very hot day or very hot in the room?
- Check the child's temperature using an infra-red tympanic thermometer (Ear Thermometer) or an electronic thermometer used in the axilla (armpit). Do not take children's temperatures orally. Do not use forehead chemical thermometers as these are unreliable and NICE (the National Institute for Health and Care Excellence) recommend that they are not used.
- Cool the child by encouraging them to rest for a while, remove cardigans or coats, and take them into a cooler environment, if possible, for example indoors.
- Encourage the child to drink some water to avoid dehydration.
- Monitor the child over the next 10 minutes. If the child's temperature remains high (38°C or above) or the child has other symptoms of being unwell the parents should be informed and asked to make arrangements for the child to be collected as soon as possible.
- Continue to monitor the child. Paracetamol or Ibuprofen may be given with parental permission (see medicines policy) if the temperature remains too high, or the child is in pain or distressed.
- If you are worried about the child's condition or the child has a convulsion dial 999 and get an ambulance to take the child to the nearest hospital and inform the parent as soon as possible.
- Medical advice should be sort if a baby under 3 months has a temperature of 38°C or higher or a baby 3 – 6 months has a temperature of 39°C or higher.

Diarrhoea, vomiting and infectious diseases

- Children who have had diarrhoea must not return to the setting until 48 hours has passed since the last loose stool was passed.
- The setting has a list of excludable diseases and current exclusion times.

Nits and head lice

- Nits and head lice are not an excludable condition, although in exceptional cases a parent may be asked to keep the child away until the infestation has cleared.
- On identifying cases of head lice, all parents are informed and asked to treat their child and all the family if they are found to have head lice.

Serious illness and transfer to hospital

If a child's condition gives cause for concern that they are seriously ill, injured or their life is at risk then an ambulance should be called, and medical help sought. A First Aider should assess the child and give First Aid as appropriate, an ambulance should be called urgently, without delay.

To call an ambulance - dial 999

You will need to have the following information available when you call 999:

- The location where you are, including the area or postcode.
- The phone number you are calling from.
- State exactly what has happened, including any worsening of known medical conditions.
- If an accident has occurred a copy of the accident form must accompany the child.

As soon as the ambulance controller knows where you are they will start arranging for an ambulance to get to you.

You will also be asked to give some extra information, including:

- The patient's age, gender, and any medical history.
- Whether the patient is awake/conscious, breathing and if there is any serious bleeding or pain.
- Details of any injury and how it happened.

Answering these questions will not delay the ambulance, but it will help them to give you important first aid advice while the ambulance is on its way.

The extra information also helps to make sure you get the most appropriate help.

Before help arrives, you should:

- Stay with the patient until help arrives.
- Call the ambulance back if the patient's condition changes. In some situations, the ambulance control will stay on the phone giving you advice until the ambulance arrives.
- Ask a member of staff to open the doors and signal where the ambulance staff are needed.
- Ask a member of staff to write down the patient's GP details. (Print the child's details from the computer).
- Collect any medication that the child is taking in a sealed plastic box labelled with the child's name together with the medicine form.
- Tell the ambulance personnel if the patient has any allergies.
- Stay calm – the ambulance personnel staff are there to help.
- Copy any accident or incident forms.

When the ambulance arrives

- Allow the ambulance personnel to see and attend to the child.
- Stay with the child and reassure them.
- Tell the ambulance personnel what has happened and answer any questions they ask.
- Accompany the child to hospital unless the parents have arrived and can accompany the child.
- Where necessary, take a copy of the accident or incident form.

Notifying Ofsted and the Directors

Always notify the senior management (in the first instance the Area Manager then the Directors) if a child is taken seriously ill or an ambulance is called to the nursery.

Ofsted should be informed if the child stays in hospital for more than 24 hours. (See Ofsted factsheet ‘*Serious accidents, injuries and deaths that registered providers must notify to Ofsted and local child protection agencies*’).

If a child dies

You will have followed all the procedures for serious illness and transfer to hospital, calling an ambulance, giving first aid, and contacting parents.

You should have already contacted the Area Manager/ Directors to explain a child has been taken to hospital and in the case of a serious event Ofsted may already have been notified.

The child will generally be transferred to hospital, and you will be informed that the child has died, possibly by the police or the coroner visiting the setting. You MUST contact and inform a senior management member (Area Manager/Directors) for support and advice.

The Area Manager/Directors will support you to inform Ofsted and the Local Safeguarding Children’s Board (LSCB) and to collect the information they will require including all the records that you have kept. They will also deal with any press enquiries (you must NOT give any information out other than to the Police, LSCB or Ofsted).

The Directors will also support you when contacting the child’s parents / carers.

Information on the Incubation Period, Communicability and Exclusion Criteria for Communicable Diseases

Current information on exclusion criteria can be found on the following links. This can be displayed for staff and parents.

<https://khub.net/documents/135939561/735696704/HPECS+guidance+Exclusion+table.pdf/7829f6cb-6040-c703-b938-fb764683aaec>

Reporting of ‘notifiable diseases’

Registered medical practitioners have a statutory duty to notify their local council environmental health department or local health protection team of suspected cases of certain infectious diseases to prevent diseases from spreading. These diseases include Meningitis, Measles, Mumps, Rubella, Whooping Cough and Food Poisoning. (A full list is available on the Government website <https://www.gov.uk/notifiable-diseases-and-causative-organisms-how-to-report>).

If a child or adult is diagnosed suffering from a notifiable disease under the Public Health (Infectious Diseases) Regulations 1988, the GP will report this to the Health Protection Agency. The nursery may be told that a child is suffering from a notifiable disease by a parent or may be formally informed by the local authority. The manager should inform the Area Manager/ Directors and act on any advice given by the Health Protection Agency.

This policy was adopted on	Signed on behalf of the nursery
05/02/2025	KellieATye (Area Manager)