
Illness and Infection Policy

Gina's Montessori's key priority at all times is the health, safety and wellbeing of the children in our care, their families and our staff. In specific regard to the current pandemic, we are operating to our own comprehensive and regularly updated COVID-19 policies regarding infection control, and we will also continue to introduce additional measures in line with the latest guidance from the NHS, Public Health Bodies, and government. See our COVID-19 policy.

At Gina's Montessori Nursery School we promote the good health of all children attending. To help keep children healthy and minimise infection, we do not expect children to attend nursery if they are unwell. If a child is unwell it is in their best interest to be in a home environment with adults they know well rather than at nursery with their peers.

Our procedures

In order to take appropriate action of children become ill and to minimise the spread of infection we implement the following procedures:

- If a child becomes ill during the nursery day, we contact their parent(s) and ask them to pick up their child as soon as possible. During this time we care for the child in a quiet, calm area with their key person, wherever possible
- We follow the guidance given to us by Public Health England (formerly the Health Protection Agency) in Guidance on Infection Control in Schools and other Child Care Settings and advice from our local health protection unit on exclusion times for specific illnesses, e.g. sickness and diarrhoea, measles and chicken pox, to protect other children in the nursery.
- Should a child have an infectious disease, such as sickness and diarrhoea, they must not return to nursery until they have been clear for at least 48 hours. We notify Ofsted as soon as possible and in all cases within 14 days of the incident where we have any child or staff member with food poisoning. We inform all parents if there is a contagious infection identified in the nursery, to enable them to spot the early signs of this illness. We thoroughly clean and sterilise all equipment and resources that may have come into contact with a contagious child to reduce the spread of infection
- We exclude all children on antibiotics for the first 48 hours of the course (unless this is part of an ongoing care plan to treat individual medical conditions e.g. asthma and the child is not unwell) This is because it is important that children are not subjected to the rigours of the nursery day, which requires socialising with other children and being part of a group setting, when they have first become ill and require a course of antibiotics
- We have the right to refuse admission to a child who is unwell. This decision will be taken by the manager on duty and is non-negotiable
- We make information/posters about head lice readily available and all parents are requested to regularly check their children's hair. If a parent finds that their child has head lice we would be grateful if they could inform the nursery so that

other parents can be alerted to check their child's hair.

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.

COVID Safe

Staff will refresh, and review the settings child protection arrangements is needed in light of coronavirus (COVID-19):

- how be aware of how to identify and act on safeguarding concerns about individual children as they return to childcare – Reporting procedures remain the same
- working arrangements with children's social workers and the local authority virtual school head (VSH) (See Child Protection Poster)
- DSL (and deputy) arrangements - It is acceptable for the safeguarding lead not to be based on-site if this is not practical, for example they may be working from home or be based at another setting, as long as they are still available to provide support, advice and guidance to staff. It is important that all childcare staff and volunteers have access to a designated safeguarding lead practitioner and know on any given day who that person is and how to speak to them.
- All staff made aware of the new policy and be kept up to date as it is revised.

SEND

Vulnerable children continue to be expected and encouraged to attend educational provision where it is appropriate for them to do so (for children with education health and care (EHC) plans this will be informed by a risk assessment approach.)

Children, and staff who have been classed as clinically extremely vulnerable due to pre-existing medical conditions, have been advised to shield and are not expected to

attend nursery. They should continue to be supported to learn at home, as much as possible.

Those with an EHC Plan should be risk-assessed by the provider and with social care and parents, to decide whether they need to continue to be offered sessions at the provision to meet their needs, or whether they can safely have their needs met at home.

A risk assessment for each vulnerable child should be written and reviewed. Following the completion of the risk-assessment, a RAG rating is awarded to the child based on the level of risk for the child being at home.

The frequency of contact calls will have been agreed by the setting. It is vital that all conversations, regardless of who undertakes them, should be recorded and logged in an easily accessible way with any concerning detail also recorded

If concerns emerge, these should be escalated to the MASH team.

It is recommended that every child/family should receive the minimum of one weekly telephone call – or equivalent.

This policy was adopted on	Signed on behalf of the nursery	Date for review
August 2021	<i>Gina Ferriter</i>	August 2022