



Illness and injury Policy

EYFS: 3.44, 3.45, 3.46

Aim of the Policy

Green Roots Illness and Injury Policy is in place to help promote and encourage a healthy environment and to minimise the spread of infection. It also contains information as to the process followed in the event of an accident occurring in the centre.

The well-being of the children, team and visitors using the centre is of paramount importance and the promotion of good health is encouraged.

- 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.
- 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
- The welfare of all children attending the centre has to be considered in the event of suspected sickness. If, in the opinion of the team a child is ill and requires medical treatment or further diagnosis, a call will be made to the parent/guardian requesting they arrange to collect 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
- Children will be monitored for signs and symptoms of infectious diseases and illness such as diarrhoea and vomiting, chickenpox, measles, mumps, meningitis, and temperatures of 101°F / 38°C degrees or over. Regular visual checks on the child's condition will be made and their temperature taken to ensure prompt action is taken.
- We notify Ofsted, Public Health England, Food Standards Agency 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 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.

- Children who present three or more unusually loose stools during the day (diarrhoea), are required to be collected as soon as possible and cannot return to the centre for 48 hours*. This is to minimise the risk of spreading infection. Children should not return to the centre until their stools have returned to normal and medication is not required to control the situation. Children who are teething frequently have loose stools and in this instance we would not expect parent/guardians to collect their child.
- Children who vomit for reasons other than eating too fast or bringing back milk ie. vomit that in the opinion of a Green Roots team member is caused by illness, are required to be collected as soon as possible*. This is to minimise the risk of spreading infection. Children cannot return to the centre until the child is back to normal with at least 48 hours having passed since the last time they vomited and when medication is not required to control the situation.
- 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 The booklet is available by the Parent/guardian Notice Board and is also available at www.hpa.org.uk
N.B. In instances where children are prescribed antibiotics or have vomiting or diarrhoea, our Medicines Policy will determine/override the recommended period of absence. The child's attendance at the centre is at the ultimate discretion of Green Roots.
- 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
- Green Roots have an on-going programme of Paediatric First Aid training for all team members. Details of team members who have First Aid qualifications can be found on the Parent/guardian Notice Board.
- Disposable gloves and other PPE are readily available and must be worn when responding to accidents.

*Please note: On occasion a parent/guardian or colleague may differ in their view of whether a loose nappy or vomiting is a trigger for exclusion. Parent/guardians can challenge an exclusion decision by escalating to the manager. The manager's decision on whether a period away from the centre is required or not required is final.

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.

In the event of a minor accident or illness the following procedures are in place:

- The injury/illness will be assessed by a team member and first aid given, if required, and an Accident Form will be completed on the day. Please refer to our Medication Policy for guidelines relating to the administration of medicines.
- If a child has a temperature, a High Temperature Form will be completed and parent/guardians will be asked to co-sign this on collection.
- If a child has a head injury, a Head Injury Form will be completed and the child will be constantly monitored. The child will be given a bump to the head sticker so they are easily identified by the whole team.
- Ongoing supervision and monitoring of the child will be made and a risk assessment undertaken, should this be applicable.
- In the case of a non-emergency or minor illness, a team member will call the child's parent/guardian to advise them of the situation but the parent/guardian will not be required to collect the child if they are happy to see how things go. If a team member cannot get through to the parent/guardian, they will leave a message where possible but no further action will be taken to try and contact the parent/guardian.
- The parent/guardian will be given information regarding the accident/illness on collection of their child and will be requested to read and sign the Accident Form, Illness Form, High Temperature Form or Head Injury Form if one was required. If an authorised person collects the child a copy of the form is given to the person to pass on to the child's parent/guardian.

In the event of a major accident or suspicion of a serious illness the following procedures are in place:

- The injury/illness will be assessed by a team member and first aid given.
- A member of the management will be notified of the accident/illness details and a prompt decision will be made as to whether hospital treatment is required. This may include dialling 999 for an ambulance. If you cannot get hold of centre management for whatever reason and you feel an ambulance is needed -do not hesitate to call 999.
- The parent/guardian will be contacted immediately to inform them of the situation. If the parent/guardian is not able to reach the centre within an appropriate length of time, one senior team member, will accompany the

child to the Accident and Emergency Department. The parent/guardian will be informed to go directly to the designated hospital.

- If a child is fitting, has lost consciousness, has breathing difficulties, is choking or their condition is potentially life threatening then an ambulance will be called immediately and emergency first aid will be given. This may include administration of an EpiPen, CPR, choking prevention techniques or use of the recovery position etc. This should be done where possible by a qualified first aider.
- If an EpiPen needs to be administered and you are confident to do so regardless of your seniority, do not hesitate to administer the EpiPen following the instructions on the packaging, as time is often of the essence.
- An Accident Form will be completed on the day and the parent/guardian will be asked to read and sign. This may not be on collection but should be completed and signed as soon as possible following the accident/illness.

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.

Accidents or Illnesses during Outings

Should an accident or illness occur during an outing, our team will follow the same procedures as above, liaising with the centre management by phone to ensure prompt appropriate action is taken and assistance will be sought where necessary to maintain the safety of other children also on the outing if hospital treatment is required.

Insect bites and stings

Insect stings and bites can be very painful but aren't usually serious unless the effected person develops a severe allergic reaction, which is rare. Stings burn and are usually caused by wasps, bees and hornets. If the area swells don't panic. The effected person may have an allergic reaction, but it isn't serious unless the swelling

affects other parts of their body, particularly their face and throat. If this happens, call an ambulance. Otherwise treat it by scraping out the sting as quickly as possible, and then soothe it with a cold compress. Medication will only be administered to the affected area if a medical consent form has been completed allowing us to do so. Do not try to grab the sting to pluck it out as this may squeeze more venom into the skin.

Common local skin reactions caused by insects;

- An insect sting-typically causes an intense, burning pain. This is quickly followed by a patch of redness and a small area of swelling (up to 1 cm) around the sting. This usually eases and goes within a few hours.
- An insect bite-you may not notice the bite (although some can be quite painful, particularly from a horsefly). However, saliva from the insect can cause a skin reaction such as:
 - Irritation and itch over the site of the bite.
 - A small itchy lump (papule) which may develop up to 24 hours after a bite. This typically lasts for several days before fading away. Sometimes some redness (inflammation) surrounds each papule.
 - A weal which is like a small fluid filled lump and is very itchy. It may develop immediately after being bitten. A weal lasts about two hours, but is often followed by a small itchy solid lump which develops up to 24 hours later. This can last for several days before fading away.

We will always inform the parent/guardian if their child has been bitten or stung and complete and sign an incident form.

Allergies and Allergic reactions

At Green Roots we are aware that children may have or develop an allergy resulting in an allergic reaction. Our aims are to ensure allergic reactions are minimised or, where possible, prevented and that staff are fully aware of how to support a child who may be having an allergic reaction.

Our procedures

- Our staff are made aware of the signs and symptoms of a possible allergic reaction in case of an unknown or first reaction in a child. These may include a rash or hives, nausea, stomach pain, diarrhoea, itchy skin, runny eyes, shortness of breath, chest pain, swelling of the mouth or tongue, swelling to the airways to the lungs, wheezing and anaphylaxis
- We ask parents to share all information about allergic reactions and allergies on child's registration form and to inform staff of any allergies discovered after registration
- We share all information with all staff and keep an allergy register in the office, Adventure and Explorer rooms. Where a child has a known allergy, the nursery manager will carry out a full Risk Assessment Procedure with the

parent prior to the child starting the nursery and shares this assessment with all staff

- All food prepared for a child with a specific allergy is prepared in an area where there is no chance of contamination and served on equipment that has not been in contact with this specific food type, e.g. nuts
- The manager, chef and parents will work together to ensure a child with specific food allergies receives no food at nursery that may harm them. This may include designing an appropriate menu.
- Seating will be monitored for children with allergies. Where deemed appropriate staff will sit with children who have allergies and where age/stage appropriate staff will discuss food allergies and the potential risks
- If a child has an allergic reaction to food, a bee or wasp sting, plant etc. a first-aid trained member of staff will act quickly and administer the appropriate treatment, where necessary. We will inform parents and record the information in the incident book and on the allergy register
- If an allergic reaction requires specialist treatment, e.g. an EpiPen, then at least two members of staff working directly with the child and the manager will receive specific medical training to be able to administer the treatment to each individual child.

Food Information Regulations 2014

From 13 December 2014, we will incorporate additional procedures in line with the Food Information Regulations 2014 (FIR).

- We will display our weekly menus on the Parent Information Board and will identify when the 14 allergens are used as ingredients in any of our dishes.