



Laurel Farm
Steiner
Kindergarten

Child and Staff Illnesses

Updated Oct 2016 by Dominika Baran (manager/teacher)

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Updated Sept 2018 by Olivia Cliff (trustee)

Updated Jan 2020 by Dominika Baran (Advisory Teacher) and Claude Lebaleur

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February 2022 by Adam Nash (Chair of Trustees)

Updated April 2022 by Jessie Kazak (Operations Manager)

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1. Introduction

1.1. Laurel Farm Kindergarten aims to create a space where infectious diseases are dealt with appropriately, and there is due consideration to the health and wellbeing of those at the kindergarten.

1.2. We aim to keep the children safe and continue to promote the welfare of all children in our setting and beyond, working with partner organisations and agencies, as set out in working together to safeguard children.

Aims of the Policy

1.3. To ensure the kindergarten gives the best quality care to the most possible children by limiting the spread of infectious diseases within the kindergarten

1.4. To make it clear when your child needs to stay at home and when it's ok for them to attend

2. Parents / Carers Responsibilities

2.1. Parents / carers are discouraged from bringing in their children to the kindergarten if they are unwell. Children need stamina to participate in kindergarten life and we aim to keep the environment as free from infection as possible.

2.2. Parents / carers must inform staff if they suspect their child or household has an infectious disease. If a child with a suspected infectious disease has been at kindergarten, all attending children's parents / carers will be informed, so

that they can be aware of emerging symptoms and/or take any necessary precautions.

2.3. Parents / carers should inform the kindergarten if their children will be absent for a period of time due to illness.

3. General Illness Control Measures

3.1.1. The Manager is not allowed to admit onto the premises any child who appears to be suffering from an infectious or contagious illness or disease. Any child who has a sore throat, discharge from the eyes or nose, sickness, diarrhea or any contagious/infectious illness should be kept at home until s/he is fully recovered, or they have a doctors note confirming they are not contagious and may attend, or sufficient time as detailed below has elapsed since the last outbreak. Please do not bring children who are unwell into the kindergarten as they will be sent home upon arrival.

3.1.2. This is not an exhaustive list and we expect everyone involved with the kindergarten to be open, honest and pro-active around issues of illness to ensure the kindergarten can deliver the best possible care to as many children as possible. For more illnesses, please check the NHS guidelines list at the end.

3.1.3. If there has been a diagnosis of a notifiable disease, the operations manager will inform the Health Protection Agency

3.2. Vomiting and Diarrhea

If someone vomits or has a period of diarrhea, they must not attend the kindergarten until they have had a continuous 48 hours symptom free. Parents / carers and staff are advised their child must stay away if another member of the family, or people they live with, have suffered these symptoms.

3.3. Covid, fever and flu

If someone develops acute illness symptoms like fever, muscle aches or hacking cough they must not attend the kindergarten until 24 hours after their symptoms have resolved.

3.4. Chickenpox

If a child develops chickenpox, they must not attend the kindergarten until all the spots have crusted over. This is usually 5 days after the spots appeared.

3.5. Conjunctivitis

If a child develops conjunctivitis, they must not attend the kindergarten until 24 hours after they have started medication. Your child will not be accepted back into kindergarten without a parent taking measures to treat the condition. Conjunctivitis is extremely contagious and if the spread within a room is evident, it may be necessary to exclude all affected children until they fully recover.

Should the kindergarten staff suspect your child has contracted conjunctivitis (red eye), you will be asked to collect your child as soon as possible.

3.6. Head Lice / Nits

In the event of head lice or nits, all parents / carers will be informed immediately and requested to check every member of their family, and treat as necessary. Long hair must be tied back or covered at kindergarten. Treatment must be repeated according to the product's instructions, so that lice life cycle isn't repeated. Regular checking is advised as good practice.

3.7. Rashes

3.7.1. We understand that from time-to-time unexplained rashes may appear which may accompany temperatures as well as those which do not appear to have any other symptoms, may happen with young children. The kindergarten staff are not medically trained and therefore should your child develop a rash we may ask that parents make an appointment to see their doctor to seek an expert opinion as soon as possible.

3.7.2. Should your doctor advise you that the rash is not serious and it cannot be passed on to other children or adults and that your child is fit and well enough to return to kindergarten, we will require written proof from your doctor.

3.7.3. This letter must be clearly dated and the name and address of your doctor included.

3.7.4. If the kindergarten staff are at all worried that your child's rash may be more serious, or if one or more of the symptoms of meningitis are present, an ambulance will be called immediately. We will make every effort to contact you and a member of staff will accompany your child to the local hospital.

4. Developing Illnesses

4.1. If a child vomits or has an episode of diarrhea at the kindergarten you will be immediately asked to come to collect them.

4.2. Should your child develop a temperature or otherwise become unwell whilst at kindergarten, we will do our very best to contact you and advise you of your child's condition and how they have been throughout the day so far. If there has been little or no improvement, you will be asked to come to collect them.

4.3. Parents / carers are required to inform the kindergarten how they can be reached in the event of an accident or sudden illness. However, since it may sometimes be impossible to find a parent/carer in emergency, parents / carers are required to provide the Manager with signed permission to act in their absence.

4.4. Local Authority regulations state that parents / carers are required to give the following information to the Manager: name, address and date of birth of each child; name, home address and place of work with respective telephone

numbers of the parents / carers of each child (we ask that a copy of the parent/carers current timetable should be left with the Manager to ensure that contact can be made in an emergency); name, address and telephone number of each child's doctor.

5. Staff Illnesses

5.1. Staff are required to inform the kindergarten office as soon as they realize that they are unable to work because of illness, so that other arrangements can be made to cover their post appropriately.

5.2. Staff who consider that they are ill with any illness that may be infectious, have a high temperature, any sort of rash, should not come into work. It is essential that staff consider any possible effects on children and other staff.

5.3. Any member of staff suffering with diarrhea, winter vomiting disease, or any other symptoms, which may be infectious, it is requested that they do not return until 48 hours after the symptoms have ceased

7. NHS guidelines for length of Illness related Isolation

Illness	Exclusion
Covid 19	Until recovered
Chicken pox-Varicella Incubation: 2.3 weeks	5 days from onset of rash
German Measles Incubation: 2-3 weeks	6 days from onset of rash
Measles Incubation: 10-14 days	4 days from onset of rash
Hand, foot and mouth Incubation: 3-5 days	None
Impetigo bullous Incubation:4-10 days	Until lesions are dried and healed or after 48 hours of commencing antibiotics
Impetigo non bullous	None
Ear infection	None
Influenza	Until recovered
Common cold	None
Scarlet fever Incubation: 2-5 days	24 hours after start of antibiotics 2 to 3 weeks if no antibiotics given after

	the first set of rashes
Whooping cough Incubation: 6-20 days	5 days from start of antibiotic treatment or 21 days from onset of illness
Diarrhea Vomiting	48 hours from last episode of vomiting or diarrhea
Tonsillitis	None
Scabies	None
Meningitis bacterial and viral	Bacterial: until recovered Viral: none
Mumps	5 days from onset