

Managing children who are sick, infectious, or with allergies

Safeguarding and Welfare Requirement: Health (2017)

3.44. *The provider must promote the good health of children attending the setting. They must have a procedure, discussed with parents and/or carers, for responding to children who are ill or infectious, take necessary steps to prevent the spread of infection, and take appropriate action if children are ill*

Policy statement

We aim to provide care for healthy children through preventing cross infection of viruses and bacterial infections and promote health through identifying allergies and preventing contact with the allergenic trigger.

Procedures for children who are sick or infectious

- If children appear unwell during the day – for example, if they have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – the key person will call the parents and ask them to collect the child, or to send a known carer to collect the child on their behalf.
- If a child has a temperature, they are kept cool, by removing top clothing but kept away from draughts.
- The child's temperature is taken using an underarm thermometer which is kept in the first aid box.
- If the child's temperature does not go down and is worryingly high, then we may give them Calpol or another similar analgesic, after first obtaining written consent via email from the parent. This is to reduce the risk of febrile convulsions, particularly for babies. Parents sign the medication record when they collect their child.
- Please note, we do not administer antipyretics, such as Calpol, at any other time unless prescribed for a specific condition, as antipyretics can also mask other symptoms and make diagnosis of the underlying cause of serious illness difficult (Royal College of Nursing, 2015)
- In extreme cases of emergency, an ambulance is called and the parent informed.
- Parents are asked to take their child to the doctor before returning them to the setting; we can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics for an infectious illness or complaint, we ask parents to keep them at home for 48 hours before returning to the setting. This is to allow sufficient time for the antibiotics to start working, symptoms to improve and to ensure that the child is well enough to return to nursery.
- After diarrhoea and vomiting, we ask parents keep children home for 48 hours following the last episode.
- Some activities, such as sand and water play, and self-serve snacks where there is a risk of cross-contamination may be suspended for the duration of any outbreak.
- We have a list of excludable diseases and current exclusion times. The full list is obtainable from www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947358374 and includes common childhood illnesses such as measles.
- It is at the Nursery Manager's discretion whether or not to allow a child into nursery if they are showing signs of illness, even if there is no exclusion period or if this is after any exclusion period has passed or if a doctor has stated that they are not infectious. The Nursery Manager will need to take into account the demeanour of the child and whether they are well enough to participate in nursery activities

Reporting of 'notifiable diseases'

- If a child or adult is diagnosed as suffering from a notifiable disease under the Health Protection (Notification) Regulations 2010, the GP will report this to Public Health England.
- When we become aware, or are formally informed of the notifiable disease, our manager informs Ofsted if applicable and contacts Public Health England, and acts on any advice given.

HIV/AIDS/Hepatitis procedure

HIV virus, like other viruses such as Hepatitis A, B and C, are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults. We:

- Wear single-use vinyl gloves and aprons when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Bag soiled clothing for parents to take home for cleaning.
- Clear spills of blood, urine, faeces or vomit using mild disinfectant solution and mops; any cloths used are disposed of with the clinical waste.
- Clean any tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit using a disinfectant.

Nits and head lice

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

Procedures for children with allergies

- When children start at the setting we ask their parents if their child suffers from any known allergies. This is recorded on the Registration Form.
- If a child has an allergy, We complete a risk assessment form to detail the following:
 - The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc.).
 - The nature of the allergic reactions (e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.).
 - What to do in case of allergic reactions, any medication used and how it is to be used (e.g. Epipen).
 - Control measures - such as how the child can be prevented from contact with the allergen.
 - Review measures.
- This risk assessment form is kept in the child's personal file and a copy is displayed where our staff can see it.
- Generally, no nuts or nut products are used within the setting.
- Parents are made aware so that no nut or nut products are accidentally brought in, for example to a party.

Insurance requirements for children with allergies and disabilities

- If necessary, our insurance will include children with any disability or allergy, but certain procedures must be strictly adhered to as set out below. For children suffering life threatening conditions, or requiring invasive treatments; written confirmation from our insurance provider must be obtained to extend the insurance.
- At all times we ensure that the administration of medication is compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage.
- Oral medication:
 - Asthma inhalers are now regarded as 'oral medication' by insurers and so documents do not need to be forwarded to our insurance provider. Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.
 - We must be provided with clear written instructions on how to administer such medication.
 - We adhere to all risk assessment procedures for the correct storage and administration of the medication.
 - We must have the parents or guardians prior written consent. This consent must be kept on file. It is not necessary to forward copy documents to our insurance provider.
- Life-saving medication and invasive treatments:
These include adrenaline injections (Epipens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc.) or invasive treatments such as rectal administration of Diazepam (for epilepsy).
In cases where occasional, regular or emergency medication is required such as Epipens, hypodermic injections or tube administered medication (but not including non-prescribed drugs or medicines, prescribed oral medication or asthma inhalers). It is a condition of our insurance that the setting:
 - Must have a letter from the child's parent/guardian providing specific consent for you to administer the

medication;

- Must have a letter from the child's General Practitioner or consultant stating:
 - what condition the drug or medicine is for with its name
 - how and when the drug or medicine is to be given
 - what training of personnel is required, if any
 - any other relevant information

- Training in the administration of the drug or medicine must be as stipulated by the child's general practitioner or consultant and, if required, you must provide proof of such training.
- We will not be able to admit children to the nursery without the above information.

It is a condition of our insurance that the administration or provision of oxygen, gastro feeding, naso-gastric tube feeding, cleaning and changing of feeding or tracheostomy/tracheotomy tubes and emptying/changing stoma bags takes place only under the following conditions:

- You must have a letter from the child's General Practitioner or consultant stating:
 - the child's condition and the health support procedures required
 - what training of personnel is required
 - what medical experience is required
 - any other relevant information.
 - You must have a letter from the child's parent/guardian providing specific consent for Nursery officials to administer/ provide the health support procedures required.
 - You must ensure that any person administering/providing the required health support procedures has the medical experience and training specified by the child's General Practitioner or consultant and, if required, provide proof of such training.
- If we are unsure about any aspect, we contact our insurers, Morton Michel on 0208 603 0944

Internal use only

This policy was adopted on	Signed on behalf of the nursery	Date disseminated to staff	Date for review
<i>April 2017</i>			<i>April 2018</i>