

## 6.2 Managing children who are sick, infectious, or with allergies



### Policy statement

Explorers 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 manager on duty will call the parents and ask them to collect the child, or to send a known carer to collect the child on their behalf as quickly as possible. During this time the child will be cared for in a calm quiet area by their key worker or a familiar member of staff.
- The child's temperature is taken using a digital thermometer, kept in the first aid box.
- If the child's temperature does not go down and is over 39, then we may give them a paracetamol based analgesic, after first obtaining verbal consent from the parent. This is to reduce the risk of febrile convulsions, particularly for babies. Parents sign the medication record on Family as soon as possible.
- 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; following advice from our registering authority 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 our settings.
- After sickness or diarrhoea, we ask parents to keep children home for 48 hours following the last episode.
- Explorers has 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.
- If a contagious infection is identified at Explorers, parents will be informed to enable them to spot the early signs of this illness. All equipment and resources that may have come into contact with a contagious child will be cleaned and sterilised following guidelines set out in <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/managing-specific-infectious-diseases-a-to-z>
- 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](http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947358374) and includes common childhood illnesses such as measles.

## Diarrhoea and Vomiting

All children must be kept away from nursery for a minimum of 48 hours after the last episode of diarrhoea or vomiting. If a child is sent home from the nursery the 48 hours exclusion still applies. Therefore if your child is due in the following days they will be unable to attend. Children should only return to Explorers once they are well enough and have regained their appetite.

## Fever

All children must be kept away from nursery for a minimum of 24 hours or until their fever has returned to normal.

- If a child is sent home from the nursery the 24 hour exclusion still applies. Therefore if your child is due in the following day they will not be able to attend. Explorers will administer medication which has been prescribed by a doctor or dentist. (a clear printed pharmacy label with the child's name on will be evidence of this) . NB We may administer children's paracetamol (un-prescribed) for children with the verbal consent of the parents in the case of a high temperature. This is to prevent febrile convulsion and where a parent or named person is on their way to collect the child.

Nursery staff have the right to refuse to administer any medication with which they feel uncomfortable.

Please respect our staff team's decision as our policies are in place to prevent infection spreading around the nursery.

## *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 and contacts Public Health England, and act[s] on any advice given.

## Meningitis Procedure

If a parent informs the nursery that their child has meningitis, the nursery manager should contact the Infection Control (IC) Nurse for their area, and Ofsted

## *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.
- Ensure that children do not share toothbrushes, which are also soaked weekly in sterilising solution.

### *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 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, animal hair 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).

- We must have:
  - a letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered;
  - written consent from the parent or guardian allowing our staff to administer medication; and
  - proof of training in the administration of such medication by the child's GP, a district nurse, children's nurse specialist or a community paediatric nurse.
- Copies of all three documents relating to these children must first be sent to our Insurance Department for appraisal
- Written confirmation that the insurance has been extended will be issued by return.
- Key person for special needs children requiring assistance with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc.:
  - Prior written consent must be obtained from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
  - The Key person must have the relevant medical training/experience, which may include receiving appropriate instructions from parents or guardians.
  - Copies of all letters relating to these children must first be sent to the Insurance Department for appraisal. Written confirmation that the insurance has been extended will be issued by return.
- If we are unsure about any aspect, we will contact our Insurance Department.

#### **Safeguarding and Welfare Requirement: Health**

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.