

### **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.

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

### **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 – a Supervisor 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 and comfortable, by removing top clothing and sponging their heads with cool water, but kept away from draughts.
- The child's temperature is taken using a digital / forehead strip thermometer, 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 similar analgesic) after first obtaining verbal consent from the parent where possible whilst we wait for the parent / carer to arrive. This is to reduce the risk of febrile convulsions. Parents sign the medication record when they collect their child.
- In extreme cases of emergency, an ambulance is called and the parent informed.
- In cases where a high temperature is present, **parents are asked to keep their child at home until the temperature has returned to normal for 24 hours without medication.** 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.**
- **After sickness and / or diarrhoea, we ask parents keep children home for 48 hours following the last episode.**
- Children with rashes should be considered infectious and assessed by their doctor before returning to nursery.
- 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 Public Health England in the Guidance on infectious control for schools and childcare settings [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/522337/Guidance\\_on\\_infection\\_control\\_in\\_schools.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/522337/Guidance_on_infection_control_in_schools.pdf) and includes common childhood illnesses.

### *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 the Health Protection Agency.
- When we become aware, or are formally informed of the notifiable disease, our manager informs Ofsted and the local Health Protection Agency, and will act 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.
- Use protective rubber gloves for cleaning/slucing clothing after changing.
- Rinse soiled clothing and either bag it for parents to collect or launder it in the setting.
- 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 tooth brushes, which are also soaked weekly in sterilising solution.

### *Rashes*

- *We need to treat all rashes with care and as contagious*, we will ask parents to seek medical treatment to verify that the rash is not contagious to others. Children can return to nursery once the rash has been cleared by a medical professional or alternatively when treatment has become effective and the rash is no longer contagious.

### *Conjunctivitis*

- For cases of conjunctivitis, we will ask parents to seek medical treatment (from a pharmacist). Children can return to nursery once treatment has become effective and the affected eyes have stopped weeping.

### *Threadworms*

- For cases of confirmed threadworms, we will ask parents to treat their child and the rest of the family. Children can return to nursery once treatment has become effective.
- Staff should wear disposable gloves when supervising the toileting of a child who has threadworms and disinfect the area after use.
- Staff should be advised to take medication to reduce the risk of their becoming ill from threadworms.

### *Nits and head lice*

- On identifying any cases of head lice, we will ask the parent to treat their child and the rest of the family to reduce spread before returning them to nursery.
- We will inform all parents and ask them to treat their child and all the family if they are found to have head lice.

### *Procedures for children with allergies or additional medical needs*

- When children register at the setting we ask their parents if their child suffers from any known allergies. This is recorded by the parent on the Registration Form.
- If a child has an allergy, or additional medical needs, we ask the parent / carer to complete an additional medical form (Tiger Lily) form to provide further detail and particularly asks for the following information:
  - The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, plasters, bee stings, pet 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 information of the allergy and medication is displayed where our staff can see it.
- We are a nut-free nursery and carefully check the food that we provide at nursery.
- We ask parents to be careful and vigilant when bringing foods into nursery, which includes sandwich filling; no peanuts or nut products to be included in their child's lunchbox (nutella, almond butter, peanut butter or other nut butters).
- Parents are made aware so that no nut or nut products are accidentally brought in, for example packed lunches or parties.

### *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 the 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.
- 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.
- If we are unsure about any aspect, we contact the Pre-school Learning Alliance or our insurance provider.
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**Other useful Pre-school Learning Alliance publications**

- Good Practice in Early Years Infection Control
- Medication Administration Record