



PUDDLEDUCKS Nursery & Pre-School

MANAGING CHILDREN WHO ARE SICK, INFECTIOUS OR WITH ALLERGIES POLICY

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

- We acknowledge that 'normal body temperatures' in babies and children can vary. We therefore consider that average temperatures can be between 36.6°C - 37.2°C (97.9°F - 99°F)
- If children appear unwell during the day - have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach - the key worker/room lead/Manager calls the parents and asks them to collect the child, or send a known carer to collect on their behalf.
- If a child has a temperature, they are kept cool, by removing top clothing, sponging their heads with cool water, but kept away from draughts.
- Temperature is taken using a 'fever scan' and/or forehead thermometer kept near to 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 verbal consent from the parent where possible. This is to reduce the risk of febrile convulsions, particularly for babies. Parents sign the medication record when they collect their child.
- If a temperature reaches 38 degrees centigrade or above, parents are contacted for permission to administer paracetamol. Medication is given and temperature re-taken after 45 minutes. If it has not reduced to below 38 degrees, parents will be contacted and they may be asked to take their child home. If, in the first instance of administering paracetamol their temperature responds positively but rises again within four hours, a second dose can be given at the four hour mark, however this will be assessed on an individual case by management.
- 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 nursery; the nursery can refuse admittance to children who have a high temperature, sickness, diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics, parents are asked to keep them at home for **48 hours** before returning to the setting.
- After diarrhoea, parents are asked to keep children home for **48 hours** following the last episode
- Some activities, such as mud kitchen, 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.
- The setting has a list of excludable diseases and current exclusion times. The full list is obtainable from www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities and includes common childhood illnesses such as measles.

Reporting of 'notifiable diseases'

- If a child or adult is diagnosed suffering from a notifiable disease under the Health Protection (Notification) Regulations 2010, the GP will report this to Public Health England.
- When the setting becomes aware, or is formally informed of the notifiable disease, the manager informs Ofsted 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:

- Use single use vinyl gloves and aprons when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Soiled clothing is bagged for parents to take home for cleaning.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; cloths used are disposed of with the clinical waste.
- Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.

Nits and head lice

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

Procedures for children with allergies

- When parents start their children at the setting they are asked if their child suffers from any known allergies. This is recorded on the registration form.
- If a child has an allergy, a risk assessment form is completed 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 form is kept in the child's personal file and a copy is displayed where staff can see it (Generally in the child's named medical box)
- Parents train staff in how to administer special medication in the event of an allergic reaction, if this is deemed acceptable by the GP/Nurse, otherwise training is sought via the medical team.
- The setting has a strict no nuts or nut products within the setting. Any items found in a child's lunch bag will be removed and returned to the parent, where a full explanation will be given
- Parents are made aware of our no nut or nut products policy via registration forms and parents handbook

Insurance requirements for children with allergies and disabilities

- The insurance will automatically 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 your insurance provider must be obtained to extend the insurance.

At all times the administration of medication must be 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.
- The provider must be provided with clear written instructions on how to administer such medication.
- All risk assessment procedures need to be adhered to for the correct storage and

administration of the medication.

- The group 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 & invasive treatments

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).

The provider 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 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 letters relating to these children must first be sent to our Insurance Provider. Confirmation will then be issued in writing confirming that the insurance has been extended will be issued by return.
 - Treatments, such as inhalers or Epipens are immediately accessible in an emergency.

Key person for special needs children - children requiring assistance with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc.

- Prior written consent from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
- Key person to have the relevant medical training/experience, which may include those who have received appropriate instructions from parents or guardians.
- Copies of all letters relating to these children must first be sent to our Insurance Provider. Written confirmation that the insurance has been extended will be issued by return.
- If we are unsure about any aspect, we contact the Early Years Alliance Insurance team on 020 7697 2585 or email insurance@eyalliance.org.uk