



## **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**

- A normal temperature is between 36.4-37.4c. A temperature above 37.4 and under 38c will be monitored but no action is necessary. Once a temperature is 38c or over, contact will be made (or attempted by every means) with the parent(s) to ask if we can give the child Calpol. The initial phone call with the parent will include requesting that the child be picked up from nursery. The exclusion period for a temperature at 38c or over is 24 hours from the onset of the temperature. After this, the child must not have a temperature (without the aid of medication). For instance, if a child has a temperature above 38c on Tuesday at 13:30, then, if the previously mentioned criteria are met, the child could come into nursery at 13:30 on Wednesday.
- If children appear unwell during the day for example, if they have a temperature, sickness, diarrhea, or pains, particularly in the head or stomach the Room Leader will call the parents and ask them to collect the child as soon as possible, or to send a known carer to collect the child on their behalf.
- In this event the child would be seen by the Manager/ Deputy Manager or another qualified first aider.
- If a child has a temperature, they are kept cool, by removing the top layer of clothing
- The child's temperature is taken using an under the arm thermometer or head scan
- If the child's temperature does not go down and is worryingly high, then we may administer Calpol after first obtaining verbal consent from the parent. This is to reduce the risk of febrile convulsions, particularly for babies. The child's registration consent form will first be checked and parents will sign the *child medication consent & administration form* when they collect their child.
- In extreme cases of emergency, an ambulance is called and the parent informed.
- In most cases, when a child is sent home from nursery, we feel that it would be beneficial if they saw a doctor before returning them to the setting; we reserve the right to refuse admittance to children who have either a; high temperature, sickness and diarrhea or a contagious infection or disease.
- After diarrhea or vomiting, we ask parents keep children home for 48 hours following the last episode.
- We will not accept a child that has received paracetamol or ibuprofen prior to arrival for a temperature.
- 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.
- A list of excludable diseases and current exclusion times is available on our website.

### ***Reporting of 'notifiable'***

*diseases'*

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- Parents must notify us if their child has a contagious disease. We may then have to pass this information on to the local Health Protection Duty Room after referring to the 'Guidance on infection Control in schools and other childcare settings'
- When we become aware, or are formally informed of the notifiable disease, the owners will inform Ofsted and the local Health Protection Agency, and 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. Please also see **Body Fluid Spillage Policy**. Hygiene precautions for dealing with body fluids are the same for all children and adults. We:

- We have single-use vinyl gloves available when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces, or vomit.
- Soiled clothing is either bagged for parents to collect .
- Clear spills of blood, urine, faeces, or vomit using disinfectant solution (D10) and mops; any cloths used are bagged and disposed of.
- Clean any tables and other furniture, furnishings or toys affected by blood, urine, faeces, or vomit using a disinfectant (D10). We will also use our anti-viral fogging machine.

### ***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 and ask them 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, we complete an '*Child Allergy Form*' and require a letter from the doctor. 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).

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- Control measures - such as how the child can be prevented from contact with the allergen.
- A review period will be set every six months; the Parents also have an obligation to make the nursery aware of any changes to their child's allergy.
- The allergy form is kept in the child's personal file and details are displayed on the allergy notification posters within the kitchen where all staff can see it.
- Generally, no nuts or nut products are used within the setting. See **Nut Free Policy**. Parents are made aware so that no nut or nut products are accidentally brought in, for example to a party.

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:***

- 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 procedures for the correct storage and administration of the medication. Please see **Administering & Storage of Medicine Policy**.
- We must have the parents or guardians prior written consent. This consent must be kept on file.

### ***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.

A child first aid/medicine plan will then be completed with the parents. Please see the **Administering Medicines and Storage of Medicines Policy**.