

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



## Policy Statement

The Nursery aims to provide care for children by taking necessary steps to prevent cross infection of viruses and bacterial infections as well as taking appropriate actions if children become ill.

## 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 parents will be called to arrange collection of their 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 and sponging their heads with cool water, but kept away from draughts.
- The child's temperature is taken using an ear thermometer, which is kept in the common office.
- If the child's temperature does not go down and is worryingly high (38°C or above) then we may give them children's Paracetamol which has been specifically provided for that child and after obtaining verbal consent from the parent. This is to reduce the risk of febrile convulsions, particularly for babies. Parents must have previously given written consent and have provided the appropriate medication (**See Administering Medicines Policy**). Children will be expected to go home after the medication has been administered. Parents sign the medication record when they collect their child. Children can only return to the Nursery once their temperature has gone down and is no longer being controlled by children's Paracetamol.
- In cases where children are sent home unwell (i.e. with a temperature) on two consecutive days we ask parents to keep their children at home for 24 hours in order for their health to improve and for them to be well enough to cope with the requirements of the nursery day.
- On occasions when parents are contacted by the nursery and informed that their child is unwell and needs collecting they should make every effort to collect the child as soon as possible. If parents anticipate that it might be some time before they arrive at the nursery attempts to make other arrangements should be made (**See Arrival and Collection Policy**).
- In extreme cases of emergency, an ambulance is called and the parent is informed.
- Parents may be asked to take their child to the doctor before returning them to the setting; the Nursery 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, parents are required to keep their child at home for a minimum of 24 hours before returning to the Nursery (**See Administering Medicines Policy**). This includes antibiotic eye drops and antibiotic creams.
- After vomiting and/or diarrhoea, we insist 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](http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947358374) 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 Public Health England.
- When we become aware, or are formally informed of the notifiable disease, the Nursery Manager informs Ofsted and contacts Public Health England, 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. Nursery staff:

- 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.

#### *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 asking 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.
- No nuts or nut products are used within the Nursery.
- 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.
  - The Nursery must be provided with clear written instructions on how to administer such medication.
  - The Nursery will adhere to all risk assessment procedures for the correct storage and administration of the medication.

- The Nursery must have the parents 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).

  - The Nursery 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 parents allowing Nursery staff to administer medication; and
    - evidence 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 (For Epipens, First Aid Training is sufficient).
    - All of the above information is collated in the form of an individual health care plan.
- For children with special needs that require 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.
  - Written confirmation that the insurance has been extended will be issued by return.

## Health Protection Agency - Guidance on Infection Control

|                            | <b>Period to be kept away from Nursery</b>     | <b>Comments</b>   |
|----------------------------|--|---|
| Chickenpox                 | All blisters must have burst and scabbed over. | Pregnant women, new born babies and people with weak immune systems can be at risk and should seek medical advice |
| Athletes Foot              | None   | This is not a serious condition. Treatment is recommended.  |
| Cold Sore (Herpes Simplex) | None   | Avoid kissing and coming in   |

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|   |  | to contact with the sores.  |
| Conjunctivitis                          | None unless treated with antibiotic eye drop which is excludable for 24 hours  | If outbreak occurs consult local HPA  |
| <b>Diphtheria</b>                       | Exclusion is essential. Always consult with your local HPT   | Family contacts must be excluded until cleared to return by your local PHE centre.  |
| <b>German Measles (Rubella)</b>         | Four days from onset of rash   | Women within the first 20 weeks of pregnancy can be at risk and should seek medical advice  |
| Hand, Foot and Mouth                    | Exclusion not always required  | Exclusions may be considered in some circumstances. If outbreak occurs consult local HPA  |
| Impetigo                                | Until lesions are crusted and healed or 48 hours after commencing antibiotics  | Antibiotics speeds healing and reduces infectious period  |
| <b>Measles</b>                          | Four days from onset of rash   | Children under one, children with poor health and pregnant women can be at higher risk and should seek medical advice                 |
| Tonsillitis                             | None – Unless treated with antibiotics which is excludable for 24hours.  |   |
| Ringworm                                | Exclusion not required   | Must be treated   |
| Slapped Cheek                           | Exclusion not required   | Pregnant women and people with weaker immune systems can be at higher risk and should seek medical advice                             |
| Glandular Fever                         | None   |   |
| Shingles                                | Exclude only if rash is weeping and cannot be covered  | Can cause Chickenpox in those who are not immune.   |
| Diarrhoea and/or Vomiting               | 48 hours after last episode of diarrhoea or vomiting   |   |
| <b>E. Coli<br/>Typhoid<br/>Shigella</b> | Should be excluded for 48 hours from the last episode of diarrhoea or vomiting. Further exclusions may be required for some children until they are no longer excreting. | Further exclusion is required for children aged five years or younger and those who have difficulty in adhering to hygiene practices. |
| Cryptosporidiosis                       | Exclude for 48 hours from the last episode of diarrhoea.   | Exclusion from swimming is advisable for two weeks after diarrhoea has settled.   |
| Flu                                     | Until child has recovered  |   |

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| <b>Whooping Cough</b>                       | Five days from commencing antibiotic treatment or 21 days from the onset of illness if not treated with antibiotics | Can be prevented by vaccination  |
| Head Lice                                   | Exclusion not required  | Treatment is recommended   |
| <b>Mumps</b>                                | Five days from onset of swelling  | Can be prevented by vaccination  |
| Threadworm                                  | Exclusion not required  | Treatment is recommended for child and all people living in same household |
| <b>Meningococcal meningitis/septicaemia</b> | Until child has recovered   | Can be prevented by vaccination  |
| <b>Meningitis due to other Bacteria</b>     | Until child has recovered   | Can be prevented by vaccination  |
| <b>Meningitis Viral</b>                     | None  |  |
| Scabies                                     | Child can return after first treatment  | Treatment is also required for all people living in same household         |
| Scarlet Fever                               | Child can return 24 hours after starting appropriate antibiotics  | Antibiotic treatment is recommended for infected child.                    |
| <b>Tuberculosis</b>                         | Always consult HPA  | Requires prolonged close contact for spread                                |
| Hepatitis A                                 | Exclude for seven days after onset of jaundice (or seven days after symptom onset if no jaundice)                   | Outbreaks must be reported to HPU who will advise accordingly              |
| Hepatitis B, C<br>HIV/Aids                  | Exclusion not required  |  |
| <b>Food Poisoning</b>                       | 48 hours after last episode of diarrhoea or vomiting  | Cases to be reported to HPU  |

Contact Details:

### **Thames Valley Health Protection Team (South East)**

Public Health England  
Chilton  
Oxfordshire  
OX11 0RQ

Telephone: 0344 225 3861 (Option 1-4 depending on area and then option 1)

PLEASE NOTE:

- This list is not exhaustive therefore other illnesses not listed may require an exclusion period. This will be done in accordance with the HPA guidance.
- Although it is recommended that there are no exclusion periods for some of the above illnesses, in some circumstances (i.e. large numbers of infected children) it may be necessary to implement an exclusion period. This is at the Nursery Managers discretion.
- Illnesses in **bold** must be reported to your local Health Protection Authority and Ofsted.

This policy was adopted by

Little Learners Nursery

On

Date to be reviewed

Signed on behalf of the provider

Name of signatory

Role of signatory

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