

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

The Childrens Learning Centre 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 – we 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, by removing top clothing and sponging their head and shoulders with cool water, but kept away from draughts.
- The child's temperature is taken using an underarm 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 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.
- 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; 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 diarrhoea or sickness, we ask 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.gov.uk/government/publications/health-protection-in-schools-and-other-childcarefacilities and includes common childhood illnesses such as measles. However, as a nursery we also exclude for conjunctivitis, impetigo, hand, foot and mouth, headlice for treatment only and thread worms until start of treatment.

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 manager informs Ofsted and contacts Public Health England, and act[s] 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.
- 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.

Nits and head lice

- Nits and head lice are not an excludable condition; however, we do ask our parents to take the child home to treat with appropriate lotion and then return back to setting.
- 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 ask them to treat their child and all the family if they are found to have head lice. A notice is displayed in view of parents notifying of an outbreak.

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 Health Care Plan is completed and displayed where our staff can see it.
- A health care plan will also be completed.
- 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 (EpiPen's) 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.
- Treatments, such as inhalers or EpiPen's are immediately accessible in an emergency.
- 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.
- **Protocol for responding to a suspected case of coronavirus**

Anyone who begins to display coronavirus symptoms while in the setting should be sent home immediately and follow government guidelines on what to do if you or someone in your household develops symptoms (<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>). If a child is waiting to be collected, they should be separated from their group and isolated with one member of staff if this is possible.

A facemask should be worn if a distance of 2 metres cannot be maintained from a child who is symptomatic and awaiting collection and if contact is necessary, then gloves, an apron, a facemask and a face shield should be worn. Equipment sourced from PPE Station in the staff room. We must ensure we are prepared to respond in line with the guidance on protective measures in education and childcare settings.

(<https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings>) and guidance on using PPE in education, childcare and children's social care settings (<https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care>).

Once the child or member of staff has left the setting, all PPE equipment must be disposed of safely in nappy changing bin, with the exception of the clear face shield which must be sanitised and then named by the user for future use.