

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 – our manager or key person 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 heads with cool water, but kept away from draughts. The parent/carer is called to collect their child.
- The child's temperature is taken using a forehead thermometer strip, kept in the first aid box.
- 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. This includes COVID-19.
- 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 or diarrhoea, we ask parents to keep children home for at least 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 and includes common childhood illnesses such as measles.

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, our manager/director informs Ofsted and contacts Public Health England, and act[s] on any advice given. This includes COVID-19.

Coronavirus (COVID-19)

- If an adult or child contract coronavirus you must stay at home for 7 days and self-isolate. The rest of your household should self-isolate for 14 days.
- Do not leave home if you or someone you live with have any of the following symptoms:
 - High temperature.
 - A new continuous cough.
 - Loss or change of smell or taste.
- Anyone displaying coronavirus symptoms while in the setting will be sent home immediately.
- If a child is waiting to be collected, they will be separated from their group and isolated with a member of staff.
- The use of PPE (personal protective equipment) may be necessary to use for protection. We will follow the guidance set out by the government, our risk assessment and COVID-19 policy:
 - Face mask/visor will be worn if necessary.
 - Apron and gloves to be worn.
 - A staff member will wait with the child until collected.
- Once the child has been collected then a thorough clean will begin to ensure areas they have been in or touched will be thoroughly disinfected. Any PPE worn and other waste will be disposed of safely.
- Any staff members that display COVID-19 symptoms will need to leave the setting immediately and self-isolate for 7 days.
- Thorough cleaning of the setting will be done.
- Any child or staff member displaying symptoms will be encouraged to get tested immediately. To book an appointment follow the guidance from [gov.uk](https://www.gov.uk). Our nearest testing centre is the Civic Centre based at Ashford Borough Council.
- Where a child or staff member tests negative then they may return to the setting and fellow household members can end their self-isolation.
- If a child or staff member tests positive, the rest of their immediate group within the setting will be sent home and advised to self-isolate for 14 days.
- The other household members of those advised to self-isolate do not need to self-isolate unless a child or staff member they live with subsequently develops symptoms.
- Ofsted and Public Health England will be notified immediately.
- Please also refer to our COVID-19 policy.

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; 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 accordingly.

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.
- 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.
 - 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.
- Copies of all three documents relating to these children must first be sent to our insurance provider for appraisal. Written confirmation that the insurance has been extended will be issued by return (if required).
- 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.
 - Copies of all letters relating to these children must first be sent to our insurance provider for appraisal. Written confirmation that the insurance has been extended will be issued by return (if required).
- If we are unsure about any aspect, we contact Morton Michel our insurance provider.

Other useful Early Years Alliance publications

- Good Practice in Early Years Infection Control (2009)
- Medication Administration Record (2013)