



Managing Children who are Sick, Infectious or with Allergies

Policy statement

Home from Home Childcarers 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 – Management 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 heads with cool water but kept away from draughts.
- The child's temperature is taken using an in-ear thermometer, kept in each room's medical boxes.
- If the child's temperature does not go down and is worryingly high (above 38), then we may give them Paracetamol 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 on Baby's Days. Any child with a temperature above 39 degrees will be sent home immediately. All children with high temperatures will need to stay at home for 24hrs once their temperature has returned to normal without the need for any paracetamol.
- In extreme cases of emergency, an ambulance will be called, and the parent informed.
- It is suggested that in some cases, 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.
- If a child is prescribed medication, parents are required to keep the child at home for the first 24 hours to ensure there are no adverse effects, as well as to give time for the medication to take effect.
- 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, or if not

contagious to give them at least 3 doses of the antibiotics before returning them to the setting. If your child has had a high temperature, they should remain at home for at least 24 hours after temperature has returned to normal.

- After sickness and diarrhoea, we ask parents to 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 <https://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 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 informs Ofsted and contacts UK Health Security (previously known as 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:

- 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 in the external bin.
- 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 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 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 Care Plan 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 Care Plan form is kept in a separate file and a copy is provided to the child's room so staff can access it.
- No nuts or nut-based products are used within the setting (see separate Nut Policy).

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 may need to 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 complex medication.
 - We adhere to all risk assessment procedures for the correct storage and administration of the medication.
- 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/guardian allowing staff to administer medication
 - 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.
- 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, manager and deputies 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 the Pre-school Learning Alliance Insurance Department for appraisal. Written confirmation that the insurance has been extended will be issued by return.
- If we are unsure about any aspect, we contact the Pre-school Learning Alliance Insurance Department on 020 7697 2585 or email membership@pre-school.org.uk.

Policy links

Our intention is for this policy to be read in conjunction with the following Home from Home Childcare Policies and Procedures:

- Nuts policy and procedure
- Administering Medicine
- Food and Drink policy

	<u>Date:</u>	<u>By Whom?</u>	<u>Comments</u>
Created	18 th June 2019	Linda Reynolds	Replaced old Health Policy
Updated	1 st April 2021	Zoe Shaw & Linda Reynolds	Amended Medication times
Reviewed	12 th April 2022	Rachel Simms	
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