BW Managing Children who are Sick, Contagious or with Allergies Procedure

1. 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.

2. Procedure 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 – the Nursery Manager 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
- 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 and 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:

  https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities and includes common childhood illnesses such as measles.

2.1 Reporting of 'notifiable diseases'

- If a child or adult is diagnosed as suffering from a notifiable disease under the Health Protection (Notification) Regulations, the GP will report this to the Health Protection Agency
- When we become aware, or are formally informed of the notifiable disease, our manager informs OFSTED and the local Health Protection Agency, and acts on any advice given.

2.2 HIV/AIDS/Hepatitis procedure

HIV virus, like other viruses such as Hepatitis A, B, and C, are spread through bodily fluids. Hygiene precautions for dealing with bodily fluids are the same for all children and adults. We:

- Wear single-use polythene or vinyl gloves and aprons when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit
- 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
- Clean any tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit using a disinfectant.

2.3 Nits, Head lice, and Threadworm

- 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
- If children are discovered to have Threadworm, then they are not to attend the setting until the whole family have received treatment.

3. 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)
    - 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.

3.1 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'. 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.
- 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.

- Key person for special needs children requiring assistance with tubes to help them with everyday living for example breathing apparatus, to take nourishment, colostomy bags:
    - 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

Below sets out guidelines and is NOT medical advice on different conditions. Birdwood Nursery accepts no liability, and you should consult a medical practitioner.

CONDITION	RECOMMENDED PERIOD TO BE KEPT AWAY FROM NURSERY	COMMENTS
RASHES		
ATHLETE'S FOOT	None	Treatment is recommended
CHICKENPOX	Five days from onset of rash or until all lesions have scabbed over	(Vulnerable children and female staff pregnancies)
COLD SORES (HERPES SIMPLEX)	None	Avoid kissing and contact with sores
GERMAN MEASLES (RUBELLA) *	Six days from onset of rash	Preventable by MMR immunization
HAND, FOOT AND MOUTH	Possible exclusion may be necessary- this will be decided at the discretion of the nursery manager	Contact HPU if outbreak
IMPETIGO	Until lesions are crusted/healed, or 48hrs after antibiotic treatment	Antibiotics
MEASLES *	Four days from onset of rash	Preventable by MMR vaccination
MOLLUSCUM CONTAGIOSUM	None	None
RINGWORM	Not usually required	Treatment is required
ROSEOLA (INFANTUM)	None	None
SCABIES	Return after treatment	Treatment is required
SCARLET FEVER*	Return after 24 hrs after antibiotic treatment	Treatment is required
SLAPPED CHEEK/FIFTH DISEASE. PARVOVIRUS B19	None- possible exclusion- decided at the discretion of the manager	(Vulnerable children and female staff pregnancies)
SHINGLES	Exclude if rash weeping and not covered	Can cause chickenpox
WARTS AND VERRUCAE	None	Must be covered
DIARRHOEA & VOMITING		
DIARRHOEA/VOMITING	48 hrs from last episode	
E COLI TYPHOID */PARATYPHOID * ENTERIC FEVER SHINGELLA (DYSENTERY)	48 hrs from last episode	May exclude for longer period for under 5's due to young child's hygiene practices. May require microbiologic clearance Consult HPU for advice
CRYPTOSPORIDIOSIS	48 hours from last episode	Exclude from water play for 2 weeks
RESPIRATORY INFECTIONS		
FLU *	Until recovered	Vulnerable children
COVID-19 (CORONAVIRUS)	10 days isolation for the child or anyone living in the same household that tests **POSITIVE**. If someone who has not tested positive and has been advised to isolate, then begins to show symptoms the 10 days	In the case of a positive result within the setting. Any child or staff member in that child's "bubble" that has had direct contact within 48hours of the child showing symptoms or 48 hours from the test date (If

	isolation starts again from the day of symptoms starting. Anyone living with the child or confirmed positive case will have to continue to isolate for the full 10 days Anyone Showing symptoms can return to the setting after a negative test result and not had symptoms for 48 hours or has followed the appropriate isolation period).	Asymptomatic) will have to isolate for 10 days. SYMPTOMS: Continuous cough High Temperature Loss of taste or smell NOTIFY OFSTED & LOCAL AUTHROITY ENVIRONMENTAL HEALTH.
TUBERCULOSIS *	Always consult HPU	
WHOOPING COUGH *	Five days from antibiotic or 21 days from onset of illness (no antibiotics)	Local HPU will organize contact tracing
OTHER INFECTIONS		
CONJUNCTIVITIS	Possible exclusion- this will be decided at the discretion of the manager	Treatment, if outbreak consult HPU
DIPHTHERIA *	Exclusion is essential, consult HPU	All Family contacts must be excluded, HPU will organize contact tracing
GLANDULAR FEVER	None	None
HEAD LICE	None	Treatment if live lice
HEPATITIS A*	Exclude seven days after onset of jaundice or seven days after symptoms	If outbreak of Hep A, local HPU will advise
HEPATITIS B *, C*, HIV/AIDS	None	Hep B and C and HIV are bloodborne not infectious on casual.
MENINGOCCAL MENINGITIS * / SEPTICAEMIA *	Until recovered	Meningitis C preventable by vaccination, no need to exclude siblings. HPU to advise
MENINGITIS * BACTERIA	Until recovered	Hib and pneumococcal meningitis preventable by vaccination, no need to exclude siblings. HPU to advise
MENINGITIS VIRAL *	None	No need to exclude siblings
MRSA	None	Good hygiene, handwashing and environment clean. HPU advise
MUMPS *	Exclude for five days after onset of swelling	Preventable by vaccination
THREADWORMS	None	Treatment is recommended for child and family
TONSILLITIS	None	No antibiotics, usually due to virus

4. Administration of medicine

Key persons and the Nursery Manager are responsible for administering medication to their key children; ensuring consent forms are completed, medicines stored correctly, and records kept.

Administering medicines during the child's session will only be done if necessary.

If a child has not been given a prescription medicine before, especially a baby/child under two, it is advised that parents keep them at home for 48 hours to ensure no adverse effect, and to give it time to take effect. The Nursery Manager must check the insurance policy document to be clear about what conditions must be reported to the insurance provider.

4.1 Consent for administering medication

- Only a person with parental responsibility (PR), or a foster carer may give consent. A childminder, grandparent, parent's partner who does not have PR, cannot give consent
- When bringing in medicine, the parent informs their key person. The Nursery Manager should also be informed
- Staff who receive the medication check it is in date and prescribed specifically for the current condition. It must be in the original container (not decanted into a separate bottle). It must be labelled with the child's name and original pharmacist's label
- Medication dispensed by a hospital pharmacy will not have the child's details on the label but should have a dispensing label. Staff must check with parents and record the circumstance of the events and hospital instructions as relayed to them by the parents
- Members of staff who receive the medication ask the parent to sign a consent form stating the following information. No medication is given without these details:
    - Full name of child and date of birth
    - Name of medication and strength
    - Who prescribed it
    - Dosage to be given
    - How the medication should be stored and expiry date
    - A note of any possible side effects that may be expected
    - Signature and printed name of parent and date.

4.2 Storage of medicines

All medicines are stored safely. Refrigerated medication is stored separately in a marked box in the main kitchen fridge.

- The key person is responsible for ensuring medicine is handed back at the end of the day to the parent
- For some conditions, medication for an individual child may be kept at the setting. A Healthcare plan form must be completed. Key persons check that it is in date and return any out-of-date medication to the parent
- Parents do not access where medication is stored, to reduce the possibility of a mix-up with medication for another child, or staff not knowing there has been a change.

4.3 Record of administering medicines

A record of medicines administered is kept in the draw in the nursery cupboard. The medicine record book records:

- Name of child
- Name and strength of medication

- The date and time of dose
- Dose given and method
- Signed by key person/ Nursery Manager
- Verified by parent signature at the end of the day.

A witness signs the medicine record book to verify that they have witnessed medication being given correctly according to the procedures here.

- No child may self-administer. If children are capable of understanding when they need medication, for example for asthma, they are encouraged to tell their key person what they need. This does not replace staff vigilance in knowing and responding
- The medication records are monitored to look at the frequency of medication being given. For example, a high incidence of antibiotics being prescribed for several children at similar times may indicate a need for better infection control.

4.4 Children with long term medical conditions requiring ongoing medication

- Risk assessment is carried out for children that require ongoing medication. This is the responsibility of the setting manager and key person. Other medical or social care personnel may be involved in the risk assessment
- Parents contribute to risk assessment. They are shown around the setting, understand routines and activities and discuss any risk factor for their child
- For some medical conditions, key staff will require basic training to understand it and know how medication is administered. Training needs is part of the risk assessment
- Risk assessment includes any activity that may give cause for concern regarding an individual child's health needs
- Risk assessment also includes arrangements for medicines on outings; advice from the child's GP is sought, if necessary, where there are concerns
- A Health Care Plan form is completed fully with the parent; outlining the key person's role and what information is shared with other staff who care for the child
- The plan is reviewed every six months (more if needed). This includes reviewing the medication, for example, changes to the medication or the dosage, any side effects noted.

4.5 Managing medicines on trips and outings

- Children are accompanied by their key person, or other staff member who is fully informed about their needs and medication
- Medication is taken in a plastic box labelled with the child's name, name of medication, copy of the consent form and a card to record administration, with details as above
- The card is later stapled to the medicine record book and the parent signs it
- If a child on medication must be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled as above.