



Little 1 Nursery

6.2 Managing children who are sick, infectious or with allergies

At Little 1 Nursery we 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 substance.

We promote the good health of all children attending including oral health by:

- Asking parents to keep children at home if they are unwell. If a child is unwell, it is in their best interest to be in a home environment rather than at nursery with their peers.
- Minimising infection through our rigorous cleaning and hand washing processes.
- Ensuring children have regular access to the outdoors and having good ventilation inside.
- Asking parents to take their child to the doctor before returning them to the setting; the setting can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.

Our procedures

In order to take appropriate action of children who become ill and to minimise the spread of infection we implement the following procedures:

- Where children appear unwell during the day - have a temperature of 38°C, sickness, diarrhoea or pains particularly in the head or stomach - the manager or key person will call the parent and ask them to collect the child, or send a known carer to collect the child on their behalf. The child must be collected within 1 hour of notification.
- We ask staff and other visitors not to attend the setting if they are unwell.
- If a child has a temperature of 38°C they are kept cool by removing top clothing.
- We follow the guidance published by UK Health Security Agency for managing specific infectious diseases¹ and advice from our local health protection unit on exclusion times for specific illnesses, e.g. sickness and diarrhoea, measles and chicken pox, to protect other children in the nursery.
- Children with visible or ongoing bodily fluid from ears, eyes, such as ear infections, chicken pox or heavy discharge should stay home until symptoms are resolved.
- The setting has a list of excludable diseases and current exclusion times. The full list is available from <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/children-and-young-people-settings-tools-and-resources>.
- Should a child have an infectious disease, such as sickness and diarrhoea, they must not return to nursery until they have been clear for at least 48 hours.
- Where children have been prescribed antibiotics, parents are asked to keep them at home for 24 hours before returning to the setting to manage any side effects they may have.
- We inform all parents if there is a contagious infection identified in the nursery, to enable them to spot the early signs of this illness. We thoroughly clean and sterilise all equipment and resources that may have come into contact with a contagious child to reduce the spread of infection

¹ <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/managing-specific-infectious-diseases-a-to-z>

- We notify Ofsted as soon as is reasonably practical, but in any event within 14 days of the incident of any food poisoning affecting two or more children cared for on the premises.
- We have the right to refuse admission to a child who is unwell. This decision will be taken by the manager on duty and is non-negotiable
- Nits and headlice are not an excludable condition, although in exceptional cases a parent may be asked to keep their child away until the infestation has cleared. If a parent finds that their child has head lice, we would be grateful if they could inform the nursery so that other parents can be alerted to check their child's hair.

We will follow the transporting children to hospital procedure in any cases where children may need hospital treatment.

The nursery manager or selected staff member must:

- Inform a member of the management team immediately.
 - Call 999 for an ambulance immediately if the illness is severe.
 - Follow the instructions from the 999 call handler
 - Whilst waiting for the ambulance, a member of staff must contact the parent(s) and arrange to meet them at the hospital.
 - Redeploy staff if necessary to ensure there is adequate staff deployment to care for the remaining children. This may mean temporarily grouping the children together.
 - Arrange for the most appropriate member of staff to accompany the child taking with them any relevant information such as registration forms, relevant medication sheets, medication and the child's comforter
 - Remain calm at all times. Children who witness an incident may well be affected by it and may need lots of cuddles and reassurance. Staff may also require additional support following the accident.

Reporting of 'notifiable diseases'

- If a child or adult is diagnosed as suffering from a notifiable disease under the UK Health Security Agency(Revised Health Protection (Notification) Regulations 2010), the GP will report this to UK Health Security Agency.
- When the setting becomes aware, or is formally informed of the notifiable disease, the manager informs Ofsted and acts on any advice given by UK Health Security Agency.
- Children with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.

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.
- Protective vinyl gloves are used for cleaning/sluicing clothing after changing.
- Soiled clothing is rinsed and either bagged for parents to collect or laundered in the setting.
- Spills of blood, urine, faeces or vomit are cleared using hot soapy water/antibacterial spray and mops; any cloths used are disposed of with the clinical waste.
- Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using hot soapy water and antibacterial spray.

Procedures for children with allergies;

When parents start their children at the setting they are asked if their child suffers from any known allergies. This is recorded on the All about me during the Registration process. If a child has an allergy, a risk assessment form is completed 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.*
- This form is kept in the child's Nursery In A Box log and the room folder. 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 or birthday.

Insurance requirements for children with allergies and disabilities;

- The insurance will automatically 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 your insurance provider must be obtained to extend the insurance.

At all times the administration of medication must be compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage and follow procedures based on advice given in Managing Medicines in Schools and Early Years Settings (DfES 2014).

Oral medication

Asthma inhalers are now regarded as 'oral medication' by insurers and so documents do not need to be forwarded to your insurance provider.

- Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.
- The setting must be provided with clear written instructions on how to administer such medication.
- All risk assessment procedures need to be adhered to for the correct storage and administration of the medication.
- The setting 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 your insurance provider.

Lifesaving medication and invasive treatments;

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 provider 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 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 - 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 those who have received appropriate instructions from parents or guardians, or who have qualifications.

Further guidance Managing Medicines in Schools and Early Years Settings (DfES 2014)