Managing children who are sick, infectious, or with allergies

Policy statement

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.

Procedures for children who are sick or infectious

- If children appear unwell during the day – have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – the manager calls the parents and asks them to collect the child or send a known carer to collect on their behalf.
- A child with a minor cough or cold can attend Nursery as normal but in the case of severe cough, sore throat, fatigue or too ill to participate in activities, indoors or outdoors should not be attending Nursery on that day.
- If a child has a temperature, they are kept cool, by removing top clothing, sponging their heads with cool water, but kept away from draughts.
- Temperature is taken using a thermometer.
- In extreme cases of emergency, the manager in charge should contact the emergency services and the parent informed immediately.
- Parents are asked to take their child to the doctor before returning them to nursery; the nursery can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics, parents are asked to keep them at home for 24 hours before returning to the setting, unless it is a new medication that a child has not had before then they should be kept at home for 48 hours due to allergy.
- Children with a temperature and other specific signs and symptoms, such as diarrhoea or vomiting should be kept at home for 48 hours after illness.
- The setting has 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.

Infection Prevention

Ventilation

Good ventilation within the setting can help reduce the risk of spreading infectious diseases. We ensure windows are open to help improve general air flow within the rooms to create a safer environment for staff and children.

Good hygiene practice

Handwashing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting, and respiratory disease. The

recommended method is the use of liquid soap, warm water and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals.
Cover all cuts and abrasions with waterproof dressings.
Coughing and sneezing easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues.
Spitting should be discouraged.

Personal protective equipment (PPE)

Disposable gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or first aid).
Correct PPE should be used when handling cleaning chemicals.
Cleaning of the environment, including toys and equipment, should be frequent, thorough and follow national guidance.

Cleaning of blood and body fluid spillages. All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately, (always wear PPE). When spillages occur use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard.
Soiled linen should be washed separately at the hottest wash the fabric will tolerate or children's clothing should be double bagged and sent home to be washed.
Wear PPE when handling soiled linen.

Incubation Period table

We follow our incubation period table for specific illnesses to avoid any further spread of contagious infections and illnesses.

Regular cleaning and disinfecting

We have a cleaner who attends every evening – disinfecting floors, toilets and all high contact touch areas. Toys and equipment is cleaned regularly and if an infection is reported within the setting – the infectious room will be deep cleaned and sterilised.

Reporting of 'notifiable diseases'

- If a child or adult is diagnosed suffering from a notifiable disease under the Public Health (Infectious Diseases) Regulations 1988, the GP will report this to the Health Protection 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 the Health Protection Agency.

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.
- Single use vinyl gloves and aprons are worn when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Protective gloves are used for cleaning/sluicing clothing after changing.
- Soiled clothing is bagged for parents to collect.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; 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 a disinfectant.
- Children do not share toothbrushes.

Nits and head lice

- Nits and head lice are not an excludable condition, although in most cases a parent will be asked to collect the child and treat immediately. Once the treatment has been applied and all eggs have been removed the child can return to the setting. Parents are reminded to reapply the treatment after a week and remove any newly hatched lice.
- On identifying cases of head lice, all parents are informed and asked to treat their child and all the family.
- Soft furnishings, bed linen and dressing up clothes will be washed and limited until the headlice have been cleared.

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 registration form.
  - The child's photograph and allergy will be displayed in every room including the kitchen.
  - Staff will be informed of what to do in case of allergic reactions, any medication used and how it is to be used (e.g. Epipen) and a care plan created and displayed in the room.
  - Control measures – such as how the child can be prevented from contact with the allergen.
  - Children with severe allergies are served their meals on black coloured plates only which is labelled with the child's name in the kitchen and brought to the room.
  - Children create their own placemats – using a colour code system highlighting specific allergies and dietary requirements.

- Review - all medication is reviewed annually and parents are made aware to update us with any changes.

- Parents train staff in how to administer special medication in the event of an allergic reaction, training is also provided where needed.
- 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

- 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 2005)

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.
- The nursery 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 nursery must have the parents or guardians' prior written consent. This consent must be kept on file and is updated annually.
- A care plan to be created and displayed in the room to remind staff how to administrate and the signs.

Life saving medication & invasive treatments.

Adrenaline injections (Epi-pens) 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
- A care plan to be displayed in the room.

Key person for special needs children - children requiring help with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc.

- Prior written consent from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
- Key person and management to have the relevant medical training/experience, which may include those who have received appropriate instructions from parents or guardians, or who have qualifications.
- A care plan to be displayed in the room.