

The Enchanted Wood Day Nursery Ltd: Health

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 trigger.

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 Room Leader or Manager calls the parents and asks 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 a thermometer which is kept in the first aid/medication cupboard in the small group kitchens, as well as the main kitchen.
- If the child's temperature does not go down and is worrying high, then we may give them Calpol or another similar analgesic, This is to reduce the risk of febrile convulsions, particularly for babies. Parents sign the medication record then they collect their child.
- An average normal temperate is 36.4 and can range up to 37.4.

37.5 and above is deemed a high temperature and the child will be monitored closely. Our practitioners knowledge of the child will determine how they respond to each individual's needs taking into consideration the environmental factors including the time of year, weather/temperature/if the heating is on, what clothing the children are wearing, if they have just woken from a sleep and a blanket had been used, etc. They will also check for the presence of other symptoms, sweaty/clammy skin, rash, refusal to eat or drink, or dehydration (dry nappies, no tears when crying).

- For temperatures above 38 degrees, Calpol will be administered in-line with our medication procedures immediately. The parents will be contacted and prompt collection will be expected within the hour. If you cannot collect your child within the hour due to work please

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communicate this with the team or organise for alternative collection for the child must be made.

When we will seek emergency medical advice and call 999:

If a child has a high temperature and any of the following:

- has a stiff neck
 - has a rash that does not fade when you press a glass against it
 - is bothered by light
 - has a fit (febrile seizure) for the first time (they cannot stop shaking)
 - has unusually cold hands and feet
 - has pale, blotchy, blue or grey skin
 - has a weak, high-pitched cry that's not like their normal cry
 - is drowsy and hard to wake
 - is extremely agitated (does not stop crying) or is confused
 - finds it hard to breathe and sucks their stomach in under their ribs
 - has a soft spot on their head that curves outwards (bulging fontanelle)
 - is not responding like they normally do, or is not interested in feeding or normal activities
- Parents are asked to take their child to the doctor before returning them to the nursery. The Nursery Management Team can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
 - If Calpol or other paracetamol/ibuprofen based medicines have been administered to your child, they must stay at home for 24 hours since the last dose (except for teething), as medicines such as these can mask any developing illnesses or infections.
 - Where children have been prescribed antibiotics for an infectious illness, parents are asked to keep their child at home for 48 hours before returning to Nursery.
 - After sickness or diarrhoea, parents are asked to keep children home for 48 hours following the last episode of illness.
 - Some activities, such as sand and water play as well as self-serve snacks where the risk of cross contamination may be suspended for the duration of the outbreak.
 - Please see appendix 1 of this policy for incubation periods on illnesses and infections.

Reporting of 'notifiable diseases'

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- 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 the nursery becomes aware, or is formally informed of the notifiable disease, a member of the Management Team will inform Ofsted as well as the 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:-

- 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.
- Soiled clothing is bagged for parents to take home for cleaning.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution 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 a disinfectant.

Nits and head lice

- Nits and head lice are not an excludable condition, however we ask that all parents treat their children before returning to nursery. In exceptional cases a parent may be asked to keep the child away until the infestation has cleared.
- On identifying cases of head lice, all parents are informed and asked to treat their child and all the family if they are found to have head lice.

Procedures for children with allergies

- When parents start their children at the nursery they are asked if their child suffers from any known allergies. This is recorded on the Registration Form.
- 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.

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- Review measures.
- This risk assessment form is kept in the child's personal file and a copy is displayed where staff can see it.
- Early Years Practitioners are trained on how to administer special medication in the event of an allergic reaction.
- Generally, no nuts or nut products are used within the nursery.
- 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 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.
- As a nursery we 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.
- 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 practitioners to administer medication and

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- 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 the Insurance Department for appraisal. Written confirmation that the insurance has been extended will be issued by return.
- 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 and practitioners in the child's group 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 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 will contact our Insurance Provider for further advice.

Appendix 1

Rashes and Skin Infections	Incubation period	Comments/Notes
Chicken Pox	Until all the spots have crusted over and your child is well enough in themselves to attend nursery.	Your child cannot attend nursery if they have been administered paracetamol in the last 24 hours.
Cold Sores	Until the blister has dried up and no longer weeping.	
German Measles	Minimum of five days from the onset of the rash and your child is well enough in themselves to attend nursery.	Your child cannot attend nursery if they have been administered paracetamol or ibuprofen in the last 24 hours.
Hand, foot and mouth	Minimum of three days from the onset of the red spots, blisters or ulcers and your child is well enough in themselves to attend nursery.	Your child cannot attend nursery if they have been administered paracetamol or ibuprofen in the last 24 hours.
Impetigo	Until all lesions are crusted and healed and at least 48 hours after commencing antibiotic treatment.	Antibiotic treatment speeds the healing process.
Measles	Minimum of five days from the onset of the rash and your child is well enough in themselves to attend nursery.	Your child cannot attend nursery if they have been administered paracetamol or ibuprofen in the last 24 hours.
Ringworm	48 hours after starting treatment.	
Roseola	Until your child is well enough in themselves to attend nursery.	Your child cannot attend nursery if they have been administered paracetamol or ibuprofen in the last 24 hours.
Scabies	48 hours after starting treatment.	
Scarlet Fever	48 hours after starting antibiotics and your child is well enough in themselves to attend nursery.	Your child cannot attend nursery if they have been administered paracetamol or ibuprofen in the last 24 hours.
Slapped Cheek (fifth disease)	There is no incubation period after the rash has appeared however your child has to be well enough in themselves to attend nursery.	Your child cannot attend nursery if they have been administered paracetamol or ibuprofen in the last 24 hours.
Shingles	Until the rash scabs over.	Your child cannot attend nursery if they have been administered paracetamol or ibuprofen in the last 24 hours.
Diarrhoea and Vomiting illnesses		
Diarrhoea and Vomiting	48 hours after the last episode of diarrhoea or vomiting.	

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Cryptosporidiosis	48 hours after the last episode of diarrhoea.	
Respiratory Infections		
Flu (influenza)	Minimum of 5 days from the onset of the flu and until your child is well enough in themselves to attend nursery.	Your child cannot attend nursery if they have been administered paracetamol or ibuprofen in the last 24 hours.
Croup	Minimum of 24 hours after steroid treatment and until your child is well enough in themselves to attend nursery.	Your child cannot attend nursery if they have been administered paracetamol or ibuprofen in the last 24 hours.
Whooping Cough	48 hours after antibiotic treatment or 21 days from the onset of illness if no antibiotic treatment and until your child is well enough in themselves to attend nursery.	Your child cannot attend nursery if they have been administered paracetamol or ibuprofen in the last 24 hours.
Other infections or illnesses		
Conjunctivitis	48 hours after antibiotic treatment.	
Head Lice	None- however, treatment is required before they can return to nursery.	In exceptional cases a parent may be asked to keep the child away until the infestation has cleared.
Meningococcal meningitis, septicaemia, bacterial meningitis or viral meningitis	Until fully recovered and your child is well enough in themselves to attend Nursery.	Your child cannot attend nursery if they have been administered paracetamol or ibuprofen in the last 24 hours.
Mumps	Minimum of five days from the onset of swelling and until your child is well enough in themselves to attend nursery.	Your child cannot attend nursery if they have been administered paracetamol or ibuprofen in the last 24 hours.
Threadworms	48 hours after starting treatment.	
Any infections that have been prescribed antibiotics	48 hours after starting treatment.	
Fever/temperature	24 hours after the last dose of paracetamol or ibuprofen.	If your child has been sent home from nursery with a temperature there is a 24 hours incubation period after the last dose of paracetamol given.
Generally feeling unwell, cough or cold	None required, however, if paracetamol or ibuprofen has been administered, a 24 hours exclusion period is required since the last dose administered.	Please note that your child should only be attending Nursery if they are well enough to take part in normal Nursery activities.
Coronavirus	At least 5 days from when your child received a positive Covid test.If the child receives a negative LFT on day 5 and 6, they can	

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	<p>return to nursery on the 6th day (if both tests are completed within a 24-hour period). We advise if they are still show symptoms after their 5th day of isolation that they remain at home.</p>
Febrile Convulsions	<p>Febrile convulsions are common amongst young children and if a child has suffered with febrile convulsions prior to attending nursery, parents should inform staff of this together with any known triggers.</p> <p>Most febrile convulsions are linked to the start of a fever/high temperature, which in most cases is caused by an infection.</p> <p>If a child at nursery is displaying a temperature of degrees or above, parents will be contacted to come and collect the child as they should be at home to rest and consent for calpol to be administered will be asked.</p> <p>The child's temperature will be managed until a parent or named contact can collect the child by way of removing the child's clothes and sitting them in a cool environment. Should a child suffer from a febrile convulsion whilst at nursery, an ambulance will be called unless the child has a health care plan in place stating otherwise and the relevant prescribed medicine will be given. If the seizures continue, an ambulance will be called.</p> <p>If a child has a febrile convulsion at home or at Nursery they should remain off of Nursery for at least <u>72 hours</u>. Before the child returns to nursery, the parent or carer must contact the nursery 24 hours before their first session back to discuss any information provided by the hospital regarding the seizure.</p> <p>Staff paediatric first aid training includes care of children suffering from febrile convulsions. Should a child be known to suffer from more than one febrile convulsion, a Care Plan must be drawn up for the child in partnership with parents and health professionals. This must be in place before the child's returns to Nursery as well as a Risk assessment. At least two members of staff will receive annual training on febrile convulsions and this knowledge will be cascaded to all staff during staff meetings.</p>