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| Health procedures |

**Poorly children**

* If a child appears unwell during the day, for example has a raised temperature, sickness, diarrhoea\* and/or pains, particularly in the head or stomach then the setting manager calls the parents/carers and asks them to collect the child or send a known carer to collect on their behalf.
* If a child has a raised temperature, top clothing may be removed to make them more comfortable, but children are not undressed or sponged down to cool their temperature. A high temperature should never be ignored, but it is a natural response to infection.
* A child’s temperature is taken and checked regularly, using Fever Scans or other means i.e. ear thermometer.
* If a temperature does not go down, and is worryingly high, then Calpol may be given after gaining verbal consent from the parent/carer where possible, we have signed consent on the registration forms if needed. This is to reduce the risk of febrile convulsions, particularly for babies under 2 years old. Parents/carers sign the medication record when they collect their child.\*\*
* An average normal temperature 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 practitioner’s 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 procedure 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 communicate this with the team or organise for alternative collection for the child must be made.
* If Calpol or other paracetamol/ibuprofen based medication has been administered to your child, they must stay at home for 24 hours since the last dose (except for teething relief\*) as medicines such as these can mask any developing illnesses or infections.
* When a child is teething we aim to relieve this with any relevant products supplied by parents, such as teething gel, granules etc but if pain continues and the child is demonstrating continued pain we will contact parents for consent to administer paracetamol to relieve this discomfort. In some cases, a child will have a mild temperature with teething in this situation if the temperature is up to 38 degrees they will be allowed to remain at nursery and be monitored. If the child continues to deteriorate throughout the day, or they become too uncomfortable/destressed to be at nursery, we will inform the parent and ask for them to be collected early.

This also applies to a raised temperature at home due to teething. Above 38 degrees they will need to follow the 24 hours exclusion.

* In an emergency an ambulance is called, and the parents/carers are informed.
* Parents/carers are advised to seek medical advice before returning them to the setting; the setting can refuse admittance to children who have a raised temperature, sickness and diarrhoea or a contagious infection or disease.
* Where children have been prescribed antibiotics for an infectious illness or complaint, parents/carers are asked to keep them at home for 48 hours.
* After diarrhoea or vomiting, parents/carers are asked to keep children home for at least 48 hours following the last episode. It is advised that a child has returned to eating a balanced food range and has had a normal bowel movement within the 48 hours to ensure the bowel has returned to normal.
* Some activities such as sand and water play, and self-serve snack will be suspended for the duration of any outbreak.
* The setting has information about excludable diseases and exclusion times.
* The setting manager notifies the owner/trustees/directors if there is an outbreak of an infection (affects more than 3-4 children) and keeps a record of the numbers and duration of each event.
* The setting manager has a list of notifiable diseases and contacts the UK Health Security Agency (UKHSA), Ofsted, or the childminder agency in the event of an outbreak.
* If staff suspect that a child who falls ill whilst in their care is suffering from a serious disease that may have been contracted abroad such as Ebola, immediate medical assessment is required. The setting manager or deputy calls NHS 111 and informs parents.

# HIV/AIDS 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 rubber gloves are used for cleaning/sluicing clothing after changing.
* Soiled clothing is rinsed and 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 clinical waste.
* Tables and other furniture or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.
* Baby mouthing toys are kept clean and plastic toys cleaned in sterilising solution regularly.

# Nits and head lice

* Nits and head lice are not an excludable condition; although in exceptional cases parents may be asked to keep the child away from the setting 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, using current recommended treatments methods if they are found.

\*Diarrhoea is defined as 3 or more liquid or semi-liquid stools in a 24-hour period. ([www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-9-managing-specific-infectious-diseases#diarrhoea-and-vomiting-gastroenteritis](http://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-9-managing-specific-infectious-diseases#diarrhoea-and-vomiting-gastroenteritis))

**\*\*Paracetamol based medicines (e.g. Calpol)**

The use of paracetamol-based medicine may not be agreed in all cases. A setting cannot take bottles of non-prescription medicine from parents to hold on a ‘just in case’ basis unless there is an immediate reason for doing so. Settings do not normally keep such medicine on the premises as they are not allowed to ‘prescribe’. However, given the risks to very young babies of high temperatures, insurers may allow minor infringement of the regulations as the risk of not administering may be greater. Ofsted is normally in agreement with this. In all cases, parents of children under two years must sign to say they agree to the setting administering paracetamol-based medicine in the case of high temperature on the basis that they are on their way to collect. Such medicine should never be used to reduce temperature so that a child can stay in the care of the setting for a normal day. A child over two who is not well, and has a temperature, must be kept cool and the parents asked to collect straight away.

*Whilst the brand name Calpol is referenced, there are other products which are paracetamol or Ibuprofen based pain and fever relief such as Nurofen for children over 3 months.*

**Further guidance**

[Medication Administration Record](https://portal.eyalliance.org.uk/Shop" \l "!prod/3a3f4ad6-7564-ea11-a811-000d3a0ba8fe/curr/GBP) (Alliance Publication)

Guidance on infection control in schools and other childcare settings (Public Health Agency) <https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf>

[High temperature (fever) in children - NHS (www.nhs.uk)](https://www.nhs.uk/conditions/fever-in-children/)

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| **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 ensuring all the blisters are dried up 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 heeling 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. |  |
| 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 48 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. |
| Febrile Convulsions | 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.  Most febrile convulsions are linked to the start of a fever/high temperature, which in most cases is caused by an infection.  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.  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.  If a child has a febrile convulsion at home or at Nursery they should remain off of Nursery for at least 72 hours. 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.  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. | |