

3.2. Managing children who are sick, infectious, or with allergies



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.

Procedures 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 – our 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, we will:**
 - inform the Manager/ Deputy immediately when a child appears unwell.
 - take the child's temperature using a thermometer.
 - take layers of clothing off to help reduce temperature.
 - give the child some water to drink.
 - sponge their heads with cool water but kept away from draughts.
 - record the child's temperature on a temperature monitoring form.
 - record comment's that shows what measures have been done to help reduce temperature.
 - call the parent to inform them and ask for permission to administer Calpol if needed.
 - record time of call on the monitoring sheet.
 - comfort the child if upset (however we will try not to cuddle them for too long as your body heat will add to temperature).
 - record and monitor the temperature every 15 minutes. If the child's temperature does not go down and is above 37.5 C, then we may give them Calpol, after first obtaining verbal consent from the parent where possible. This is to reduce the risk of febrile convulsions, particularly for babies. Parents sign the medication record when they collect their child.
 - retake temperature after 15 minutes and if continues to raise, parents will be asked to collect the child.
 - If continues to rise call parent again to see how long before collection.
 - If we are unable to bring the temperature down and it continues to rise, and you cannot contact the parent/carers, contact the emergency named persons.
- **Temperatures 40c and above:**
 - If child's temperature is 40c or above complete monitoring form and inform the manager.
 - The manager to check child's temperature and contact parent/carers and ask them to collect the child immediately.
 - If the parent/carers is unable to collect immediately, we will inform them that the temperature will continue to be monitored for 15 minutes and at two 15 minutes interval thereafter.
 - If there is no change or it increases an ambulance will need to be called due to high risk of febrile convulsions
 - We will continue to monitor temperature and reduce layers of clothing.
 - If temperature maintains or increases after 10 minutes an ambulance will need to be called

- Parents/carers will be notified immediately
- A senior member of staff is to accompany the child to hospital ensuring they take the child's registration pack with them and a mobile phone
 - Parents are reminded of our exclusion policy and we advise them when their child can return 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, we ask parents to 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 (see the table below). The full list is obtainable from www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities and includes common childhood illnesses such as measles. These exclusion periods have been introduced from guidance from the health protection agency and advice from OFSTED. These periods have been set to ensure the safety of all children and staff and prevent the spread of infection.

Ailment/Medicine	Exclusion periods
Antibiotics	First 24 hours at home (in case of allergic reaction)
Broken limbs/stitches/post-surgery	Doctors note is required before a child can return to nursery. According to the medical advice given and based on the individual child we will discuss with parents whether the child is well enough, and it is safe for them to return to nursery.
Eye drops	24 hours at home (in case of allergic reaction)
Injections	24 hours at home (in case of allergic reaction)
MMR vaccine	48 hours from injection (in case of allergic reaction)
Ongoing medication	Regular monitoring
Temperature	Child must be off for 24 hrs after they have had temperature
Vomiting	48 hours from last episode of diarrhoea or vomiting
Diarrhoea	48 hours from last episode of diarrhoea or vomiting
E. coli O157 VTEC*	Should be excluded for 48 hours from the last episode of diarrhoea
Typhoid* [and paratyphoid*] (enteric fever)	Further exclusion may be required for some children until they are no longer excreting
Cryptosporidiosis*	Exclude for 48 hours from the last episode of diarrhoea
Conjunctivitis	None
Diphtheria *	Exclusion is essential.

	Always consult with the Nursery Manager
Chicken Pox	Until all vesicles have crusted over
Infectious Hepatitis A	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)
Measles	4 days from appearance of rash
Meningococcal meningitis	Until recovered
Bacterial meningitis	Until recovered
Mumps	Exclude child for 5 days after onset of swelling
Pertussis (whooping cough)	48 hours from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment
Rubella (German measles)	Four days from onset of rash (as per "Green Book")
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment
Measles*	Four days from onset of rash
Scarlet fever	Child can return 24 hours after commencing appropriate antibiotic treatment
Streptococcal throat infection	No less than 3 days from start of treatment
Slapped cheek / fifth disease	None once rash has developed. Exclusion may be considered in some circumstances.
Hand foot and mouth	None, but exclusion may be considered in some circumstances.
Cold sores, (Herpes simplex)	None
Ringworm	Exclusion not usually required
Roseola (infantum)	None
Unknown rashes	Medical advice should be sought with a doctor's note informing us that the condition isn't contagious if a child returns with the rash.
Scabies	Child can return after first treatment
Shingles	Exclude only if rash is weeping and cannot be covered
Head lice	If live lice are seen, then child must be collected and treated then they can return to the setting
Tonsillitis	No need to be off unless antibiotic prescribed then first 24 hrs
Threadworms	None
Flu / Swine flu	Until recovered and completion of Tami flu completed
Tuberculosis*	Always consult with the Nursery Manager
Glandular fever	None
Confirmed Coronavirus	Isolate at home for 10 days (from start of symptoms) and until no fever for 48 hours

The following illnesses require a child to be declared free from infection by a GP before they can return:

Gastroenteritis, Food poisoning, Salmonellosis, Poliomyelitis, Tuberculosis, Typhoid fever, Dysentery

Reporting of 'notifiable diseases'

- 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 we become aware, or are formally informed of the notifiable disease, our manager informs Ofsted and contacts 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:

- Wear single-use vinyl gloves and aprons when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Bag soiled clothing for parents to take home for cleaning.
- Clear spills of blood, urine, faeces or vomit using mild disinfectant solution and mops; any cloths used are disposed of with the clinical waste.
- Clean any tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit using a disinfectant.
- Ensure that children do not share toothbrushes, which are also soaked weekly in sterilising solution.

Nits and head lice

- 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 ask them to treat their child and all the family if they are found to have head lice.

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 and Food Allergy 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 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 measures.
- This risk assessment form is kept in the child's personal file and a copy is displayed where our staff can see it.
- A health care plan will also be completed.
- 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.

Coronavirus COVID-19 procedures

Suspected case

If anyone becomes unwell whilst at nursery with a new, continuous cough or a high temperature, we will contact their parent/carer immediately. The child will be sent home and advised to follow the [COVID-19: Guidance for households with possible coronavirus infection](#).

Whilst the child is awaiting collection they will be moved, if possible, to a room where they can be isolated behind a closed door, depending on the age of the child, and with appropriate adult supervision (ensuring safeguarding and PPE procedures are met.) Ideally, a window will be opened for ventilation. Where it is not possible to isolate them, they will be moved to an area away from other children and adults. They will be comforted and reassured whilst waiting for collection, as per our usual policy. If they need to go to the bathroom while waiting to be collected, they will use a separate bathroom. The bathroom will be cleaned and disinfected, using standard cleaning products, before being used by anyone else. PPE will be worn by staff caring for the child while they await collection if a distance of two metres cannot be maintained (such as for a very young child or a child with complex needs.) In an emergency staff will call a manager and 999 if they are seriously ill, injured or their life is at risk.

If a member of staff has helped someone who was unwell with a new, continuous cough or a high temperature, they do not need to go home unless they develop symptoms themselves (and in which case, a test is available) or the child subsequently tests positive (see 'What happens if there is a confirmed case of coronavirus in a setting?' below.) They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell. Cleaning the affected area with normal household disinfectant after someone with symptoms has left, will reduce the risk of passing the infection on to other people. Further information about cleaning the room used for isolation can be found at [COVID-19 Cleaning in non-healthcare settings outside the home](#).

When a child, young person or staff member develops symptoms compatible with coronavirus, they will be sent home and advised to self-isolate for 10 days from start of symptoms, as per [current NHS guidelines](#). Their fellow household members should self-isolate for 14 days. All staff and students who are attending an education or childcare setting will have access to a test if they display symptoms of coronavirus, and are encouraged to get tested in this scenario.

Where the child or staff member tests negative, they can return to their setting and the fellow household members can end their self-isolation.

Confirmed case

Where the child, young person or staff member tests positive, the rest of their nursery group (this includes the children in their base room and staff) should be sent home and advised to self-isolate for 14 days, as per [current NHS guidelines](#). The other household members of that group do not need to self-isolate unless the child, young person or staff member they live with in that group subsequently develops symptoms. In these cases all information will be recorded on an incident form or Covid-19 record form.