

Managing Children who are Sick, Infectious or with Allergies

All parents must adhere to the DMNS 48 Hour Sickness or Diarrhoea Policy

This is in accordance with the current guidance from the UK Health Security Agency. The incubation period for viral gastroenteritis is between 24- 48 hours. A person is infectious during the acute stage of the illness and up to 48 hours after the diarrhoea and or vomiting has stopped. Therefore, infected person should stay away from school until 48 hours after the diarrhoea and or vomiting has stopped.

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

- A list of public health exclusions and current exclusion times for individual types of infection is available on this [UK Health Security Agency web page](#)
- It is the parent's/carers responsibility to inform the school immediately a child develops a medical problem that could cause an infection such as, German measles, skin contamination or a head/hair abnormality.
- Parents/carers are required to discontinue their child's attendance until the child is free of both symptoms and cause.
- By alerting the nursery immediately it allows the staff to advise other parents/carers and to make careful observations of any child who feels unwell.
- Parents/carers are asked not to bring any child to nursery who has had a fever, vomiting or diarrhoea until at least **48 hours** has passed since the last attack or, the child's temperature has returned to normal.
- In the event of a child becoming ill during the school day then the parents/ carers will be notified promptly so that collection of the child may be arranged. Parents/carers are requested to keep the school updated with all emergency telephone numbers.
- Cuts or open sores, whether on adults or children, will be covered with an adhesive dressing or an alternative dressing.
- In the event of a child being on prescribed medication then the following procedures will be followed:

- Whenever possible the child's parents/carers will administer the medicine. When this is not possible then the **medicine must be clearly labelled with the child's name, dosage and frequency of medication along with any other instructions.**
 - Written consent must be obtained from the parent/carer providing clear instructions on the dosage, administration of the medicine and permission for a member of staff to follow the instructions.
 - All medicines will be kept out of any children's reach and if possible in a locked cupboard.
 - The administration of the medicine will be logged in the accident book. Providing clear information on the name of the child receiving the medicine, the date and time the medicine should be administered, the date and time the medicine was administered and a signature of the person administering each dose of medicine. The administration and dosage should also be witnessed and the witness should also sign the logged entry.
- With regard to the administration of life saving medication such as insulin or the use of nebulisers then the position will be clarified with Discoveries insurers and the child's doctor.
 - Discoveries will ensure that the first aid equipment is kept replenished and sterile items will be kept sealed in their packages until needed.

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.

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.
- 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.
 - Control measures - such as how the child can be prevented from contact with the allergen.
- This risk assessment form is kept and displayed in the kitchen where all staff can see it.
- A photograph of the child along with information regarding their allergy is visible inside the 'First Aid cupboard' in the kitchen for all staff to be aware.
- 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

- If necessary, our insurance will 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 our 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:
 - All oral medications must be prescribed by a GP and have the dosage instructions clearly written on them.
 - Asthma inhalers are regarded as 'oral medication'
 - We must be provided with clear written instructions on how to administer all medications.
 - We adhere to all risk assessment procedures for the correct storage and administration of the medication.
 - We must have the parent's or guardian's 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 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.
- Copies of all three documents relating to these children must first be sent to our insurance company. 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 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 insurance company. 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.

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.
- Use protective rubber gloves for cleaning/sluicing clothing after changing.
- Rinse soiled clothing and bag it for parents to collect.
- Clear spills of blood, urine, faeces or vomit using mild disinfectant solution and mops; any cloths used are disposed of with clinical waste.
- Clean any tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit using a disinfectant.