

Safeguarding and Welfare Requirement Health

The provider must promote the good health of the children attending the setting. They must have a procedure, discussed with parents and/or carers, responding to children who are ill or infectious, take necessary steps to prevent the spread of infection, and take appropriate action if children are ill.



8.2

MANAGING CHILDREN, WHO ARE SICK, INFECTIOUS OR WITH ALLERGIES

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.

- Whilst The Ark Centre is committed to the health and safety of all students and staff who play, learn and work here, it will sometimes be necessary to require a unwell student to be collected early from a session or be kept at home while they get better.
- If students 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 the child on their behalf.

If a child has a temperature, they are kept cool, by removing to clothing and sponging their heads with cool water, but kept away from draughts.

The child's temperature is taken using a forehead thermometer strip, kept in the first aid box.

In extreme cases of emergency, the child should be taken to the nearest hospital and the parent/carer should be informed.

Parents are asked to take their child to the doctor before returning them to the setting, the setting 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 48 hours before returning to the setting.

After diarrhoea, parents are asked to keep children home for 48 hours or until a formed stool is passed.

Minimum Exclusion Periods for Illness and Disease as recommended by the Health Protection Agency:

DISEASE PERIOD OF EXCLUSION

Antibiotics prescribed	First 12 hours
Chicken Pox	5 days from when the rash first appeared
Conjunctivitis	12 hours after eye drops administered
Viral Diarrhea / Sickness	48 hours, exclusion from swimming for 2 weeks after final bout
Diphtheria	2-5 days
Gastro-enteritis	48 hours or until advised by the doctor
Food poisoning	48 hours or until advised by the doctor
Salmonella	48 hours or until advised by the doctor
Dysentery	48 hours or until advised by the doctor
General anesthetic	24 hours
Glandular Fever	Until certified well
Hand, Foot and Mouth disease	None until clinically well
Hepatitis A	7 days from onset of jaundice & when recovered
Hepatitis B	Until clinically well
High temperature	24 hours

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Impetigo	Until the skin has healed
Infective hepatitis	5 days from the onset
Measles	5 days from when the rash first appeared
Meningitis	Until certified well
Mumps	5 days minimum from onset of swollen glands
Pediculosis (lice)	Until treatment has been given
Pertussis (Whooping cough)	21 days from the onset
Plantar	Warts should be treated and covered
Poliomyelitis	Until certified well
Ringworm of scalp	Until treatment has been given
Ringworm of the body	Until treatment has been given
Rubella (German measles)	5 days from onset of rash
Scabies	Until treatment has been given
Scarlet fever and streptococcal	3 days from the start of the treatment
Infection of the throat	Until clinically well
Slapped face virus	Until clinically well
Tuberculosis	Until declared free from infection by a doctor
Typhoid fever	Until declared free from infection by a doctor
Warts (including Verrucae)	Exclusion not necessary. Sufferer should keep feet covered.

The Centre will gather information and advice from the Health Protection Agency, Local Authority and other agencies as necessary.

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 the Health and 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 are soiled with blood, urine, faeces or vomit.
- Protective rubber gloves are used for cleaning/slucing clothing after changing.
- Soiled clothing is rinsed and either bagged for parents to collect or laundered in the setting.
- 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.
- Children do not share toothbrushes, which are also soaked weekly in sterilizing solution.

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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.
- 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.
 - Review.
- This form is kept in the child's personal file and a copy is displayed where staff can see it.
- Parents train staff in how to administer special medication in the event of an allergic reaction.
- 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 given in Managing Medicines in Schools and Early Years Setting (DfES, 2005).

Head lice:

- When a case of head lice is discovered at the Centre, the situation will be handled carefully and sensitively.
- The student concerned will not be isolated from other children, and there is no need for them to be excluded from activities or sessions at the Centre.
- When the student concerned is collected, their parent/carer will be informed in a sensitive manner.
- Other parents/carers will be informed as quickly as possible in writing, including advice and guidance on treating head lice.
- Staff should check themselves regularly for lice and treat whenever necessary.

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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 medication must be prescribed by a GP or have manufacturer's instructions clearly written on them.
- The setting must be provided with clear and written instructions on how to administer such medication.
- The setting must have the parents/carers prior written consent. This consent must be kept on file. It is not necessary to forward copy documents to your insurance provider.

Life saving medication and invasive treatments:

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).

- 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/carer allowing 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 or specialist or a community paediatric nurse.

Key person for special needs children – 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 those who have received appropriate instructions from parents/carers, or who have qualifications.