

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 trigger.

- 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 an 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 their child, or send a known carer to collect the child on their behalf.
- If a child has a temperature do not undress them or sponge them down to cool off – a high temperature is a natural and healthy response to infection.
- The child's temperature is taken using either a forehead thermometer strip, an ear thermometer or a forehead laser thermometer, all kept in the first aid box.
- We can administer paracetamol (Calpol) to a child with consent in writing from the parents.
- In extreme cases of emergency, an ambulance is called and the child taken to the nearest hospital and the parent informed.
- 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.
- We ask parents that if a child has not attended their alternative setting (school/nursery) due to illness on a day that they also attend The Ark, that they also do not bring their child to The Ark Centre.

Minimum exclusion periods for illness and disease as recommended by the Health Protection Agency

<i>DISEASE</i>	<i>PERIOD OF EXCLUSION</i>
Athletes Foot	None
Antibiotics prescribed	First 48 hours
Chicken Pox	until all lesions have crusted over/ or 5 days if crusted over sooner
Conjunctivitis	None
COVID 19	Minimum of 10 days after positive test result
Diarrhoea and vomiting	48 hours after last bout
Diphtheria	2-5 days
Dysentery	48 hours or until advised by the doctor
Food poisoning	48 hours or until advised by the doctor
Gastro-enteritis	48 hours or until advised by the doctor
General anaesthetic	48 hours
Glandular Fever	Until certified well
Hand, Foot and Mouth	None, until clinically well
Head lice	Until treatment has been given
Head Bang or Concussion	24 hours after injury was sustained
Hepatitis A	7 days from onset of jaundice, or 7 days after symptom onset if no jaundice
Hepatitis B, C	None, until clinically well

High temperature	The child can return once their temperature has returned to normal and they are feeling well
Impetigo	Until lesions are crusted/healed or 48 hours after starting antibiotics
Measles	4 days from onset of rash and recovered
Meningitis	Until certified well
Mumps	5 days after onset of swelling
Ringworm	Until treatment has been given
Rubella (German measles)	4 days from onset of rash
Scabies	Until treatment has been given
Scarlet Fever	48 hours after starting antibiotics
Slapped Cheek	Once rash has developed and clinically well
Tonsillitis	None
Tuberculosis	Until declared free from infection by a Doctor
Typhoid fever	Until declared free from infection by a Doctor
Warts	None
Whooping cough	48 hours from start of antibiotic treatment, or 21 days from onset of symptoms if no antibiotics

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 Public Health England.
- When the setting becomes aware, or are 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. 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.
- Children do not share tooth brushes, 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 and ask them to treat their child and all the family if they are found to have head lice.
- Staff should check themselves regularly for lice and treat whenever necessary.

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, 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 measures.
- This risk assessment form is kept in the child's personal file and a copy is displayed where staff can see it.
- 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 or for a child's snack.

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 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:
 - 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.
 - We must be provided with clear written instructions on how to administer such medication.
 - We adhere to all risk assessment procedures 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:
 - o a letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered;
 - o written consent from the parent or guardian allowing our staff to administer medication; and
 - o 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.
 - o 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.

Other useful Pre-school Learning Alliance publications

- Good Practice in Early Years Infection Control (2009)
- Medication Administration Record (2013)