



6.2 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 – staff 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 your child is displaying symptoms of Covid-19, for example, cough, temperature, loss of taste or smell, they will be isolated on a positive result in line with government policy and will need collecting from nursery immediately. This is the same procedure for staff and will follow the government guidance at the time for isolation.
- If a child has a temperature, they are kept cool, by removing top clothing and sponging their heads with cool water but kept away from draughts.
- The child's temperature is taken using an underarm or ear thermometer kept in the first aid boxes and office.
- If the child's temperature does not go down and is worryingly high, then we may give them Calpol or another similar analgesic, 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. With a temperature above 39 degrees we will give Calpol immediately and parents will need to collect child immediately.
- In extreme cases of emergency, an ambulance is called, and the parent informed.
- Parents are asked to take their child to the doctor before returning them to the setting; we can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- 24 hours at beginning of course with at least 2 doses administered for medication that has not previously been prescribed (in order to attend nursery before we must have given at least one dose of the same type of antibiotic on a previous occasion)





- After diarrhoea/Sickness, 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. This can be found on the infectious illness policy.

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.
- Any outbreak of an infectious illness we will seek advice from HPA and our policy may change to meet requirements for that specific outbreak at that time. Not all outbreaks will have the same outcome.

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/slucing clothing after changing.
- 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.

Nits and head lice

- Nits and head lice are not an excludable condition; although we do expect treatment to have commenced before attending nursery, and you will be asked to pick up your child when it is noticed to limit the spread.
- 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.
- All parents are informed via email.





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 list the following on our allergy sheet:
 - 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.
- A copy can be found in rooms and kitchen
- 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.
- We do not allow outside food to be eaten on site and children must not enter nursery grounds with outside food.

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:
 - 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 and 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:
 - a letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered; or allergy action plan.
 - written consent from the parent or guardian allowing our staff to administer medication; and
- 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 room leader must have the relevant medical training/experience, which may include receiving appropriate instructions from parents or guardians.

Please see the food and drink policy for allergy/meal times and how rooms should be set up to limit risks for allergy children.

Giving Medication

Medication given on site is only given to a child that has had it prescribed by a doctor, with the exceptions of nappy creams and teething aids.

Calpol is only given by management.

Prescribed medication can be given by a room leader; however, the management must have signed the form for medication first.

February 2022 update Calpol policy for the foreseeable future

Under the following government information based under the period of COVID 19 the Calpol and temperature policy we will follow is as follows:





Any child displaying a temperature of 37.8 degrees or more will be isolated where possible, or at least 2 meters away from other children. Children will need to be collected immediately and a self-isolation period/PCR test must be done under the current government guidelines. We will call parents for Calpol, unless the temperature is over 39 degrees and we will administer then call in line with policy.

6.2b Infectious illness policy

At aspire day nursery we have introduced an infectious disease policy that works in partnership with our existing policy - 6.2 Managing children who are sick, infectious, or with allergies

Policy statement

We aim to provide care for healthy children within the nursery without the risk of cross infection to children and practitioners. When a child is unwell, they should not be left at nursery under any circumstances. If your child is unwell, please keep them at home so they can fully recover. When children come to nursery ill, it is unfair to expose their illness to the other children and practitioners. If practitioners continually get ill, they are not at work, and this affects the well-being and relationships of all the children.

The setting has the right to refuse admission to a child who is unwell. This decision will be taken by the manager on duty and is non-negotiable.

This policy is to safeguard the children against further spread of a disease. Whilst we seek and follow advice from the Health protection agency, we have our own policy in place.

OUTBREAK – what we will do at the nursery

- Any child who shows signs of an infectious disease or rash are required to be collected by parents immediately. We then ask you to have the infectious disease/rash confirmed by the doctor.
- We will not admit any child into the nursery with an infectious disease or rash whilst they have visible signs of an illness, including covid-19.
- We have and will remain cleaning and sterilising the nursery and toys daily, and will highly focus on areas of high risk.
- We will stop transitioning children where possible whilst meets legal requirements.
- Extra hand washing will be done during the day as well as using sanitiser, and we ask you to do this regularly at home as well.
- When and if we have an outbreak parents will be informed of this immediately by notification on Tapestry.



How you can help at home

- Good hygiene is vital – please try to encourage children to cover mouths when coughing – wash hands after, as well as when sneezing. If your child brings toys in from home and they had had an infectious disease or rash, can you please make sure their toys are sterilised – washed at high temperature is material based before they are brought into nursery.

Medication		
Administration of Calpol/nurofen or other pain relief	If you have given your child a medication that can mask illnesses within 8 hours of nursery, they are not to attend that day. If you have a teething child, we suggest you administer alternative pain relief specifically that treats teething.	
Rashes and skin infections		
Illness	Exclusion required	
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox*	Until all vesicles have crusted over	See: Vulnerable children and female staff – pregnancy
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash	Preventable by immunisation (MMR x 2 doses). See: Female staff – pregnancy
Hand, foot, and mouth	None	Contact the Duty Room if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x 2). See: Vulnerable children and female staff – pregnancy
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion	not usually required Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever	Child can return 24 hours after commencing appropriate antibiotic treatment	* Antibiotic treatment recommended for the affected

		child. If more than one child has scarlet fever, contact PHA Duty Room for further advice
Slapped cheek (fifth disease or parvovirus B19)	None	once rash has developed See: Vulnerable children and female staff – pregnancy
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact the Duty Room. SEE: Vulnerable Children and Female Staff – Pregnancy
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms
Diarrhoea and vomiting illness		
Illness	Exclusion required	
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
Salmonella and Dysentery	24 hours or until advised by the doctor	
E. coli O157 VTEC* Typhoid* [and paratyphoid*] (enteric fever) Shigella* (dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea Further exclusion may be required for some children until they are no longer excreting	Further exclusion is required for young children under five and those who have difficulty in adhering to hygiene practices Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts of cases who may require microbiological clearance Please consult the Duty Room for further advice
Cryptosporidiosis*	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled
Norovirus	48 hours clear	
Gastro-enteritis, food poisoning	48 hours or until advised by the doctor	Gastro-enteritis, food poisoning
Respiratory infections		
Illness	Exclusion required	
Flu (influenza)	Until recovered	See: Vulnerable children

Tuberculosis*	Always consult the Duty Room	Requires prolonged close contact for spread
Whooping cough* (pertussis)	48 hours from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. The Duty Room will organise any contact tracing necessary
Covid-19	Advised to remain at home until you no longer have a high temperature, or no longer feel unwell, inline with government guidance	
Other infections		
Illness	Exclusion required	
Antibiotics prescribed	24 hours at beginning of course with at least 2 doses administered for medication that has not previously been prescribed (in order to attend nursery before we must have given at least one dose of the same type of antibiotic on a previous occasion)	
Conjunctivitis	None	If an outbreak/cluster occurs, consult the Duty Room
Diphtheria *	Exclusion is essential	Always consult with the Duty Room Family contacts must be excluded until cleared to return by the Duty Room. Preventable by vaccination. The Duty Room will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	The duty room will advise on any vaccination or other control measure that are needed for close contacts of a single case of hepatitis A and for suspected outbreaks.
Hepatitis B*, C, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills. SEE: Good Hygiene Practice

Meningococcal meningitis*/ septicaemia* close contacts. The Duty Room will advise on any action needed.	Until recovered	Some forms of meningococcal disease are preventable by vaccination (see immunisation schedule). There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close contacts. The Duty Room will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. The Duty Room will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact the Duty Room
Mumps*	Exclude child for five days after onset of swelling)	Preventable by vaccination (MMR x 2 doses
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic
Typhoid fever	Until declared free from infection by a doctor	
Plantar warts	Should be treated and covered	
Poliomyelitis	Until certified well	

Management have the right to refusal or go against the above guidance should they feel it is in the best interest for the staff, children and nursery.

This list is not exhaustive and we may add and change as we see fit. All infectious illnesses should be confirmed by a doctor.