



## ROYAL NAVAL PRE-SCHOOL LEARNING ORGANISATION

### **Sick child / Infectious/ or with allergies Policy**

Royal Naval Pre-school Learning Organisation provides care for healthy children and promotes healthy practices.

There are occasions when children become sick and unwell within the day at the child care setting the procedures for children who are sick or infectious are as follows -

- If children appear unwell during the day, have a temperature, sickness/ diarrhoea or pains, particularly in the head or stomach, the manager calls the parents/carer and asks them to collect the child or send a known carer to collect on their behalf as soon as is physically possible.
- If a child has a temperature, they are kept cool by removing top clothing, sponging their heads with cool water but kept away from draughts and the parent/carer is contacted to arrange for the child to be collected as soon as is physically possible.
- In extreme cases of emergency, the child should be taken to the nearest hospital and the parent informed. Parents are asked to take their child to the doctor before returning to the setting.
- The setting can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease. Some illnesses are seasonal including Hand Foot and Mouth and there is an exclusion period to slow the spread of the infection. See the exclusion periods below.

#### **Exclusion**

- Where children have been sent home or refused entry because of a high temperature (38 degrees or over) parents are asked to keep them at home for 48 hours (2 days). This period at home will determine if the child goes onto develop symptoms associated with seasonal illnesses or other conditions.
- Where children have been prescribed antibiotics, parents are asked to keep them at home for 48 hours (2 days) from taking the first dose before returning to the setting, this is to ensure that the child does not suffer from an allergic reaction.
- After a bout of diarrhoea parents are asked to keep children home for 48 hours (2 days) and a firm stool is passed before returning.
- Parents are asked to keep their children home for 48 hours (2 days.) From the last bout of vomiting.
- Hand Foot and Mouth - incubation period of 3-5 days, the infection is present whilst there is fluid in the blisters and for this reason RNPSLO requests that

parents/ carers keep their child at home for 2 days from the onset of blisters or until the blisters are fluid free.

The organisation takes reference from the Guidance on Infection Control in Schools and other Childcare Settings, and Public Health England (PHE) for infectious diseases and exclusion periods when dealing with sick children

As a provider if we have reason to believe that a child is suffering from a notable disease we would research using [WWW.online-procedures.co.uk/swcpp/procedures/child-protection/escalation-policy/iableddisease](http://WWW.online-procedures.co.uk/swcpp/procedures/child-protection/escalation-policy/iableddisease) and Identified in the PHE we will inform Ofsted and the PHE along with the Early Years Service.

### **Reporting of notifiable diseases**

If a child or adult is diagnosed suffering from a notifiable disease under the Public Health (Notification) Regulations 2010, the GP will report this to the Health Protection Agency.

When the setting becomes aware of or is formerly informed of the notifiable disease The Trustees would inform Ofsted, the Early Years Service and would act on any advice given by the Health Protection Agency.

### **HIV/AIDS/Hepatitis procedure –**

HIV virus, like other viruses such as Hepatitis A, B, C are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for children and adults.

Single used gloves and aprons are to be worn when changing nappies, pants and clothing that are soiled with blood, urine, or vomit.

Protective rubber gloves are to be used for cleaning/sluing clothing after changing. Soiled clothing is to be rinsed out and bagged for parents to collect.

Sills of blood, urine faeces or vomit are cleaned using a mild disinfectant solution and mops; any cloths used are to be disposed of with the clinical waste Furniture, furnishings or toys affected by body fluids are to be cleaned thoroughly.

### **Nits and Head Lice**

*Nits and head lice are not an excludable condition, although in exceptional cases a parent may be asked to keep the child away until the infestation has been treated and after which the child can return to the setting.*

*If the child has a continued severe infestation that is impacting on the child's behaviour ( constantly scratching ) and the parents / carer has not treated the child then the childcare setting would seek advice and guidance from Plymouth Early Help and SEN advice line.*

## Procedure for allergies

When parents start their children at the setting they are asked if their child suffers from an allergy, this is recorded on registration forms and within the child's file.

If a child has an allergy, a risk assessment form is completed, information on what the allergy is, the nature of the reaction, what to do in case of an allergic reaction and any medication to be used along with how it is to be used.

This form is kept in the child's file and a copy available for staff to have access to.

Parents are to instruct staff how to administer medicine or professional training will be accessed for all staff involved with directly looking after the child.

## Medication

The first dose of any new medication cannot be administered to the child in the setting this is due to a potential allergic reaction.

There may be times when a child attends the childcare setting deemed as physically well but on a course of medication to be given during the day.

The parents will be required to complete an **Administering of Medicines in Preschool form**.

This will only be for medication prescribed by a doctor, nurse, or dentist for their child giving details of the medicine, the time of dosage and the amount of dosage. If the child has been given medication before entering the setting this must be declared with the time given. Parents are required to ensure that the medication is in its original container, be in date and clearly labelled and the parents must sign the form.

Prescribed medication must only be given if the prescribers instructions are clear.

The setting must keep a record each time the medicine is administered to a child by a paediatric first aid trained person confirming the date, time and dosage given to the child informing the parents on the same day at collection that it has been taken. Staff signatures are required on the form along with the parents.

All medication must be stored according to the instructions and inaccessible to children.

## Oral medication

Asthma pumps are now regarded as 'oral medicine' by insurers and so documents do not need to be forwarded to the insurer.

However, 'oral' medications must be prescribed by GP and have instructions clearly written on them.

The setting must be supplied with a set of identical instructions on how to administer the medication.

Correct storage of medication must be followed.

The setting must have written consent by parent/carers for staff to administer preferably prior to the child starting. This consent must be kept on file.

## Health care plans

Individual Health care plans identify how children with long-term and / or complex medical conditions can be effectively supported in an early year setting. This is a written agreement and understanding between parents, medical professionals and the child.

Where possible the initial health care plan needs to be agreed with parents before the child can start at the setting. An individual risk assessment needs to be undertaken to include hazards or risks to the child, practitioner's and their managers or other children in the setting with control measures put in place to manage these. Each Health care plan contains different information according to the needs of the child and the childcare setting staff team need to be familiar with it along with the other professionals and the GP.

### **Life Saving medication and invasive treatments.**

#### **The provider must have**

Adrenaline injections (EpiPen's) for anaphylactic shock reactions or invasive treatments such as rectal administration of Diazepam (epilepsy) will require staff to undertake the relevant training prior to the child starting. A risk assessment will be undertaken by the organisation prior to the child starting to ensure the organisation can meet their needs, including contacting the insurance company to ensure the insurance will cover these procedures.

A letter from the GP /consultant stating the child's condition and what medication and proof of training in the administration of such medication by the child's GP, a district nurse, children's nurse specialist or community paediatric nurse.

Copies of all three documents relating to these children must be kept on file.

#### **Key person for special needs children**

Children requiring assistance with tubes to help them with every day living etc breathing apparatus, to take nourishment, colostomy bags etc must have written consent obtained from the child's GP/Consultant along with any medication prior to starting at the setting. The organisation will undertake a risk assessment prior to the child starting at the setting to ensure that the child's specific needs can be met and for any specialised equipment that needs to be brought into the childcare setting.

The key person must have experience or medical training from a professional and the child will be unable to start until full training has been undertaken.

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#### **Child displaying symptoms of coronavirus (COVID-19)**

1. Contact their parents or carers, the child must be sent home to isolate if they become unwell with any one or more of the symptoms -
  - a new, continuous cough
  - **a high temperature**

Any siblings attending the early years setting will also need to be sent home at the same time.

## **Side effects of children receiving a routine vaccination or teething**

Vaccines may cause a mild fever in children. This is a common and expected reaction, and isolation is not required unless coronavirus (COVID-19) is suspected.

Whilst teething can cause some known side effects such as flushed cheeks and sore gums, NHS guidelines state that fever is not a symptom of teething. Parents and carers should monitor side effects from a vaccination or teething, and if they are concerned about their child's health, they should seek advice from their GP or NHS 111.

If coronavirus (COVID-19) is suspected, settings should follow the advice in the system of controls.

Staff and other children who have had contact with the child who has symptoms must wash their hands thoroughly.

If a staff member is displaying the symptoms, they should be sent home until they feel well enough to return to work.