



ROYAL NAVAL PRE-SCHOOL LEARNING ORGANISATION

Sick child / Infectious/ or with allergies Policy

***(Covid-19 Amendment February 2022
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Royal Naval Pre-school Learning Organisation provides care for healthy children and promotes healthy practices.

There are occasions when children become sick and unwell 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.
- 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 Covid 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.
- 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.

The organisation has a list of exclusions which parents are given attached to the parent's contract which they agree to abide to on joining the organisation.

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.

The full list is obtainable from WWW.hpa.org.uk/webc/HPAwebFile/HPAweb-C/1194947358374 and includes common childhood illnesses such as measles.

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/iabledisease 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/slucing 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 cleared.

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 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.

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.

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 at the earliest opportunity ideally prior to the child starting or as soon as can be arranged. 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 key person must have experience or medical training from a professional and the child will be unable to start until full training and a risk assessment has been undertaken by the organisation.

***COVID-19 relevant
Updated January 2021**

Child displaying symptoms of coronavirus (COVID-19)

1. Contact their parents or carers A child must be sent home to isolate if they become unwell with any one or more of:
 - a new, continuous cough
 - a high temperature
 - a loss of, or change in, their normal sense of taste or smell (anosmia)

The child should start isolating and get a test. The child and their household should follow the stay-at-home guidance for households with possible or confirmed coronavirus (COVID-19).

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

You should advise the parent or carer that all household members will need to isolate, including siblings in other settings, and refer them to the guidance for households with possible or confirmed coronavirus (COVID-19) infection.

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.

Isolate the child showing symptoms While the child is awaiting collection, move them to an isolated room with appropriate adult supervision. If it is safe to do so, open a window for ventilation. If it is not possible to isolate them, move them to an area which is at least 2 metres away from other people. Since it's unlikely that staff caring for a young child while they are awaiting collection will be able to maintain a 2 metre distance, they should wear suitable personal protective equipment (PPE).

See the guidance on safe working in education, childcare and children's social care settings for more information on the use of PPE.

If the child needs to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else. As is usual practice, in an emergency call 999 if someone is seriously ill or injured or their life is at risk.

Anyone with coronavirus (COVID-19) symptoms should not visit the GP, pharmacy, urgent care centre or a hospital.

Ask the parents or carers to arrange a test for the child When parents or carers pick up the child, advise them to get the child tested to see if they have coronavirus (COVID-19). They should notify the setting of the results. (via the NHS Website and 119)

Clean and disinfect all surfaces they have been in contact with once the child has left the premises, thoroughly disinfect and clean all surfaces and contact points they came into contact with using standard cleaning products. This includes the bathroom if used. Clean an area with normal household disinfectant after someone with suspected coronavirus (COVID-19) has left will reduce the risk of passing the infection on to other people.

- Wear disposable or washing-up gloves and aprons for cleaning. These should be double-bagged, then stored securely for 72 hours then thrown away in the regular rubbish after cleaning is finished
- Using a disposable cloth, first clean hard surfaces with warm soapy water. Then disinfect these surfaces with the cleaning products you normally use. Pay particular attention to frequently touched areas and surfaces, such as bathrooms, grab-rails in corridors and stairwells and door handles
- If an area has been heavily contaminated, such as with visible bodily fluids, from a person with coronavirus (COVID-19), use protection for the eyes, mouth and nose, as well as wearing gloves and an apron
- Wash hands regularly with soap and water for 20 seconds, and after removing gloves, aprons and other protection used while cleaning

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 to arrange a COVID test (**telephone 119**) and self-isolate along with their whole household for 10 days. If it is a positive result, the organization will seek guidance and inform other staff members, parents of children who will have had contact and other professional agencies.