



Managing Children who are Sick, Infectious or with Allergies

Statement of intent

The Ladybird Playgroup Thriplow CIO provides care for healthy children and promotes health through preventing cross contamination caused by insects, viruses and bacterial infections. We are not able to provide care for children who are unwell, have a temperature, or sickness and diarrhoea, or who have an infectious disease.

Aims

Our aim is to ensure all parents are aware of the sickness policy and the reasons for the exclusion of ill or infectious children. We aim to make children, parents and staff aware of health and safety issues and to minimise the risk of cross infection and enable the children to thrive in a healthy and safe environment.

COVID-19

During the COVID-19 outbreak in the event of any child showing symptoms such as a high temperature, a new, continuous cough and/or loss of taste or smell, the following sequence of actions needs to be taken:

1. Child presents with symptoms; parents are requested to collect child and seek diagnosis from GP or take further advice from NHS 111.
2. Child's parents are requested to inform setting of outcome/diagnosis and keep child at home for the recommended exclusion period. For cases of suspected Coronavirus, staff and service users must adhere to current Government advice regarding self-exclusion even if no symptoms are present.
3. For confirmed cases of a notifiable disease and Coronavirus the setting must contact their local Health Protection Team (HPT) as soon as possible for further guidance. The line manager will inform the owner/trustees/directors and retain a confidential record.
4. Acting on the advice of the local HPT, the setting will either:
 - close for a set period and undertake a deep clean
 - carry on as usual but also undertake a deep clean
5. If a notifiable disease is confirmed, staff must inform the line manager immediately and Ofsted must be informed within 14 days. Cases of confirmed Coronavirus should be treated as a notifiable disease.
6. A deep clean is undertaken at the soonest opportunity following any illness outbreak. Hand hygiene messages are reinforced and staff are vigilant to any further signs of infection.
7. The manager continues to liaise with the HPT as required and keeps a full record of children affected, how long they are away from the setting and the date on which they return.

Methods

At Ladybird Playgroup Thriplow CIO we ask that if a child becomes ill, that the parent/carer informs Playgroup before 9.30am on the first day of sickness. This will be recorded in the register, as will the first date returned. If a child is absent without contact from a parent/carer, the parent/carers will be telephoned



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between 9.30am & 10am on the first morning of absence. If there is no answer, Ladybird Playgroup Thriplow CIO will proceed to contact the emergency numbers set out on the child's registration form until the child's whereabouts are established.

If a pattern of time off sick emerges, short-term or long-term, this will be flagged and a meeting with parents/carers or members of staff will be held.

At Ladybird Playgroup Thriplow CIO we ask that children or adults who are suffering from infectious diseases be excluded from the setting until the possibility of cross infection has passed. If a child or adult attending the Ladybird Playgroup Thriplow CIO has experienced diarrhoea and vomiting then they should remain at home until they have been clear of the illness for 48hours.

Good hygiene practice concerning the clearing of any spilled bodily fluids is carried out at all times at the Ladybird Playgroup Thriplow CIO.

If a child becomes ill whilst at the Ladybird Playgroup Thriplow CIO (develops a temperature, sickness, diarrhoea or pains – particularly in the head or stomach) a member of staff will proceed to contact the parents or if unsuccessful, another authorised adult so that the child can be collected early.

If the adult is unable to come straight away or if they are not contactable then a member of staff will ensure the child is kept comfortable and away from the other children until they are collected.

If a child has a temperature, a top layer of clothing can be removed, and the child should be offered fluids to help avoid dehydration.

Temperature is taken using an ear thermometer, kept in the first aid box. A new cover will be used for each child.

In extreme cases of emergency (for example a high temperature that induces a seizure, or a non-blanching rash appears, or the child becomes less/unresponsive), an ambulance should be called and the child taken to hospital.

Parents are asked to take their child to the doctor before returning them to the setting; Ladybird Playgroup Thriplow CIO 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.

Parents are notified if there is an infectious disease, such as chicken pox, slap cheek or impetigo.



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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. The full list is obtainable from www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947358374 and includes common childhood illnesses such as measles.

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 act on any advice given.

HIV/AIDS/Hepatitis procedure

Children or their families are not excluded because of Human Immunodeficiency Virus (HIV); however, the Ladybird Playgroup Leader would expect to be informed of the status so that procedures could be put in place to ensure the wellbeing of all.

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.
- Ensure that 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 ask them to treat their child and all the family if they are found to have head lice.

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 complete a risk assessment form 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 our staff can see it.

Medicines are stored and administered in accordance with our Administering Medicines policy.

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

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 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:

- 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 or guardian allowing our 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 specialist or a community paediatric nurse.
- Copies of all three documents relating to these children must first be sent to the Pre-school Learning Alliance Insurance Department for appraisal. Written confirmation that the insurance has been extended will be issued by return.

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.



Copies of all letters relating to these children must first be sent to the Pre-school Learning Alliance Insurance Department for appraisal.

Written confirmation that the insurance has been extended will be issued by return.

If we are unsure about any aspect, we contact the Pre-school Learning Alliance Insurance Department on 020 7697 2585 or email membership@pre-school.org.uk/insert.

Legal framework

- *The Human Medicines Regulations (2012)*

Further guidance

- *Medication Administration Record (Pre-school Learning Alliance 2017)*
- *Daily Register and Outings Record (Pre-school Learning Alliance 2018)*

This policy was adopted at a meeting of the Ladybird Playgroup Thriplow CIO	
Held on (date)	
Signed on behalf of the Ladybird Playgroup Committee	
Role of signatory (e.g. chairperson etc.)	
Signed by Playgroup Leader/Deputy	
Name of Playgroup Leader/Deputy	