



## Maeda Gakuen

### Safeguarding & Welfare: Sick or Unwell Children

#### Policy Statement

Children should not be left at nursery if they are unwell. If a child is unwell they will prefer to be at home with their parent(s) rather than at nursery with their peers. This is also to safeguard other children and staff from possible infections.

#### Procedures

We will follow these procedures to ensure the welfare of all children within the nursery:

- If a child becomes ill during the nursery day, their parent(s) will be contacted and asked to pick their child up as soon as possible. During this time the child will be cared for in a quiet, calm area.
- Should a child have an infectious disease, such as an ear infection or sickness and diarrhoea, they should not return to nursery until they have been clear for at least 48 hours. Children with conjunctivitis should stay off nursery for 24 hours but may return to nursery with eyedrops which have been prescribed by their GP. Eyedrops which are purchased over the counter and which do not have a prescription will not be acceptable.
- If a child has a temperature which reaches above 38 degrees we will ask parent/carer to collect child. We also require that a child is free of temperature for 24 hours before returning to nursery. This means that it is not acceptable to dose child with medication in the morning before they come to nursery in order to reduce temperature. We recognise that some children may develop a temperature due to teething. In these circumstances, we will do our best to ensure the child is comfortable and can remain at nursery. However, this will be at the discretion of management and a child may be required to be collected if they are overly distressed.
- It is vital that we follow the advice given to us by our registering authority and exclude specific contagious conditions, e.g. sickness and diarrhoea, and chicken pox to protect other children in the nursery. Illnesses of this nature are very contagious and it is exceedingly unfair to expose other children to the risk of an infection. Although conjunctivitis is not necessarily an excludable condition, it will remain at the discretion of the manager when the child may return as it is a highly contagious infection.
- If a contagious infection is identified in the nursery, parents will be informed to enable them to spot the early signs of this illness. All equipment and resources that may have come into contact with a contagious child will be cleaned thoroughly to reduce the spread of infection
- It is important that children are not subjected to the rigours of the nursery day, which require socialising with other children and being part of a group setting, when they have first become ill and require a course of antibiotics. Our policy, therefore, is to exclude children on antibiotics for the first 48 hours of the course, unless in special circumstances as mentioned above.
- The nursery 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.
- Information/posters about head lice are readily available and all parents are requested to regularly check their children's hair. If a parent finds that their child has head lice we would be grateful if they could inform the nursery so that other parents can be alerted to check their child's hair. Children with head lice should be treated at home with an effective lotion or oil to remove all live head lice and eggs. The child should be checked daily and hair should be combed through with conditioner every 3 days until Day 10. It is advisable to treat the hair with an effective lotion on Day 10. If a child is found to have head lice during the nursery day parent will be contacted to collect the child.

Head lice are extremely contagious, and whilst no child or parent should ever feel embarrassed – it is necessary to keep child at home until they have been treated.

## Reporting of 'notifiable diseases'

- ♣ If a child or adult is diagnosed suffering from a notifiable disease under the Public Health (Infectious Diseases) Regulations 1988, the GP will report this to the Health Protection Agency.
- ♣ When the setting becomes aware, or is 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.
- ♣ Single use vinyl gloves and aprons are worn when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- ♣ Soiled clothing is bagged for parents to collect.
- ♣ Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; cloths used are disposed of with the clinical waste.
- ♣ Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant, or washed in machine if appropriate, eg a soft toy.

## Meningitis procedure

If a parent informs the nursery that their child has meningitis, the nursery manager should contact the Infection Control (IC) Nurse for their area. The IC Nurse will give guidance and support in each individual case. If parents do not inform the nursery, we will be contacted directly by the IC Nurse and the appropriate support will be given.

## Transporting children to hospital procedure

- If the sickness is severe, we call for an ambulance immediately. We DO NOT attempt to transport the sick child in our own vehicle
- Whilst waiting for the ambulance, we contact the parent and arrange to meet them at the hospital or at the nursery.
- A senior member of staff must accompany the child and collect together registration forms, relevant medication sheets, medication and the child's comforter. A member of the management team must also be informed immediately
- Remain calm at all times. Children who witness an incident may well be affected by it and may need lots of cuddles and reassurance.

## Procedures for children with allergies

- ♣ When parents start their children at the setting they are asked if their child suffers from any known allergies. This is recorded on the registration form which forms part of the contract.
- ♣ If a child has an allergy, they are placed on the allergy list displayed in the rooms and an allergy placemat is made 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.
- ♣ Parents or a trained nurse may train staff in how to administer special medication in the event of an allergic reaction.
- ♣ Maeda Gakuen Yochien in a nut-free environment.
- ♣ Parents are made aware so that no nut or nut products are accidentally brought in, for example to a party.
- ♣ There is always a member of staff on site trained in the use of an EpiPen.

## 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 your insurance provider must be obtained to extend the insurance.

### **At all times the administration of medication must be compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage and follow procedures based on advice given in Managing Medicines in Schools and Early Years Settings (DfES 2005)**

Oral medication Asthma inhalers are now regarded as ‘oral medication’ by insurers and so documents do not need to be forwarded to your insurance provider.

- ♣ Oral medications must be prescribed by a GP or have manufacturer’s instructions clearly written on them.
- ♣ The provider must be given clear written instructions on how to administer such medication.
- ♣ All procedures need to be adhered to for the correct storage and administration of the medication.
- ♣ The group 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 your insurance provider.

## Life-saving medication & invasive treatments

Adrenaline injections (Epi-pens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc.) or invasive treatments such as rectal administration of Diazepam (for epilepsy).

- ♣ The provider 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 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 letters relating to these children must first be sent to the setting’s Insurance Department for appraisal.

Confirmation will then be issued in writing confirming that the insurance has been extended.

PLEASE NOTE: Although we generally do not exclude children on the grounds of health, the setting reserves the right to refuse any child where there is high risk of not being able to administer the correct medication or invasive procedures at all times. This is to ensure that there is no compromise to a child’s health at any time.

This policy was revised in August 2017 by Nikita Phadnavis (Manager) of Maeda Gakuen Yochien.