Child Sickness Policy

Key information about this policy:

Policy Reference	ECCC-023
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Approved By	Isabel Ruddick Co-Director

Policy Purpose

At times it has been necessary to exclude children from the Centre due to infectious illness, accidents and other concerns. We aim to minimise disruptions to parents/carers' work, college and other pursuits. However, the Centre environment is not always the best place for children who are ill or distressed, and bringing contagious children to Centre is not fair to other children, families, staff and students who may become unwell. We therefore recognise the need for clear guidelines for the management of sickness and exclusion in the Centre.

We also recognise that there will be occasions where it is necessary to administer medication to a child at the Centre, particularly in an emergency situation where there is need to regulate the child's temperature or alleviate pain, an asthma attack, an allergic reaction or other acute and chronic conditions.

Scope, Application, Access

- Policy applies to: all staff, parents/ carers, children, volunteers and students.
- Policy applies at all times and from all locations where children are in our care.
- Policy available to: All staff, current parents/carers.

Policy

If a child becomes ill when at the Centre, staff will monitor the child's condition (including their temperature) and contact the parent/carer by information provided on the children's information form. It is therefore important to update this information as soon as you have any changes in circumstances. If the parent/carer cannot be reached and it is an emergency, staff will ensure your child receives immediate medical attention.

When considering whether a child is well enough to attend, we will consider the following:

- Is the child going to enjoy their day and engage in play, or do they need a quiet home environment?
- Is the child infectious to other children and staff?
- Do they require medication or other special treatment?
- Does the child require more adult care and attention than the statutory staff:child ratio allows?

When it is necessary to send a child home, the parent/carer will be asked to collect the child within an hour of being contacted. If the child is not collected within this time, the emergency contact listed will be contacted.

If a child will not be attending due to illness, we ask that parents/carers contact the Centre to let us know. If it is a contagious childhood illness, such as measles, we can then alert staff and other parents/carers to be on the watch for symptoms in other children.

Control of illness

We will manage cases of infectious diseases in line with the UK Health Security Agency (UKHSA) guidance: Health protection in children and young people's settings, including education - GOV.UK

Exclusion Periods

If a child has been unwell with an infectious disease, we will follow the exclusion time periods set out in the UKHSA's Exclusion Table: Infection prevention tools and resources for children and young people's settings - GOV.UK Families will be asked to keep children away from the Centre for the duration of the exclusion period. Centre staff (normally the child's Key Person or Senior in that room) will endeavour to remind parents/carers of the exclusion period when a child is taken ill and will consult information from the Health Protection Agency if the exclusion period is not clear.

Our guidelines for some of the most common childhood contagious conditions are:

Diarrhoea and vomiting - If a child has experienced 2 episodes of diarrhoea, parents/ carers should be informed that a further episode will result in the child being sent home and remaining away from the Centre for 48 hours from the last episode. *Diarrhoea is defined as 3 or more liquid or semi-liquid stools (type 6 or 7) within a 24-hour period in adults and older children or any change in bowel pattern in young children.* If a child vomits, the same exclusion period applies.

We recognise that when children are very young there can be other, non-contagious reasons for sickness and diarrhoea. The whole condition of the child should be taken into account (teething, high temperature, new foods/appetite and general wellbeing and number of diarrhoea incidents) before enforcing the 48-hour exclusion period.

Conjunctivitis - This eye infection is extremely contagious. Exclusion is necessary for 24 hours from the start of treatment.

Head lice - If we find head lice on a child we will contact the parent/carer so treatment can be brought as soon as possible. The child can return to the Centre as soon as treatment takes effect (normally the next day).

Ringworm - The child may only attend the Centre as long as it is being treated and the inflected area is covered with a dressing.

High Temperature - Children that are sent home with a high temperature (38 degrees or above) will not be admitted to return to the Centre until 24 hours has passed since the temperature returned to normal (without the aid of fever reducing medication). See Appendix 1 for the visual flow chart.

Scarlet Fever - Children can return to the Centre, 48 hours after staying at home, away from nursery, school or work for at least 24 hours after starting the anti-biotic treatment, to avoid spreading the infection.

Depending on the exclusion period, children who have been prescribed **antibiotics** to treat an infection or illness should remain at home for at least **48 hours** to ensure there are **no adverse side effects**. Prior written permission for the administration of each and every medication must be completed by the parent/carer in line with our Administration of Medication Policy.

There may be occasions when a child is not so ill as to require medical care but nevertheless childcare would be unsuitable. If a child arrives at the setting and a leader does not consider them well enough to attend, the parent/carers will be advised accordingly. We will make every effort to stop the spread of infection within the setting but can only do this with the co-operation of parent/carers.

Procedure if a Child Becomes Unwell

If a child becomes unwell whilst at the setting, we will contact the child's parent/carer and give them precise details of the child's condition and will discuss with them the best course of action, e.g, to collect the child. We will contact the child's emergency contacts should a child become unwell and we are unable to reach the parent/carer. Unwell children must be collected within an hour, if a parent/carer is unable to meet this requirement then an emergency collection must be arranged.

We will make the child comfortable in a quiet place and keep them under observation, noting any changes in condition. We will never leave very sick children unattended at any time. If the child has a high temperature and consent for calpol is documented on Famly then the correct dosage of calpol will be administered. If there is a danger of vomiting, we will give a bowl or bucket. If there is a risk of splashing or contamination with blood or bodily fluids, disposable gloves, disposable masks and plastic aprons will be worn.

The parent/carer will be asked to keep their child at home until they have fully recovered, which may be longer than the enforceable exclusion period. All equipment and resources that may have come into contact with a contagious child will be cleaned and sterilised thoroughly to reduce the spread of infection.

Poisoning - If a child has consumed a substance that can damage their health but they do not appear to be seriously ill, call NHS 111 with the details of the product that has been consumed. They are able to check a toxicity database to ascertain what action should be taken. If the child is showing signs of being seriously ill, such as being sick, loss of consciousness, drowsiness or seizures (fits), call 999 to request an ambulance.

Medical Needs

For chronic illnesses e.g. asthma, or children with medical needs, we will administer, as necessary, any medication we have prior consent to administer. A record will be made of the time and the parent/carer will be asked to acknowledge this on the Famly app. This will be in line with our W Medication Policy.docx.

Viral Wheeze- When a child is suffering from viral wheeze, they cannot attend the Centre without parents/carers providing their inhaler and spacer. A medication form needs to be completed on Famly ahead of the first dose.

Serious illness

If a child should suddenly become seriously ill, we will immediately seek medical attention and follow our Serious Accident and Emergency Procedure in the W Accident and Injury (First Aid) Policy.docx.

Reporting Serious Illnesses/Diseases

Riddor stands for the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations and there are certain things that have to be reported to Riddor. We must report anything relevant for staff and volunteers but not for children to Riddor.

Reportable diseases include certain poisonings, some skin diseases, lung diseases and infections such as hepatitis, tuberculosis, anthrax, legionellosis and tetanus. The current list of notifiable diseases: Notifiable diseases and how to report them - GOV.UK.

We will keep a record of what we report, which will include the date and method of reporting, the date, time and place of the event, the personal details of those involved and a brief description of the nature of the event or disease. Make a RIDDOR report - Overview - HSE To report fatal/specified, and major incidents only **T**: 0345 300 9923

Ofsted - We will notify Ofsted of any serious illnesses, in line with their guidance. We will do this within 14 days and understand that Ofsted may take action against us if we don't. Report a serious childcare incident - GOV.UK

Action in the Event of an Outbreak or Incident - We will follow the advice from UKHSA and will seek specialist advice from UKHSA South West if we are concerned and have seen:

- A higher than previously experienced and/or rapidly increasing number of absences due to the same infection.
- Evidence of severe disease due to an infection, for example if an individual is admitted to hospital.
- More than one infection circulating in the same group of children and staff, for example chicken pox and scarlet fever.
- An outbreak or serious or unusual illness, for example,
    - E.coli 0157 or E coli STEC infection
    - Food poisoning
    - Hepatitis
    - Measles, mumps, rubella (rubella is also called German measles)
    - Meningococcal meningitis or septicaemia
    - Scarlet fever (if an outbreak or co-circulating chicken pox)
    - Tuberculosis (TB)
    - Typhoid
    - Whooping cough (also called pertussis)

We will have the following information available when contacting UKHSA South West, to help them assess the size and nature of the outbreak or incident and advise on any recommended actions:

- Type of setting.
- Total numbers affected (children and staff).
- Total numbers attending (children and staff).
- Any food handlers affected.
- Number of classes, rooms, year groups affected.
- Symptoms experienced.
- Date when symptoms started, including a brief overview of the sequence of numbers of new cases since the outbreak started.
- Any indications of severe disease, such as overnight admissions to hospital.
- Information on any events or trips in the week prior to the start of the outbreak.
- If known, whether any tests or clinical assessments have taken place.
- Vaccination uptake (for example for MMR and other infections).
- If there are any individuals within the affected group at higher risk from severe disease.

Contact Details: UK Health Security Agency South West

UKHSA South West, 2 Rivergate, Temple Quay, Bristol, BS1 6EH

Email: swhpt@ukhsa.gov.uk Telephone: 0300 303 8162 (option 1, then option 1)

Roles and Responsibilities

- **Co-Director of Practice:** Designated Safeguarding Lead responsible for overseeing all safeguarding and child protection matters, including keeping this policy up to date.
- **Practice Lead and Senior Room Leaders:** Deputy Designated Safeguarding Leads, who provide support to staff with all aspects of this policy.
- **All Staff:** Responsible for adhering to the policy and procedures at all times.

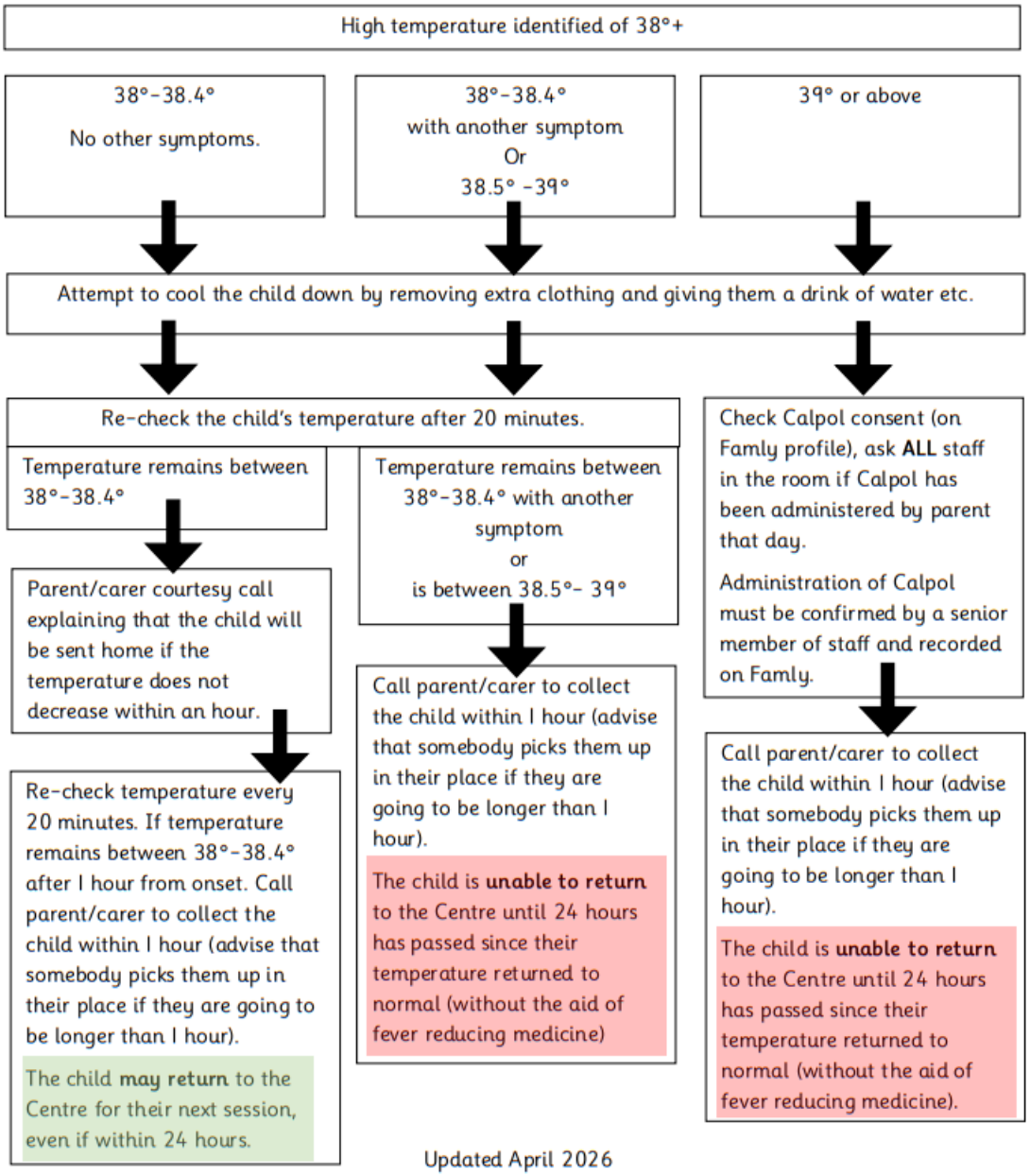
Appendix 1

High Temperature Guidance

Following advice from the UK Health Security Agency South West, we have adopted the policy of insisting that when a child is sent home with a high temperature, they will be unable to return to the Centre until 24 hours has passed since their temperature returned to normal (without the aid of fever reducing medicine). This is to reduce the risk of the spread of infection to other children and staff. The flowchart below explains when this policy applies.

Please note that teething does not generally cause a temperature of above 38 degrees.

If a temporal (forehead) thermometer is used please reduce all temperatures in the flow chart by 0.5 degrees. For example, a high temperature is identified as 37.5° and Calpol will be administered at 38.5°.



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