Wesley Pre-School Benfleet

Safeguarding and Welfare Requirement: Health

The provider must promote the good health of children attending the setting. They must have a procedure, discussed with parents and/or carers, for responding to children who are ill or infectious, take necessary steps to prevent the spread of infection, and take appropriate action if children are ill.

6.2 Managing children who are sick, infectious, or with allergies

(Including reporting notifiable diseases)

Policy statement

We aim to provide care for healthy children through preventing cross infection of viruses and bacterial infections and promote health through identifying allergies and preventing contact with the allergenic trigger.

Procedures for children who are sick or infectious

- If children appear unwell during the day – for example, if they have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – the manager will call the parents and ask them to collect the child, or send a known carer to collect the child on their behalf.
- If a child has a temperature, they are kept cool, by removing top clothing and sponging their heads with cool water,but kept away from draughts.
- The child's temperature is taken using a forehead thermometer strip, kept in the first aid box.
- In extreme cases of emergency, an ambulance is called and the parent informed.
- Parents are advised to take their child to the doctor before returning them 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 prescribed antibiotics, parents are asked to keep them at home for 48 hours before returning to the setting.
- After diarrhoea, parents are asked to keep children home for 48 hours or until a formed stool is passed.
- 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.
- The setting has a list of excludable diseases and current exclusion times. Please see below.

Disease	Incubation	Infectivity	Exclude Until	Comments
Adenovirus gastroenteritis	8-10 days	6-16 days	48 hours from last episode of diarrhoea or vomiting.	Exclude for 48 hours longer in children who are unable to maintain good personal hygiene.
Chickenpox	11-20 days	Up to 4 days before (usually only 1 day) to 5 days after. Cases often transmit before appearance of rash.	5 days from the onset of rash.	Traditionally excluded until all lesions are crusted but no transmission recorded after day 5. Contacts with a weak immune system need prevention.
Campylobacter	1-11 days	Patients probably not infectious if treated and diarrhoea has resolved.	48 hours from last episode of diarrhoea.	Exclude for 48 hours longer in children who are unable to maintain good personal hygiene.
Conjunctivitis	3-29 days Mean = 8	While active (direct contact). Infective up to 2 weeks.	None	Transmission more likely in young children by direct contact - very few data.
Fifth disease (slapped cheek)	13-18 days	30% in families 10-60% in schools	None	Avoid infection in pregnant women and people with a weak immune system.
Glandular fever	33-49 days	At least 2 months	None	None
Hand, foot and mouth disease	3-5 days	Up to 50% in homes and nurseries.	None	Stool excretion continues for some weeks. Avoid infection in pregnant women.
Head lice	n/a	While harbouring lice.	None	Note need for treatment of cases and contacts shown to have head lice.
Hepatitis A	15-50 days	From 2 weeks before to 1-2 weeks after jaundice onset.	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice).	Good hygiene needs emphasising.
Herpes simplex virus (cold sores)	1-6 days	While lesions are moist.	None	Highly infectious, especially amongst young children. Avoid kissing.
Impetigo	Skin carriage 2-33 days before development of impetigo (streptococci)	High (streptococci) Low (staphylococci) (Variable infectivity depending on causative bacteria.)	Until lesions healed or crusted or 48 hours after starting antibiotic treatment.	None

Measles*	6-19 days	Highly contagious in non-immune population. A few days before to 6-18 days after onset of rash.	4 days from onset of rash.	Check immunisation. Risk of serious infection in people with a weak immune system (give preventative treatment).
Mumps*	15-24 days	10-29 days. Moderately infective in non-immunised population.	5 days from onset of swelling.	Outbreaks reported in vaccinated secondary school children.
Ringworm	Varies	Until lesions resolve.	Exclusion not usually required.	Good hygiene helps.
Rubella*	13-20 days	1 week before to approximately 4 days after onset of rash.	6 days from onset of rash.	Check all female contacts are immune.
Scabies	Varies	Until mites and eggs are dead.	Can return after first treatment.	Risk of transmission is low in schools but outbreaks do occur. Close contacts should also be treated.
Scarlet fever*	1-3 days	Moderate within families. Low elsewhere. Infective first 3 days of treatment.	24 hours after starting antibiotic treatment.	Moderate within families. Low elsewhere.
Threadworms	n/a	Until all worms are dead.	None	Good hygiene helps. Case and family contacts should be treated.
Tuberculosis*	n/a	Until 14th day of treatment.	Variable, consult local health protection unit.	See 2nd Reference below.
Warts and verrucas	n/a	None	None	Care needed with verrucas in swimming pools, gymnasiums and changing rooms.
Whooping cough*	7-10 days	Mainly early catarrhal stage, but until 4 weeks after onset of cough paroxysms. Shorten to 7 days if given antibiotics.	5 days from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment.	Check immunisation of contacts. Highly infectious in non-immune populations.

Note: * indicates a notifiable disease. These are required (by law) to be reported to government authorities.

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 the Health Protection Agency.
- When we become aware, or are formally informed of the notifiable disease, the manager informs Ofsted and contacts Public Health England, and acts on any advice given.

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.
- Protective rubber gloves are used for cleaning/sluicing clothing after changing.
- Soiled clothing is rinsed and either bagged for parents to collect.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; any cloths used are disposed of.
- Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.

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 cleared.
- On identifying cases of head lice, all parents are informed and asked to treat their child and all the family if they are found to have head lice.

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.
- If a child has an allergy, a risk assessment form is completed 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. Epi-pen).
  - Control measures - such as how the child can be prevented from contact with the allergen.
  - Review.
- This form is kept in the child's personal file and a list of children's allergies is displayed where staff can see it.
- A health care plan will also be completed.
- Staff will be trained in how to administer special medication in the event of an allergic reaction.

- 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

- 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.

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.
- We must be provided with clear written instructions on how to administer such medication.
- All risk assessment procedures need to be adhered to 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 your insurance provider.

Life saving medication and 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.
  - 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.
- Treatments, such as inhalers or Epipens are immediately accessible in an emergency.
- 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 Early Years Alliance Insurance team 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 Early Years Alliance Insurance team on 020 7697 2585 or email insurance@eyalliance.org.uk.

Further guidance

- Managing Medicines in Schools and Early Years Settings (DfES 2005)

This policy was adopted at a meeting of	Wesley Preschool, Benfleet	
Held on	10th October 2019	*(date)*
Date to be reviewed		*(date)*

Signed on behalf of the provider	
Name of signatory	Jacqueline Piatto
Role of signatory	Chair-person

Appendix 1 – NHS poster for Childhood illnesses. The poster below will be displayed in reception and can be emailed to you.

Other useful Pre-school Learning Alliance publications

- Good Practice in Early Years Infection Control (2009)

What to do
Advice on childhood illnesses

Go to school; if needed get treatment as shown

Can be catching. Some restrictions for school attendance

Don't go to school and see the GP

What it's called	What it's like	Going to school	Getting treatment	More advice
Chicken Pox	Rash begins as small, red, flat spots that develop into itchy fluid-filled blisters	🟡	Pharmacy	Back to school 5 days after on-set of the rash
Common Cold	Runny nose, sneezing, sore throat	🟢	Pharmacy	Ensure good hand hygiene
Conjunctivitis	Teary, red, itchy, painful eye(s)	🟢	Pharmacy	Try not to touch eye to avoid spreading
Flu	Fever, cough, sneezing, runny nose, headache body aches and pain, exhaustion, sore throat	🟡	Pharmacy	Ensure good hand hygiene
German measles	Fever, tiredness. Raised, red, rash that starts on the face and spreads downwards.	🔴	G.P.	Back to school 6 days from on-set of rash
Glandular fever	high temperature, sore throat; usually more painful than any before and swollen glands	🟢	G.P.	Child needs to be physically able to concentrate
Hand, foot & mouth disease	Fever, sore throat, headache, small painful blisters inside the mouth on tongue and gums (may appear on hands and feet)	🟢	G.P.	Only need to stay off if feeling too ill for school
Head lice	Itchy scalp (may be worse at night)	🟢	Pharmacy	
Impetigo	Clusters of red bumps or blisters surrounded by area of redness	🔴	G.P.	Back to school when lesions crust or 48 hours after start of antibiotics
Measles	Fever, cough, runny nose, and watery inflamed eyes. Small red spots with white or bluish white centres in the mouth, red, blotchy rash	🔴	G.P.	Back to school 4 days from on-set of rash
Ringworm	Red ring shaped rash, may be itchy rash may be dry and scaly or wet and crusty	🟢	G.P.	
Scabies	Intense itching, pimple – like rash Itching and rash may be all over the body but commonly between the fingers, wrists, elbows, arm	🟢	G.P.	Back to school after first treatment
Shingles	Pain, itching, or tingling along the affected nerve pathway. Blister-type rash	🟡	G.P.	Only stay off school if rash is weeping and cannot be covered
Sickness bug/ diarrhoea	Stomach cramps, nausea, vomiting and diarrhoea	🟡	Pharmacy	See GP if symptoms persist after 48 hours
Threadworms	Intense itchiness around anus	🟢	Pharmacy	Ensure good hand hygiene
Tonsilitis	Intense Sore throat	🟢	Pharmacy	See GP if temperature lasts more than 48 hours or cannot swallow
Whooping cough	Violent coughing, over and over, until child inhales with "whooping" sound to get air into lungs	🔴	G.P.	Back to school after 5 days of antibiotics or 21 days from onset of illness

See www.patient.co.uk for further information on each of these conditions

This leaflet has been produced in partnership between

NHS · Billericay Community Trust · Essex County Council

This information is a guide and has been checked by health professionals however, if you are unsure about your child's wellbeing we recommend you contact your pharmacy or GP to check.