



meadows montessori nursery

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

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 parents will be telephoned and asked to collect their child, or to 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 digital thermometer kept in the office.
- If the child's temperature does not go down and is worryingly high, then we may give them Calpol or another similar analgesic, after first obtaining verbal consent from the parent where possible. This is to reduce the risk of febrile convulsions, particularly for babies. Parents sign the medication record when they collect their child.
- In extreme cases of emergency, an ambulance is called and the parent informed.
- Parents are asked to take their child to the doctor before returning them to the setting; we 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 illness or complaint, we ask parents to keep them at home for 24 hours before returning to the setting.
- After diarrhoea, we ask parents keep children home for 48 hours following the last episode.
- 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 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.



ILLNESS	EARLY SYMPTOMS	PERIOD OF ABSENCE
Chicken Pox	2/3 spots on the trunk of the body	7-10 days, until all spots have dried up
Common Cold	Sneezing, sore throat, runny nose and temperature	2-5 days, until symptoms have cleared up
Conjunctivitis	Weepy, sore red eyes	Your child does not need to stay away from nursery if they have conjunctivitis unless they are feeling particularly unwell. However, if there are a number of cases reported to the nursery, you are advised to keep them away until their infection has cleared up (24-48 hours).
Diarrhoea	2 foul nappies/bowel movements, colouring abnormal for individual	48 hours free from last runny bowel movement and normal bowel action returned
Ear Infections	Temperature, sore red ear, child holding ears, general malaise	24 hours of antibiotic treatment at home
Gastroenteritis	Runny bowel movement and vomiting	Minimum of 48 hours free from vomiting and normal bowel action returned
Impetigo	Weeping sores/spots, itchy and spreading into larger sores	At least 48 hours of antibiotic treatment and sores fully dried up
Influenza	Temperature, runny nose, off food, general malaise	2-5 days, until symptoms have cleared up
Measles & German Measles	Rash starts behind ears and spreads to the body - pink blotchy spots, temperature, runny nose, red eyes, vomiting, diarrhoea	7 days from onset of the rash
Meningitis	Temperature, headache, drowsiness, confusion, dislike of light, may be small red spots beneath the skin that do not disappear when pressed with glass	7-10 days with antibiotic treatment
Mumps	Swelling of glands at back of neck, temperature, irritability	5 days until after the first symptoms
Scarlet Fever	Temperature, bright red rash and sore throat	With treatment, most people recover in about four to five days and can return to nursery 48 hours after starting antibiotic treatment.
Temperatures	Any child who develops a temperature (over 37.5C or 99.5F) will be sent home immediately	24 hours absence and/or until temperature returns to normal



Tonsillitis	Temperature, white spots on tonsils, general malaise	48 hours of antibiotic treatment at home
Vomiting	Vomiting, bring up stomach contents	48 hours free since last vomit
Whooping Cough	Temperature, cold symptoms, cough then whoop whilst trying to breathe	Stay away from nursery, school or work until five days from the start of antibiotic treatment or three weeks after the coughing bouts started (whichever is sooner).

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[s] 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. 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.
- 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 doctor, dentist, nurse or pharmacist 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 doctor, dentist, nurse or pharmacist.
 - The key person must have the relevant medical training/experience, which may include receiving appropriate instructions from parents or guardians.