04 Health procedures

**04.5 Sickness and Illness**

**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 – room leaders or management will call the parents and ask them to collect the 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 cool drinking water.
* The child's temperature is taken using a digital thermometer (found in the office first aid and first aid boxes).
* 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. (Over 38 degrees for under 1 year old, over 38.2 degrees for over 1 year old). This is to reduce the risk of febrile convulsions, particularly for babies. Parents sign the medication record when they collect their child.

After 30 minutes if their childs temperature has not return to under 38 degrees – the parents will be called and asked to collect their child immediately. If a temperature is 39 degrees or over – their child will be administered Calpol, and parents will be asked to collect immediately

* 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 after 48 hours; 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 infectious illness or complaint, we ask parents to keep them at home for 48 hours before returning to the setting.
* After diarrhoea, we ask parents keep children home for 48 hours following the last episode.
* After vomiting, 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 have a list of excludable diseases and current exclusion times. The full list is obtainable from

[www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities](http://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities) and includes common childhood illnesses such as measles.

* If a child has a raised temperature, they are kept cool by removing top clothing, sponging their heads with cool water, and kept away from draughts.
* A child’s temperature is taken and checked regularly, using Fever Scans or other means i.e. ear thermometer.
* If a baby’s temperature does not go down, and is worryingly high, then Calpol may be given after gaining verbal consent from the parent where possible.
* In an emergency an ambulance is called, and the parents are informed.
* The setting manager notifies their line manager if there is an outbreak of an infection.
* If staff suspect that a child who falls ill whilst in their care is suffering from a serious disease that may have been contracted abroad such as Ebola, immediate medical assessment is required. The setting manager or deputy calls NHS111 and informs parents.

# HIV/AIDS 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 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 clinical waste.
* Tables and other furniture or toys affected by blood, urine, faeces, or vomit are cleaned using a disinfectant.
* Baby mouthing toys are kept clean and plastic toys cleaned in sterilising solution regularly.

# Nits and head lice

* Nits and head lice are not an excludable condition; although in exceptional cases parents may be asked to keep the child away from the setting 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, using current recommended treatments methods if they are found.

**\*\*Paracetamol based medicines (e.g. Calpol)**

The use of paracetamol-based medicine may not be agreed in all cases. A setting cannot take bottles of non-prescription medicine from parents to hold on a ‘just in case’ basis unless there is an immediate reason for doing so. Settings do not normally keep such medicine on the premises as they are not allowed to ‘prescribe’. However, given the risks to very young babies of high temperatures, insurers may allow minor infringement of the regulations as the risk of not administering may be greater. Ofsted is normally in agreement with this. In all cases, parents of children under two years must sign to say they agree to the setting administering paracetamol-based medicine in the case of high temperature on the basis that they are on their way to collect.

*Whilst the brand name Calpol is referenced, there are other products which are paracetamol or Ibuprofen based pain and fever relief such as Nurofen for children over 3 months.*

**Further guidance**

Good Practice in Early Years Infection Control (Pre-school Learning Alliance 2009)

Medication Administration Record (Early Years Alliance 2019)

Guidance on infection control in schools and other childcare settings (Public Health Agency) <https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf>