



## 04 Health procedures

### 04.5 Poorly children

- If a child appears unwell during the day at Chearsley and Haddenham Under Fives, for example has a raised temperature, sickness, diarrhoea\* and/or pains, particularly in the head or stomach then the setting supervisor, key person calls the parents/carers and asks them to collect the child or send a known carer to collect on their behalf.
- If a child has a raised temperature, top clothing may be removed to make them more comfortable, but children are not undressed or sponged down to cool their temperature. A high temperature should never be ignored, but it is a natural response to infection.
- A child's temperature is taken and checked regularly, using Fever Scans or other means i.e. ear thermometer.
- If a child's temperature does not go down, and is worryingly high, then Calpol may be given after gaining verbal consent from the parent/carer where possible (only if this medicine has been prescribed by doctor). This is to reduce the risk of febrile convulsions. Parents/carers sign the medication record when they collect their child.
- In an emergency an ambulance is called, and the parents/carers are informed.
- Parents/carers are advised to seek medical advice before returning them to the setting; the setting can refuse admittance to children who have a raised temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics for an infectious illness or complaint, parents/carers are asked to keep them at home for 48 hours.
- After diarrhoea or vomiting, parents/carers are asked to keep children home for 48 hours following the last episode.
- Some activities such as sand and water play, and self-serve snack will be suspended for the duration of any outbreak.
- The setting has information about excludable diseases and exclusion times.
- The setting supervisor notifies manager (manager inform trustees) if there is an outbreak of an infection (affects more than 3-4 children) and keeps a record of the numbers and duration of each event.

## **Notifiable diseases and infection control**

If educators suspect a child who falls ill whilst in their care is suffering from a serious disease that may have been contracted in the United Kingdom or abroad, immediate medical assessment is required. The setting manager or supervisor will call 111 and inform parents / carers.

Preventative measures are taken to reduce the risk of an outbreak returning. When an individual shows signs of an infectious illness, they are advised not to attend the service. If a child is already at the setting, they will be made comfortable in a space away from the other children to rest until they are able to be collected. The importance of thorough handwashing will be reiterated, and the educators will promote the 'catch it, bin it, kill it' approach with children and young people.

In the case of an outbreak of a notifiable disease which has been confirmed by a medical professional, the setting manager will seek further advice from the UKHSA, if not already contacted by them.

The setting manager has a list of notifiable diseases and contacts the UK Health Security Agency(UKHSA), Ofsted, or the childminder agency in the event of an outbreak.

## **Unwell children upon arrival**

- On arrival, it is vital that parents/carers inform a member of staff if they notice their child may be showing signs of being unwell. It is the responsibility of the parents / carers to ensure their child does not attend the setting if they are not fit to; this is a precautionary measure to prevent other children or staff from becoming ill. If a child is brought into the setting with a non-prescription medication to treat a temporary illness or appears to show signs of being unwell, the setting manager/supervisor will use their discretion to decide whether a child is fit to remain in the service. However, the non-prescribed medication won't be administrated by members of staff.

## **Infection control for bodily fluids – transmissible viruses**

- 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. Transmittable viruses are spread through bodily fluids. Hygiene measures are put in place to protect all staff and children/young people. These include 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/carers to collect.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and designated area mops; cloths used are disposed of with clinical waste.
- Tables, other furniture or toys/resources affected by blood, urine, faeces or vomit are removed where possible and cleaned using disinfectant. For larger items such as furniture, these must be cleaned immediately with disinfectant.

- Baby mouthing toys must be cleaned prior to another baby using them. All toys/resources are cleaned regularly. As a minimum, this should be carried out weekly, using sterilising solution for plastic toys/resources.

## **Handwashing**

Handwashing is a crucial infection control measure which reduces the spread of illness. Adults, children and young people should regularly wash their hands, and increase this where there is an infection outbreak.

This should be carried out by all:

- After outside breaks
- Before meals and snack times
- Before preparation of snack and meals
- After using the toilet
- After nappy or clothing changes
- After the removal of personal protective equipment (PPE), including gloves.
- After blowing noses
- Before and after administering medication

**Public Health England** advises that children and staff should be encouraged to catch sneezes with a tissue, bin the tissue and wash their hands.

## **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.

*\*Diarrhoea is defined as 3 or more liquid or semi-liquid stools in a 24-hour period.*

[www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-9-managing-specific-infectious-diseases#diarrhoea-and-vomiting-gastroenteritis](https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-9-managing-specific-infectious-diseases#diarrhoea-and-vomiting-gastroenteritis)

## **Further guidance**

[Medication Administration Record](#) (Alliance Publication)

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](https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf)

[High temperature \(fever\) in children - NHS \(www.nhs.uk\)](#)