

Essex Wildlife Trust

Nature Nursery: Managing Children Who Are Sick or With Allergies – Policy and Procedure

A policy describes what we do and how we do it as an organisation. It is a set of agreed principles which set out a course of action adopted by our staff and volunteers. It will often include acceptable methods, behaviours, and an approved procedure. It is usually internal, although some organisational policies are expected to be publicly accessible.

Version Control

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When review is completed, please send to: businesssupport@essexwt.org.uk

Version	Date	Changes made by	Reason for change
2	August 2023	J Burlingham	Update to new format Clarification of terminology and steps

1. Introduction

- 1.1 The Nature Nursery aims to promote the good health of the children in our care and take steps to prevent the spread of infection and take appropriate action when a child becomes unwell.
- 1.2 When a child shows signs of a known allergic reaction, we will follow the Child's Health Plan.
- 1.3 The UN Convention on the Rights of the Child (1991) states: *"Children have the right to be as healthy as possible, live and play in a safe, healthy, unpolluted environment and benefit from preventive health care and education."*

2. Scope

- 2.1 This policy is for all staff within the Nature Nursery to ensure individual needs of each child are met, with appropriate support and care.
- 2.2 Parents are informed immediately if their child/children become unwell whilst in our care.
- 2.3 Staff are given the appropriate training e.g. Paediatric First Aid in order to recognise the signs and symptoms of illness and understand the importance of infection control in preventing/controlling outbreaks of illness in the Nature Nursery.

3. Purpose of Policy

- 3.1 The aim of this policy is to ensure children are cared for to prevent cross infection of viruses and bacterial infections and to promote good health through identifying allergies and preventing contact with the allergenic substances.
- 3.2 Children who become unwell whilst on the Nature Nursery site will be supported until their parent/carer arrives to collect them.

4. Policy Statement

- 4.1 The staff in the Nature Nursery provide care for children and promote good health through preventing cross infection of viruses and bacterial infections.
- 4.2 Children, parents and staff are made aware of the importance of practising good hygiene to minimise the risk of spreading infection.
- 4.3 Parents are asked to keep their child at home if they are ill or have any infection.
- 4.4 Parents should inform the Nursery as to the nature of the illness or infection so that other parents can be alerted and make careful observations of any child who seems unwell.
- 4.5 Admittance will be refused to a child who has a temperature, sickness or diarrhoea, or a contagious infection or disease.

5. Procedure

5.1 Procedures for children who are sick or infectious

- 5.1.1 If children appear unwell during the day – for example, if they have a temperature (38°C or more), sickness, diarrhoea, or pains, particularly in the head or stomach – the Nursery Management Team will call the parents and ask them to collect the child, or to send a known carer to collect the child on their behalf.
- 5.1.2 If the child is showing signs of infectious disease, sickness or diarrhoea the child's keyperson/buddy will stay with the child and take them to the meeting rooms away from the Nursery site, to ensure the wellbeing of both the sick child and the remainder of other children.
- 5.1.3 If a child has a temperature (38°C or more), they are kept cool, by removing top layer clothing, sponging their heads with cool water and being kept away from draughts.
- 5.1.4 The child's temperature is taken using a digital thermometer, kept in the First Aid box.
- 5.1.5 If the child's temperature does not decrease, then liquid painkiller or another similar analgesic may be given, after first obtaining verbal consent from the parent where possible, to check a previous dose has not been administered within 4hrs. This is to reduce the risk of febrile convulsions. This is recorded on the Administration of Medication Form and stored in the child's file.
- 5.1.6 The child's temperature is taken and recorded every 5 mins until the child is collected from nursery, the child's key/buddy person stays with the child until the parent/carers collect their child.
- 5.1.7 Parents/carers sign the medication record when they collect their child.
- 5.1.8 Parents/carers will have previously given written consent to administration of temperature reducing analgesic in case of high temperature in their child/children.
- 5.1.9 In extreme cases or in an emergency situation, an ambulance is called, and the parent informed.
- 5.1.10 Parents are asked to check with a healthcare professional before returning them to the setting; admittance can be refused to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- 5.1.11 If children have been prescribed antibiotics for an infectious illness or complaint, parents are requested to keep them at home for 48 hours before returning to the setting.
- 5.1.12 Public Health England (PHE) guidance is followed for exclusion periods dependent on the symptoms and illness. The details of these are given in Appendix A

5.2 Reporting of 'notifiable diseases' (see Appendix A)

- 5.2.1 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.

- 5.2.2 When staff become aware, or are formally informed of the notifiable disease, the Nursery Management Team informs Ofsted and contacts Public Health England, and acts on any advice given.
- 5.2.3 This will be recorded and stored in the child's file.
- 5.2.4 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.

5.3 HIV/AIDS/Hepatitis Procedure

- 5.3.1 The HIV virus, like other viruses such as Hepatitis A, B and C, are spread through transfer of body fluids.
- 5.3.2 Hygiene precautions for dealing with body fluids are the same for all children and adults.
 - 5.3.2.1 Wearing single-use powder free gloves and plastic aprons when changing children's nappies, underwear and clothing that are soiled with blood, urine, faeces, or vomit.
 - 5.3.2.2 Soiled clothing will be double bagged for parents to take home for cleaning.
 - 5.3.2.3 Clean spills of blood, urine, faeces, or vomit using mild disinfectant solution and mops; any cloths used are double bagged and disposed of in the appropriate clinical waste bin.
 - 5.3.2.4 Clean any work surfaces and other furniture, furnishings or toys affected by blood, urine, faeces, or vomit using a disinfectant.

5.4 Nits and head lice

- 5.4.1 Nits and head lice are not an excludable condition; although in exceptional cases parents may be asked to keep the child away until the infestation has cleared.
- 5.4.2 On identifying cases of head lice, all parents will be informed to ask them to treat their child and all the family as appropriate.

5.5 Procedures for children with allergies

- 5.5.1 The registration form completed when children start at the Nursery includes requests for information on any known allergies. Any subsequent diagnoses of allergies will be recorded in the child's file and all information and documentation will be updated as required.
- 5.5.2 In the case of a known allergy, a specific Risk Assessment will be completed to detail:
 - 5.5.2.1 The allergen (i.e. the substance, material or organism the child is allergic too such as peanuts, eggs, bee stings, cats etc)
 - 5.5.2.2 The nature of the allergic reaction (e.g. anaphylaxis, including rash, reddening of skin, breathing problems etc)
 - 5.5.2.3 The treatment method – any medication and how to be administered e.g. auto-

injectable pen

5.5.2.4 Any control measures – how can the child be prevented from contact with the allergen

5.5.2.5 Review measures

5.5.3 The Allergy Management Form is kept in the child's personal file and a copy is displayed within the outdoor shelter visible to all staff. A health care plan will also be completed.

5.5.4 The setting aims to maintain a nut-free environment, along with other main allergens. Parents and carers are made aware of allergen requirements and regularly reminded.

6. Appendices

This policy is to be read in conjunction with wider Essex Wildlife Trust Policies and Procedures

- 6.1 Animals in the Nursery Policy and Procedure
- 6.2 Equality, Diversity and Inclusion Policy
- 6.3 EYFS - Statutory framework for the Early Years Foundation Stage (up to date version available via Government website)
- 6.4 First Aid Policy and Procedure
- 6.5 Food Hygiene and Preparation Policy and Procedure
- 6.6 Medication Policy and Procedure
- 6.7 Safeguarding Children, Young People & Adults at risk policies and procedures Part 1 and 2

Registration Forms

All About Me Forms

Risk Assessments and Allergen Management Forms

Further references:

[Managing specific infectious diseases: A to Z - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

[Health protection in schools and other childcare facilities - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

Poster: [Managing cases of infectious diseases in schools and other childcare settings \(publishing.service.gov.uk\)](http://publishing.service.gov.uk)

Poster: [Managing cases of infectious diseases in schools and other childcare settings \(publishing.service.gov.uk\)](http://publishing.service.gov.uk)

Poster: [Should I keep my child off school checklist poster \(publishing.service.gov.uk\)](http://publishing.service.gov.uk)

Appendix A:

This guidance refers to public health exclusions to indicate the time period an individual should not attend a setting to reduce the risk of transmission during the infectious stage. This is different to 'exclusion' as used in an educational sense.



UK Health
Security
Agency

HPECS guidance: Exclusion table

Infection	Exclusion period	Comments
Athlete's foot	None	Children should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others.
Chickenpox	At least 5 days from onset of rash and until all blisters have crusted over.	Pregnant staff contacts should consult with their GP or midwife.
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores.
Conjunctivitis	None	If an outbreak or cluster occurs, consult your local health protection team (HPT) .
Respiratory infections including coronavirus (COVID-19)	Children and young people should not attend if they have a high temperature and are unwell. Children and young people who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.	Children with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.
Diarrhoea and vomiting	Staff and students can return 48 hours after diarrhoea and vomiting have stopped.	If a particular cause of the diarrhoea and vomiting is identified, there may be additional exclusion advice, for example E. coli STEC and hep A. For more information, see Managing outbreaks and incidents .

Infection	Exclusion period	Comments
Diphtheria*	Exclusion is essential. Always consult with your UKHSA HPT .	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT .
Flu (influenza) or influenza like illness	Until recovered	Report outbreaks to your local HPT . For more information, see Managing outbreaks and incidents .
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances.
Head lice	None	
Hepatitis A	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice).	In an outbreak of hepatitis A, your local HPT will advise on control measures.
Hepatitis B, C, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your UKHSA HPT for more advice.
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period.
Measles	4 days from onset of rash and well enough.	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Meningococcal meningitis* or septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. Your local HPT will advise on any action needed.

Infection	Exclusion period	Comments
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. Your UKHSA HPT will advise on any action needed.
Meningitis viral	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your UKHSA HPT for more information.
Mumps*	5 days after onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff.
Ringworm	Not usually required	Treatment is needed.
Rubella* (German measles)	5 days from onset of rash	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Scabies	Can return after first treatment.	Household and close contacts require treatment at the same time.
Scarlet fever*	Exclude until 24 hours after starting antibiotic treatment.	Individuals who decline treatment with antibiotics should be excluded until resolution of symptoms. In the event of 2 or more suspected cases, please contact your UKHSA HPT .
Slapped cheek/Fifth disease/Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child and household.

Infection	Exclusion period	Comments
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment.
Tuberculosis* (TB)	<p>Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB).</p> <p>Exclusion not required for non-pulmonary or latent TB infection.</p> <p>Always consult your local HPT before disseminating information to staff, parents and carers.</p>	<p>Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread.</p> <p>Your local HPT will organise any contact tracing.</p>
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms.
Whooping cough (pertussis)*	2 days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	<p>Preventable by vaccination.</p> <p>After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing.</p>

*denotes a notifiable disease. Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or UK Health Security Agency (UKHSA) HPT of suspected cases of certain infectious diseases.

All laboratories in England performing a primary diagnostic role must notify UKHSA when they confirm a notifiable organism