



## **MANAGING CHILDREN WITH ALLERGIES, WHO ARE SICK OR INFECTIOUS**

### **Statement of Intent**

We provide care for healthy children and promote health through identifying allergies and preventing contact with the allergenic substance and through preventing cross infection of viruses and bacterial infections. This includes teaching the children about good hygiene. We ask parents to work with us to limit the spread of illness to other children and members of staff.

### **Procedure for children with allergies**

When a child starts at the setting we ask parents whether they suffer from any known allergy. This is recorded on the parental contract. If a child has an allergy, a risk assessment is carried out to detail the following:

- the allergen (the substance, material or living creature the child is allergic to, such as nuts, eggs, bee stings, cats etc)
- the nature of the allergic reaction eg rash, anaphylactic shock, breathing difficulties
- what to do in case of an allergic reaction, any medication used and how to administer it, eg EpiPen
- control measures, such as how the child can be prevented from contact with the allergen
- review

This form is kept on the child's personal file and all staff are made aware which children have known allergies. A list of children's allergies/special needs is displayed in each room and in the kitchen. All staff know where the list is displayed. A consent form allowing staff to administer the necessary medication must be completed by the parents/guardian and kept in the child's file. For life saving medication such as EpiPens, written confirmation must be obtained from our insurers to extend our insurance.

### **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 – we 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 sponging their heads with cool water, but kept away from draughts.
- The child's temperature is taken using a forehead thermometer.
- If the child's temperature does not go down and is worryingly high, then we may give them Infant Paracetamol, after first obtaining verbal consent from the parent where possible. Parents may have already signed consent on the parent contract however we



would still try and gain permission on the phone before administering infant paracetamol. 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.
- 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.
- 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.

### **Procedure for Children with Sickness or Diarrhoea**

Any child who is known to have suffered from sickness or diarrhoea in the previous 48 hours will not be allowed to attend Stepping Stones. Where there is a risk of an epidemic or pandemic in the community, we will at all times follow the advice of the Health Protection Agency, including closing if necessary to prevent the spread of infection.

### **Procedure for Children with Infectious Illness**

We ask parents to inform a member of staff if their child has any illness, so that we can display a sign to inform parents, staff and visitors that we have had a case of that infection or illness in the setting. This allows other parents to be on the lookout for the symptoms in their child. Children who are unwell with an infectious disease should NOT be at the setting and they should NOT return until the risk of passing on the infection has passed. Children who are too unwell to join in activities and require 1:1 time with a member of staff will need to go home and return once they are feeling better.

Children must follow the following exclusion time when suffering from the following infections/illnesses:

<b>Disease/Illness (Incubation period)</b>	<b>Period When Infectious</b>	<b>Period of Exclusion of Infected</b>
Chicken Pox and Shingles (2 – 8 days)	1 to 2 days before and 5 days after the rash develops	Excluded until feeling well again and the spots have scabbed over. (Approximately 5 days after spots appear.)
Conjunctivitis (12 hours to 3 days)	During active infection	For children – None if receiving treatment. Staff are permitted to work so long as they ensure they maintain good hygiene practices
Diarrhoea and vomiting (Few hours to a few days)	During active illness	Affected children can return 48 hours after normal stools return/or 48 hours after last onset of vomiting/diarrhoea
Slapped Cheek (Fifth Disease) (Variable 4 to 20 days)	Infections before onset of rash	Excluded until the child feels well



Glandular Fever (From 4 to 6 weeks)	While virus is present in saliva	Excluded until the child feels well
Hand, foot & mouth disease (3 to 5 days)	During acute stage of illness	Excluded until the child feels well
Head and Body Lice (Eggs hatch between 7 to 10 days)	As long as eggs or lice remain alive	Treatment should start as soon as diagnosed and the child may attend the setting following treatment. If lice persist child may be excluded until successfully treated. Entire family needs to be treated
Impetigo (4 to 10 days)	As long as septic spots are discharging pus	Excluded until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment.
Measles* (7 to 14 days)	1 day before first symptoms until 4 days after the onset of rash	Excluded until 4 days from the onset of rash and the child feels well
Meningitis* (2 to 10 days depending on cause)	Clinical cases are rarely infectious	Excluded until the child feels well again. (For meningococcal meningitis a Consultant in Communicable Disease Control will give advice on any action needed)
Mumps* (2 to 3 weeks average 18 days)	Mumps is infectious 7 days before symptoms appear to 2 to 4 weeks after. Most infectious 2 days before and 4 days after onset of illness.	5 days from onset of swollen glands and when the child feels well
Rubella* (German Measles) (2 to 3 weeks)	Most infectious before rash appears 1 week before till 4 days after.	6 days from onset of rash
Scabies (1 day to 6 weeks depending on previous exposure)	Until mites and eggs are destroyed by treatment	
Scarlet Fever* (12 hours to 5 days)	Prolonged in untreated cases	24 hours after commencing appropriate antibiotic treatment
Threadworms (2 to 6 weeks life cycle)	(2 to 6 weeks life cycle) As long as eggs are shed in the faeces(stools)	None, but you must be treated
Ringworms (4 to 10 days)	As long as rash is present	No exclusion needed as long as treatment from the GP has been started
Whooping Cough* (5 to 21 days)	2 weeks. If treated with antibiotics this may be reduced.	Until 5 days after commencing antibiotic treatment. Otherwise 21 days from onset of illness if no antibiotic treatment is received.

\*If any child or adult at the setting contracts a notifiable disease, we will inform Ofsted and follow the advice given by the Health Protection Agency. If two or more children are affected by food poisoning Ofsted will be advised within 14 days of the incident.