

Sick Child Policy



Policy statement

Little Elms operates a strict policy for children who become unwell at nursery, as we are bound to ensure the welfare of all children is paramount. If a child becomes unwell at nursery, we will always provide appropriate intervention, support and comfort to children until a parent / carer arrives to collect the child or the child is transferred to hospital (whichever is appropriate). We want to reduce the possibility of other children catching infections and therefore ask parents to respect the exclusion periods for vomiting, diarrhoea and infectious diseases.

Procedures for children who are, or become sick / infectious

- A practitioner should not accept a child into nursery if the child currently has, or has had, sickness and/or diarrhoea within the last 48 hours. Children should not attend until 48 hours after the last episode of sickness or diarrhoea. They should ask the parent to take the child home again.
- A Practitioner should not accept a child into nursery if the child currently has a contagious infection or disease as detailed within this policy where exclusions apply. They should ask the parent to take the child home again or to the GP (whichever is appropriate).
- If a child shows any signs or symptoms of illness, a Paediatric First Aid trained staff member will assess the symptoms. In most cases, the child's temperature will be taken and logged on a Child Monitoring Form.
- If a child becomes unwell during the day and is unable to engage in day to day nursery activities as a result – for example they have sickness, diarrhoea or pains, particularly in the head or stomach – then the Key Person or Room Manager should inform the Manager (or person in charge of the nursery) and the parents or emergency contacts will be called and asked to collect the child from nursery.
- A child may be admitted to the nursery after being previously sent home with a temperature once they are well enough and are not Liquid Paracetamol reliant. There may be discretion in this if the child is of teething age and with the agreement of the person in charge.
- If a child with a known, long term medical condition suffers deterioration of the condition, practitioners will follow the advice given in the Child Care Plan. In an emergency situation, an ambulance will be called and parents informed

If a child becomes seriously unwell:

If a child's condition gives cause for concern that they are seriously ill, injured or their life is at risk then an ambulance should be called and medical help sought. A Paediatric First Aider should assess the child and administer First Aid as appropriate. An ambulance should be called without delay, management informed and parents contacted.

Some examples of the types of symptoms that would require an ambulance to be called without delay include:

- Signs of sepsis:
 - blue, pale or blotchy skin, lips or tongue
 - a rash that does not fade when you roll a glass over it, the same as meningitis
 - difficulty breathing (you may notice grunting noises or their stomach sucking under their ribcage), breathlessness or breathing very fast
 - a weak, high-pitched cry that's not like their normal cry
 - not responding like they normally do, or not interested in feeding or normal activities
 - being sleepier than normal or difficult to wake
- Signs of anaphylaxis or severe allergic reaction:
 - feeling lightheaded or faint
 - breathing difficulties – such as fast, shallow breathing

Little Elms Day Care

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Policies and Procedures are reviewed annually

- wheezing
- a fast heartbeat
- clammy skin
- confusion and anxiety
- o Loss of consciousness
- o If a child has a seizure or fit (unless a Care Plan detailing different steps is in place for children with known medical conditions)
- o Chest pain
- o Breathing difficulties
- o Severe bleeding that cannot be stopped
- o Severe burns or scalds
- o Severe head injury whereby the child experiences / sustains:
 - lost consciousness
 - difficulty staying awake or keeping their eyes open
 - a fit
 - a fall from a height more than 1 metre or 5 stairs
 - problems with their vision or hearing
 - a black eye without direct injury to the eye
 - clear fluid coming from their ears or nose
 - bleeding from their ears or bruising behind their ears
 - numbness or weakness in part of their body
 - problems with walking, balance, understanding, speaking or writing
 - a head wound with something inside it or a dent to the head

You will need to have the following information available when you call 999 for an ambulance:

- The location where you are, including the area or postcode.
- The phone number you are calling from.
- State exactly what has happened, including any worsening of known medical conditions.

As soon as the ambulance controller knows where you are, they will start arranging for an ambulance to get to you. The person calling the ambulance controller should remain on the phone until the ambulance arrives.

High temperature

According to 2019 NHS guidance 'A normal temperature in babies and children is approx. 36.4C, but this can vary slightly from child to child'. A fever is a high temperature of 38C or more.

High temperatures are very common in young children and are usually caused by minor viral infections, such as coughs or colds, and can normally be treated at home.

A high temperature can be quite worrying, but most children recover with no problems after a few days.

Procedure for a child with a high temperature (No other symptoms)

- If a child feels hot, we will exclude possible causes – has the child been running about, is it a very hot day or very hot in the room?
- Check the child's temperature. If the child's temperature is 38C - 38.9C, record on a Child Monitoring Form, contact the parent and request permission to administer the required dose of Liquid Paracetamol for the age of the child (we must also confirm on the phone prior to administering Liquid Paracetamol that the child has not had any Liquid Paracetamol within the last 4 hours, if the child has had liquid paracetamol within 4 hours, the parent will be asked to collect their child as we are unable to give anymore during this time period).
- If a child's temperature (at any stage) reaches 39C, we will call the parent to seek permission to administer Liquid Paracetamol and insist upon collection.

- Cool the child by encouraging them to rest for a while, remove cardigans or coats, and take them into a cooler environment if possible.
- Encourage the child to drink small sips of water to avoid dehydration.
- Monitor the child over the next 40 minutes. If the child's temperature remains high (38C or above) the parents should be informed and asked to collect their child.
- In the event the child's temperature reduces within the 40 minutes to below 38C, the child can remain at nursery.
- We will only administer Liquid Paracetamol at nursery for a maximum of 2 consecutive days.
- If you are highly concerned about the child's condition based on your observations or the child appears to have a febrile convulsion, dial 999 and get an ambulance to take the child to the nearest hospital and inform the parent as soon as possible.

Procedure for a child with a high temperature (with symptoms of a respiratory condition)

Children must not attend nursery/ must be sent home if they have a high temperature and are unwell with respiratory condition symptoms such as:

- continuous cough
- high temperature, fever or chills
- loss of, or change in, your normal sense of taste or smell
- shortness of breath
- unexplained tiredness, lack of energy
- muscle aches or pains that are not due to exercise
- not wanting to eat or not feeling hungry
- headache that is unusual or longer lasting than usual
- sore throat, stuffy or runny nose
- diarrhoea, feeling sick or being sick

If a child develops a high temperature of 38C or above while at nursery, parents will be contacted and asked to collect their child from nursery. They will not be able to return to nursery until the high temperature has returned to normal.

Covid-19

Children who test positive for Covid-19 will not be permitted to attend nursery for a minimum of 3 days after the date of the test.

Diarrhoea, vomiting and infectious diseases

- Children who have vomited or had diarrhoea must not return to the setting until 48 hours has passed since the last episode of vomiting or diarrhoea.
- The setting has a list of excludable diseases and current exclusion times which are based on UKHSA guidance.

We understand that on occasion, children may vomit or have an episode of diarrhoea which may be due to other factors that are not contagious and therefore they may not require exclusion from the nursery for a 48-hour period. Multiple factors will be taken into consideration, including whether there are other children or staff experiencing similar symptoms. The decision as to whether a child with these symptoms can be admitted to nursery before the 48-hour period has passed, is entirely at the Nursery Manager's discretion.

Nits and head lice

- Nits and head lice are not an excludable condition, although in exceptional cases a parent may be asked to keep the child away until the infestation has cleared.
- On identifying cases of head lice, the key person will verbally inform the parent of their observations and the management team will advise all parents to treat their child and family for headlice.

- Practitioners will not carry out checks for nits or head lice. If parents are unsure whether their child has an infestation of nits or head lice, they will be advised by Nursery Practitioners to visit their GP or nurse.

Notifying Ofsted and the Directors

The Nursery Manager must notify the **Head of Operations** if a child is taken seriously ill or an ambulance is called to the nursery after the event at the most appropriate time.

Ofsted will be informed if the child stays in hospital for more than 24 hours.

Incubation Period, Communicability and Exclusion Criteria for Communicable Diseases

As an organisation, we follow the guidance issued by UKHSA England. The current information can be found at <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/exclusion-table>.

This should be made available to all families to all families in nursery reception areas.

Associated Documents:

- *Child Monitoring Form*
- *Medication Policy*