04 Health procedures

**04.5 Poorly children**

* If a child appears unwell during the day, for example has a raised temperature, sickness, diarrhoea or pains, particularly in the head or stomach then the setting manager calls the parents and asks them to collect the child or send a known carer to collect on their behalf.
* 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.
* In an emergency an ambulance is called and the parents are informed.
* Parents 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 are asked to keep them at home for 48 hours.
* After diarrhoea or vomiting, parents 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 manager notifies their line manager 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.
* The setting manager has a list of notifiable diseases and contacts Public Health England (PHE) and Ofsted in the event of an outbreak.
* 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 supervisor 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. A child over two who is not well, and has a temperature, must be kept cool and the parents asked to collect straight away.

**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>