



Safeguarding children

1.16.8 Procedures for children who are sick or infectious

Procedure for children who are sick or infectious

- If a child appears unwell during the day – if they have a temperature, sickness, diarrhoea or pains particularly in the head or stomach – the Manager or the senior in charge in the classroom will contact the parents and ask them to collect their child.
- If a child has a temperature they are kept cool by removing top clothing, sponging their heads with cool water, but keep away from drafts. A child's temperature is taken using the thermometer stored in first aid box in classroom. A senior member of staff may only administer Calpol to control a fever if **all** the following conditions apply:
 1. The child's temperature is dangerously high
 2. A parent is on the way to nursery to collect their child
 3. Parents have given the necessary permissions for us to administer Calpol on their nursery Registration Form
 4. If the correct nursery procedures for administering a medication are followed
- In extreme cases of medical emergency, when the child's parents can't get to us quickly, a senior member of the team will dial 999 *or* take the child to the nearest hospital.
- If a child has been ill, parents are asked to take them to the doctor before returning to nursery; we can refuse to admit a child who has a temperature, sickness or diarrhoea or a contagious infection or disease.
- After diarrhoea and sickness parents must keep their child at home for 48 hours from the last bout of illness.
- The Health Protection Agency's full list of excludable diseases and exclusion times is displayed on a poster in the corridor.

Chickenpox and scarlet fever

Children who have had chickenpox recently are more likely to develop a more serious infection during an outbreak of scarlet fever, according to Public Health England. If a child has had chickenpox recently parents and staff should look out for symptoms of scarlet fever (see the list of symptoms, below).

If you are concerned for any reason that a child with chickenpox might be displaying signs of scarlet fever, please seek medical assistance immediately. This is particularly true if your child has an underlying condition which affects their immune system. In this case, contact your GP or hospital doctor to discuss whether any additional measures are needed.



Chickenpox

Chickenpox is a mild and common childhood illness that most children catch at some point. It causes a rash of red, itchy spots that turn into fluid-filled blisters. They then crust over to form scabs, which eventually drop off.

To prevent spreading the infection, keep children off nursery until all the spots have crusted over. For most children, chickenpox is a mild illness that gets better on its own, but some children can become more seriously ill and need to see a doctor. Contact your GP straight away if your child develops any abnormal symptoms, for example:

- If the blisters on their skin become infected
- If your child has a pain in their chest or has difficulty breathing.

Scarlet fever

Scarlet fever is also a mild childhood illness but unlike chickenpox, it requires antibiotic treatment. Symptoms include a sore throat, headache, fever, nausea and vomiting, followed by a fine red rash which typically first appears on the chest and stomach, rapidly spreading to other parts of the body. On more darkly-pigmented skin, the scarlet rash may be harder to spot, but it should feel like sandpaper. The face can be flushed red but pale around the mouth. As the rash fades the skin on the fingertips, toes and groin area can peel.

If you think your child has scarlet fever:

- Take your child to your GP or contact NHS 111 as soon as possible
- Make sure that your child takes the full course of any antibiotics prescribed by the doctor
- Keep your child at home, away from nursery, for at least 24 hours after starting the antibiotic treatment, to avoid spreading the infection.

For more information on scarlet fever, visit NHS Choices at <http://www.nhs.uk/Conditions/Scarlet-fever/Pages/Symptoms.aspx>.

Head lice and nits

How we deal with cases of head lice

- Head lice are tiny insects that live in hair. Nits are the empty egg cases attached to hair that head lice hatch from.
- Head lice are a common problem, particularly in school children aged 4-11.
- They're largely harmless, but can live in the hair for a long time if not treated and can be irritating and frustrating to deal with.
- Nits and head lice are not an excludable condition, although in exceptional circumstances a parent may be asked to keep the child away until the infestation has cleared.
- Head lice can be difficult to spot, even when the head is closely inspected. Here's what to look for:
 - They're very small whitish or grey-brown insects that range from the size of a pinhead to the size of a sesame seed.
 - The only way to be sure someone has head lice is to find a live louse by combing their hair with a special fine-toothed comb. This is called detection combing.
 - Less reliable signs of head lice include:

- small white eggs or nits (egg cases) in the hair behind the ears or at back of the neck – see image above
 - an itchy scalp
 - a rash on the back of the neck
 - feeling as though something is moving in the hair
- If parents find that their child has head lice they should treat their child (and family, if they are found to have head lice) using the techniques outlined below.
 - If we see a child scratching their head, or if we see any other signs that might suggest head lice, we will tell parents at handover and ask them to investigate further.
 - If head lice are present, parents should tell us at nursery so we can inform other parents. (A notice will be pinned to the nursery's front door – individual names will not be used.)

How to get rid of head lice and nits

- Treatments to get rid of head lice are available to buy from pharmacies, supermarkets and online. You don't usually need to see your GP.
- The main treatments are:
 - lotions or sprays that kill head lice – these can be very effective, but some aren't suitable for pregnant or breastfeeding women, or for children under two
 - removing head lice with a specially designed comb – this is suitable for everyone and relatively inexpensive, but needs to be repeated several times and can take a long time to do thoroughly
- A pharmacist can advise you about the treatments available if you're not sure which is best for you or your child.
- Make sure you carefully follow the instructions that come with the treatment you choose.

Preventing head lice

- It's very difficult to prevent head lice.
- You may want to consider regular detection combing – for example, on a weekly basis – if you're concerned about your children or yourself.
- Lotions and sprays don't prevent head lice and should only be used if a live louse has been found in your or your child's hair.
- Staying off work or school and washing clothing and bedding on a hot wash are unnecessary, as they're unlikely to help prevent the spread of head lice.

[This advice is taken from NHS Choices. For more detail on how to treat lice, please visit their site.]

Covid

Please see separate Covid policy.

This policy was updated and reviewed in:

| Reviewed date | Name | Signature |
|----------------------|---------------|------------------|
| September 2015 | Stuart Watt | |
| May 2016 | Stuart Watt | |
| August 2016 | Stuart Watt | |
| September 2016 | Stuart Watt | |
| April 2017 | Stuart Watt | |
| April 2018 | Lindy Baldwin | |
| August 2018 | Lindy Baldwin | |
| April 2019 | Lindy Baldwin | |
| May 2019 | Stuart Watt | |
| January 2020 | Stuart Watt | |
| January 2021 | Stuart Watt | |
| January 2022 | Stuart Watt | |
| March 2023 | Stuart Watt | |