



Children's Sickness Policy

This policy has been devised to ensure that children who become unwell whilst at the setting are treated with sensitivity and respect. It is also to help us to protect other children from illness and the spread of infection. Children should not be ToyBox if they are unwell.

Procedure:

We will follow these procedures to ensure the welfare of all children within ToyBox:

- If a child becomes ill during the day, the parent(s) will be contacted and asked to pick their child up as soon as possible. During this time the child will be cared for in a quiet, calm area with their key person or another familiar member of the team.
- Should a child have an infectious disease, such as an ear infection or sickness and diarrhoea, they should not return to ToyBox until they have been clear for at least 48 hours. Covid cases children will be asked to stay at home for 5 days or until your child is well again.

It is vital that we follow the advice given to us by Ofsted and exclude specific contagious conditions, e.g. sickness and diarrhoea and chicken pox to protect other children in the ToyBox. Illnesses of this nature are very contagious, and we need to do what we can to mitigate risk of spreading. If a contagious infection is identified in ToyBox, parents will be informed to enable them to spot the early signs. All equipment and resources are regularly cleaned and sterilised thoroughly to reduce the spread of infection and we ensure good ventilation is practiced by monitoring Co2.

It is important that children are not subjected to the rigours of the day, which requires socialising with other children and being part of a group setting, when they have first become ill and require a course of antibiotics. **Our policy, therefore, for children to stay at home antibiotics for the first 48 hours of the course.** The setting has the right to refuse admission to a child who is unwell. This decision will be taken by the manager on duty and is non-negotiable.

Infectious Diseases Procedure

If a parent informs the setting that their child has an infectious disease such as **Covid, Strep A, Hand, Foot and Mouth, Scarlett Fever, Meningitis**, we ask for the child to be kept at home for **five days** before returning to nursery as a standard, but will be reviewed case by case. If there are two or more cases of infectious diseases, we are required by law to report this to Ofsted and Brighton & Hove City Council.

Impetigo

The incubation period is between 4 to 10 days.



Diarrhoea and Vomiting

All children must be kept away from ToyBox for **a minimum of 48 hours after the last episode of diarrhoea or vomiting**. If a child is sent home from the nursery the 48 hours exclusion still applies. Therefore, if your child is due in the following day, they will not be able to attend. Children should only return to ToyBox when they are well enough and have regained their appetite. Diarrhoea is defined as three or more liquid or semi-liquid stools within a 24-hour period in adults and older children or any change in bowel pattern in young children.

Ecoli is treated as an infectious disease and we ask for children and staff to stay at home until it has cleared.

Fever

All children must be kept at home for **a minimum of 24 hours or until their fever has returned to normal**. If a child is sent home from the ToyBox the 24 hours exclusion still applies. Therefore, if your child is due in the following day, they will not be able to attend. ToyBox will not administer any medicine that has not been prescribed by their doctor, pharmacist or dentist e.g: Calpol, Nurofen etc. ToyBox staff have the right to refuse to administer any medication with which they feel uncomfortable. Please can all parents respect our staff team's decisions as our policies are in place to prevent infection from spreading around the setting.

We ask parents to be responsible. If your child is running a temperature, we ask for parents not to administer Calpol or any other form of medicine to bring the temperature down so your child can attend. These medications wear off and the best place for an unwell child is at home. We want both the unwell child and the setting to be protected and at the forefront of any decision.

Febrile Convulsions, Anaphylactic Shock and Any other Seizure

If a child has any of the above an ambulance must be called immediately and the same steps taken as above.

Febrile Convulsions

Febrile convulsions are seizures that can happen when a child has a fever. They most often happen between the ages of 6 months and 3 years.

These seizures are usually harmless and almost all children make a complete recovery afterwards. It is essential that a child that is not diagnosed with epilepsy is seen by a paramedic if a convulsion occurs.

A febrile seizure usually lasts for less than 5 minutes. The child will:

- become stiff and their arms and legs may begin to twitch
- lose consciousness and may wet or soil themselves

They may also be sick and foam at the mouth, and their eyes may roll back.



After the seizure, the child may be sleepy for up to an hour. A straightforward febrile seizure like this will only happen once during the child's illness.

Occasionally, febrile seizures can last longer than 15 minutes and symptoms may only affect one area of the child's body.

These are known as complex febrile seizures. These seizures sometimes happen again within 24 hours or during the period in which the child is ill (NHS, 2019).

Anaphylaxis

Anaphylaxis typically presents with many different symptoms over minutes or hours with an average onset of 5 to 30 minutes if exposure is intravenous and 2 hours for foods.

The most common areas affected include:

- Skin (80–90%)
- Respiratory (70%)
- Gastrointestinal (30–45%)
- Heart and vasculature (10–45%)
- Central nervous system (10–15%)

with usually two or more being involved.

Anaphylaxis is a medical emergency that may require resuscitation measures such as airway management, supplemental oxygen, large volumes of intravenous fluids, and close monitoring.

Administration of epinephrine (Epi-pen) may be required and only staff with Epi-pen training should be called upon to administer such treatment.

Headlice

As part of good health, and hygiene practice we would appreciate if all parents inspect their child's hair for signs of headlice infestation regularly. All pre-school staff will support parents in doing this by giving advice on the identification of live lice, and eggs, and also making available literature and advice to support this process. Our protocol for managing headlice is as follows:

- If any member of staff visually identifies live lice on the scalp of any child, they will inform the person in charge.
- The person in charge will inform the person collecting the child at the end of the session that the child has head lice, and a letter will be given to that person, leaving it to the parent's discretion to decide whether the child should continue to attend
- We would appreciate parents making every effort to remove eggs, as these hatch very quickly and soon become live lice.
- The person collecting the child will be given the information needed to treat headlice infestation.
- All of the above measures will be taken discreetly to avoid embarrassment to any parent.



If a Child Becomes Unwell at ToyBox

- If a child begins to show signs or symptoms that could pertain to illness they should firstly be comforted by staff, preferably the key person. This should be in the form of reassurance, both verbal and physical as appropriate, e.g. cuddles.
- If possible, the child's key person should spend one to one time with the child or a member of staff from the child's room, attempting to find out what is wrong and if necessary, administering first aid.
- No prescribed medication may be given unless prior written consent was obtained from the parent/carer that day and the stated dose is due to be given at that time.
- The manager or deputy manager should be informed of any child who appears to be feeling unwell. If, after staff have done everything, they can't make the child more comfortable, there is no sign of improvement, then the manager or deputy manager, in conjunction with the child's key person, will discuss whether or not to contact the parent/carers to come and collect their child.
- Management must be informed when a member of staff wants to call a parent regarding a sick child.
- If it is deemed to be in the best interests of the child to go home, the manager, deputy manager or key person will ring the parent/carers, getting the number from the child's information which is held in the contact file in the filing cabinet. They will explain the signs and symptoms the child is displaying and ask them to come and collect him/her.
- If the manager, deputy manager, or key person is unable to contact the parent/carer they will then go on to the next person on the contact list, usually the second parent/carer, continuing down the list of authorised persons as necessary. Whilst their parent/carers are being contacted the child should continue to be comforted by members of staff. Plenty of fluids should be offered to the child and if their temperature is higher or lower than usual this should be addressed immediately. Any other symptoms should be treated as necessary.

The child should always be treated with the utmost sensitivity and respect as feeling poorly can be distressing and quite frightening for a child. They should have a staff member with them, preferably their key person, until their parent/carer or authorised person arrives to collect them. The child should have privacy as much as possible and be able to be in a quiet area away from other children, with the staff member. Usually, a quiet area can be made in the book corner.

Should a child's symptoms deteriorate whilst waiting for their parent/carers the manager or deputy manager should be informed immediately. If the manager or deputy manager feels that it's necessary, they should call for an ambulance. The manager or deputy manager must then inform the parent/carers to meet them at the local hospital. First aid should be administered to the child as necessary.

Transporting a Child to Hospital Procedure

- If the sickness is severe, call for an ambulance immediately.

DO NOT attempt to transport the sick child in your own vehicle.



- Whilst waiting for the ambulance, contact the parent and arrange to meet them at the hospital. Management must accompany the child and take registration forms, relevant medication sheets, medication and the child's comforter.
- Always remain calm.

Children who witness an incident may well be affected by it and may need lots of cuddles and reassurance. If you are confident and assertive the child will feel reassured.

Calling an Ambulance

Dial **999** and ask for an ambulance. Answer all questions honestly and clearly. When asked to give the address and telephone number, use the following details:

Brighton Womens Centre
22 Richmond Place
BN2 9NA

The manager or deputy manager and key person if possible, will go with the child to the hospital, taking the child's registration form which includes all their medical details and the consent for medical attention, and any of the child's special comforters. Reports should be written up by the manager/deputy manager, and key person and any witnesses to be kept on file. Members of staff will be offered time out and an opportunity to discuss what happened and how they are feeling.

If Your Child Is Absent

If your child is absent, you are still expected to pay for the session your child is due to attend. If your child's absence is due to a long-term illness, please contact the manager to discuss options.

Policy and Procedure reviewed by Gemma Turner January 2023
Date of next review: January 2024