

Wellesley Avenue, Goring by Sea, West Sussex BN12 4PN

3.3 Managing Children who are Sick and or Infectious

Policy statement

At Kamelia Kids it is our aim to provide good health care and hygiene for children through preventing cross infection of viruses and bacterial infections, and to promote health. This includes monitoring the children for signs and symptoms of childhood illness and infectious diseases. With the welfare of the sick child in mind and in the interests of the remaining children in the setting, parents/carers will be contacted to collect their child when, in the key person professional opinion, the child is too unwell to remain in the setting, or there is a risk of infection to other children and staff. The key person will comfort the child until their parents/carers arrive.

High Temperature

A normal temperature in babies and young children is approximately 36.4c, this can vary slightly from child to child.

A high temperature is 38c or above. It is the body's natural response to fighting infections like coughs or colds and can last for 3 or 4 days.

At Kamelia Kids we use a Braun ThermoScan 7 with Age Precision to monitor children's temperature. Each room has their own thermometer, with disposable probe ear covers.



Signs of a High Temperature

- The child feels hotter than usual when you touch their back or chest with back of hand.
- Feels sweaty.
- Looks or feels unwell.

Procedures for a High Temperature

- With the first signs and symptoms of a temperature, the key person will start a sickness record, and monitor and care for the child.
- Sickness record documents: temperature taken every 10 minutes, the care provided, the offer of fluids (water), food if they would eat and ventilation within the room.
- The key person will not undress the child or sponge them down to cool them, as a high temperature is a natural and healthy response to infection.
- After 30 minutes of monitoring and care, having taken 4 temperature checks and the child has a fluctuating temperature between 36.4c and 37.9c, a call is made to parents/carers to inform them of the monitoring and care that has been place for their child. This enables the

parents/carers with the key person to use their knowledge of the child and together they make the decision on what is best for the child at the time.

- If the child's temperature is consistently 38c or above and does not go down after 30 minutes of monitoring and care, and they are not their usual self, not eating, drinking, sleeping or are lethargic, the key person will give the parents/carers a call to arrange collection of their child. At this stage, with parents/carers verbal permission, Calpol will be administered, and the child must be collected within an hour. This is to reduce the risk of febrile convulsions, particularly for babies. Parents/carers sign the sickness record when they collect their child.
- In cases of an emergency, an ambulance is called, and the parent/carer are informed immediately.
- We can and may refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease or have been administered Calpol or Nurofen within 24 hours. This is because we believe that children who are sick must be cared for by their parents/carers. It prevents staff and other children becoming ill.

Teething

Some babies are born with their first teeth. Others start teething before they are 4 months old, and some after 12 months. But most babies start teething at around 6 months.

Parents/carers *must* communicate with staff at drop off if their child is teething as this allows the staff to support the child throughout the day and for the child to be closely monitored. We also ask that parents/carers communicate to staff if they have given their child Calpol or Ibuprofen that morning and the time/dosage administered. This supports our monitoring and care of children.

Teething symptoms

Baby teeth sometimes emerge with no pain or discomfort at all. At other times, you may notice:

- their gum is sore and red where the tooth is coming through
- they have a mild temperature of 38C
- they have 1 flushed cheek
- they have a rash on their face
- they're rubbing their ear
- they're dribbling more than usual
- they're gnawing and chewing on things a lot
- they're more fretful than usual
- they're not sleeping very well

How to support babies with Teething

Parents/carers can provide teething rings, gels or granules. The key person will provide these throughout the day if needed and according to our administering procedures. *We do not give Calpol or Ibuprofen as pain relief.*

If the child spikes a temperature believed to be teething staff will carry out the procedures for high temperatures.

Teething does not cause diarrhoea, there's no evidence to support this.

Vomiting and Diarrhoea

Diarrhoea and vomiting are common in adults, children and babies. They're often caused by a stomach bug and should stop in a few days. The advice is the same if you have diarrhoea and vomiting together or separately.

Diarrhoea and vomiting in adults and children can last:

- Diarrhoea usually stops within 5 to 7 days
- Vomiting usually stops in 1 to 2 days

After vomiting and diarrhoea, we require parents to keep children home for 48 hours following the last episode.

If a child has vomiting or diarrhoea at nursery, staff will contact the parents/ carers, informing them of their child illness and together make the decision and arrangement for collection.

Staff will be familiar with their key children's bowel movements. If a child has three loose nappies that are either water based or different in consistency to their normal bowel movements staff will contact parents/ carers.

This enables the parents/carers with the key person to use their knowledge of the child and together they make the decision on what is best for the child at the time.

Reporting of 'notifiable diseases'

If a child or adult is diagnosed as suffering from a notifiable disease under the Health Protection (Notification) Regulations 2010, the GP will report this to Public Health England.

When we become aware, or are formally informed of the notifiable disease, our Nursery Operations Director informs Ofsted and contacts Public Health England, and acts on any advice given.

Contact details:

Surrey and Sussex HPT (Southeast) Public Health England
County Hall
North Chart Way
Horsham
West Sussex
RH12 1XA

[Email- PHE.sshpu@nhs.net](mailto:PHE.sshpu@nhs.net)

Telephone 0344 225 3861 (option 1 to 4 depending on area)

Out of hours advice 0844 967 0069

Nits and head lice

Nits and head lice are not an excludable condition; although in exceptional cases we may ask a parent to keep the child away until the infestation has cleared.

On identifying cases of head lice, we inform all parents/carers and ask them to treat their child and all the family.

Legal framework

Statutory Framework for the Early Years Foundation Stage (2021)

Further guidance

Health protection in schools and other childcare facilities (2021)

NHS Website

<https://www.nhs.uk/conditions/baby/babys-development/teething/baby-teething-symptoms/>

<https://www.nhs.uk/conditions/febrile-seizures/>

<https://www.nhs.uk/conditions/fever-in-children/>

https://www.braunhealthcare.com/uk_en/thermoscan-7

<https://www.nhs.uk/conditions/baby/babys-development/teething/baby-teething-symptoms/>

<https://www.nhs.uk/conditions/diarrhoea-and-vomiting/>