

Safeguarding and Welfare Requirement: Health

The provider must promote the good health of children attending the setting. They must have a procedure, discussed with parents and/or carers, for responding to children who are ill or infectious, take necessary steps to prevent the spread of infection, and take appropriate action if children are ill.

6.2 Managing children who are sick, infectious, or with allergies

Covid 19 Addendum

If anyone becomes unwell whilst at nursery with a new, continuous cough or a high temperature, we will contact their parent/carer immediately. The child will be sent home and advised to follow the COVID-19: Guidance for households with possible coronavirus infection.

Whilst the child is awaiting collection they will be moved, if possible, to a room where they can be isolated behind a closed door, depending on the age of the child, and with appropriate adult supervision (ensuring safeguarding and PPE procedures are met.)

Ideally, a window will be opened for ventilation. Where it is not possible to isolate them, they will be moved to an area which is at least two metres away from other people.

They will be comforted and reassured whilst waiting for collection, as per our usual policy.

If they need to go to the bathroom while waiting to be collected, they will use a separate bathroom if possible. The bathroom will be cleaned and disinfected, using standard cleaning products, before being used by anyone else.

PPE will be worn by staff caring for the child while they await collection if a distance of two metres cannot be maintained (such as for a very young child or a child with complex needs.)

In an emergency staff will call a manager and 999 if they are seriously ill, injured or their life is at risk.

If a member of staff has helped someone who was unwell with a new, continuous cough or a high temperature, they do not need to go home unless they develop symptoms themselves (and in which case, a test is available) or the child subsequently tests positive (see 'What happens if there is a confirmed case of coronavirus in a setting?' below.) They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell.

Cleaning the affected area with normal household disinfectant after someone with symptoms has left, will reduce the risk of passing the infection on to other people. Further information about cleaning the room used for isolation can be found at <https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings>

When a child, young person or staff member develops symptoms compatible with coronavirus, they will be sent home and advised to self-isolate for 7 days. Their fellow household members should self-isolate for 14 days. All staff and students who are attending an education or childcare setting will have access to a test if they display symptoms of coronavirus, and are encouraged to get tested in this scenario.

Where the child or staff member tests negative, they can return to their setting and the fellow household members can end their self-isolation.

Where the child, young person or staff member tests positive, the rest of their nursery group should be sent home and advised to self-isolate for 14 days. The other household members of that group do not need to self-

isolate unless the child, young person or staff member they live with in that group subsequently develops symptoms.

In these cases all information will be recorded on an incident form or Covid-19 record form.

First Aid during the Covid 19 Pandemic

Paediatric First Aid

If you have a paediatric first aid certificate that is due to expire and cannot access training currently to renew your certificate, you may want to take note that the DfE have provided guidance through their Government rolling updates on COVID 19 about new rules for mandatory first aid training.

A three-month extension to the validity for all certificates coming up for renewal on or after 16th March 2020 has been announced until further notice. The document draws upon further guidance from the Health and Safety Executive (HSE) on these measures during exceptional circumstances.

PPE

If a child, becomes unwell with symptoms of coronavirus while in their setting and needs direct personal care until they can return home. A fluid-resistant surgical face mask should be worn by the supervising adult if a distance of 2 metres cannot be maintained. If contact with the child or young person is necessary, then disposable gloves, a disposable apron and a fluid-resistant surgical face mask should be worn by the supervising adult. If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn.

COVID-19 Resuscitation Guidance

The Resuscitation Council (UK) has published updated guidance for people performing cardio-pulmonary resuscitation (CPR) and defibrillation during the COVID-19 virus pandemic.

The guidance, published in the form of additional statements to RCUK guidelines, has been produced to draw attention to the risks of virus transmission during CPR and to raise awareness of ways to improve the safety of first responders while at the same time maximising the effectiveness of resuscitation attempts.

The COVID-19 virus is known to be present in human secretions and its presence in droplets whenever an infected person coughs or exhales is thought to be its principal mode of spread. The administration of rescue breaths during CPR, even with a face shield, carries an obvious risk, as do chest compressions which cause an exhalation from the victims' lungs.

The *Resuscitation Council UK Statement on COVID-19 in relation to CPR and resuscitation in first aid and community settings* applies to anyone who is performing CPR/defibrillation in an out-of-hospital setting.

In the statement first aiders are advised to recognise cardiac arrest by looking for the absence of signs of life and the absence of normal breathing. They are advised not to listen or feel for breathing by placing their ear and cheek close to the victim's mouth. If in doubt about confirming cardiac arrest, RCUK states that the default position is to start chest compressions until help arrives. When performing CPR where there is a perceived risk of infection first aiders should:

- refrain from performing rescue breaths
- perform chest compression only CPR (with early defibrillation where a defibrillator is available)
- make sure that an ambulance is on the way and the medical dispatcher has been informed that COVID-19 may be involved.

Personal protective equipment should be worn (eg fluid repellent face mask, disposable gloves, eye protection) wherever possible. As an added precaution the RCUK recommends that a cloth or towel be placed over the victim's mouth and nose. RCUK state that the early use of a defibrillator significantly increases the person's chances of survival and does not increase risk of infection.

After the procedure hands should be washed thoroughly or an appropriate alcohol hand rub used.

Studies have shown that chest-compression-only CPR may be as effective as combined ventilation and compression in the first few minutes after non-asphyxial arrest (cardiac arrest due to lack of oxygen).

Additional guidance, *Resuscitation Council UK Statement on COVID-19 in relation to CPR and resuscitation in Paediatrics*, applies to those performing CPR on children in a community setting.

RCUK states that they are aware that paediatric cardiac arrest is unlikely to be caused by a cardiac problem and is more likely to be a respiratory one, making ventilations crucial to the child's chances of survival. However, for those not trained in paediatric resuscitation, they state that the most important thing is to act quickly to ensure the child gets the treatment they need in the critical situation.

For an out-of-hospital cardiac arrest, the importance of calling an ambulance and taking immediate action is stressed. If a child is not breathing normally and no actions are taken, their heart will stop, and full cardiac arrest will occur. Therefore, RCUK states that if there is any doubt about what to do, the community advice referred to above should be used.

The guidance can be found on the RCUK website. The community statement includes a YouTube video. The Council recommends that first aiders check back often as the statements may be subject to change as the pandemic evolves and more is known about the COVID-19 virus.

See attached statement: [Resuscitation Council UK Statement on COVID-19 in relation to CPR and Resuscitation in Paediatrics.pdf](#)

Policy statement

At Apples and Honey Nightingale we aim to provide care for healthy children through preventing cross infection of viruses and bacterial infections and promote health through identifying allergies and preventing contact with the allergenic trigger.

An outbreak is an incident in which two or more children or staff are thought to have a common exposure and experience a similar illness or proven infection.

Procedures for children who are sick or infectious

- Children who are unwell, especially if they have a temperature, should remain at home and not attend the Nursery; or
- Should a parent/carer give Calpol to their child on a school morning, the child should not attend the Nursery.
- Parents/carers should inform the nursery if a child has experienced diarrhoea or vomiting as soon as possible, as well as keeping the child off school.
- If children appear unwell during the day – for example, if they have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – the Head Teacher, Deputy Head Teacher or key person will call the parents/ carers and ask them to collect the child, or to send a known carer to collect the child on their behalf.
- If a child has a temperature, they are kept cool, by removing top clothing and sponging their heads with cool water but kept away from draughts.
- The child's temperature is taken using a forehead thermometer strip, kept in the First Aid cupboard.
- If the child's temperature does not go down and is worryingly high, then we may give them Calpol or another similar analgesic, after first obtaining verbal consent from the parent where possible. This is to reduce the risk of febrile convulsions. Parents sign the medication record when they collect their child.
- In extreme cases of emergency, an ambulance is called, and the parent informed.
- Parents are asked to take their child to the doctor before returning them to the setting; we can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics for an infectious illness or complaint, we ask parents to keep them at home for 48 hours before returning to the setting.
- After diarrhoea, we ask parents keep children home for 48 hours following the last episode.
- Some activities, such as sand and water play, and self-serve snacks where there is a risk of cross-contamination may be suspended for the duration of any outbreak.
- In the case of an infectious outbreak in the nursery, including diarrhoea and vomiting, all intergenerational activities will be suspended for the duration of any outbreak.
- If any child attending intergenerational activities presents a suspected and/or confirmed infectious condition, including diarrhoea and vomiting, the Infection control Lead and/or Director of Care should be informed immediately.
- In case of infectious outbreak at Apples and Honey Nightingale nursery:

- Parents/carers should follow a designated route in and out of the setting to prevent, as much as possible, contact with the Nightingale staff and residents.
- The parents/carers of the children attending the nursery should not use Nightingale's main facilities for the duration of the outbreak.
- Staff members with children attending Apples and Honey Nightingale nursery:
 - If a child of a staff member needs to leave the nursery because of presenting a suspected and/or confirmed infectious condition, the children should be taken straight home, via a designated route, in order to prevent cross infection.
- We have posted a list of excludable diseases and current exclusion times on the Apples and Honey Nightingale website. The full list is obtainable from www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities and includes common childhood illnesses such as measles.

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, the Head Teacher will inform Ofsted and contact Public Health England and will act on any advice given.
- When we become aware, or are formally informed of the notifiable disease, the Head Teacher will inform the Infection Control Lead and/or the Director of Care at Nightingale House.

HIV/AIDS/Hepatitis 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. We:

- Wear single-use vinyl gloves and aprons when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Bag soiled clothing for parents to take home for cleaning.
- Clear spills of blood, urine, faeces or vomit using mild disinfectant solution and mops; any cloths used are disposed of with the clinical waste.
- Clean any tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit using a disinfectant.
- Ensure that children do not share toothbrushes, which are also soaked weekly in sterilising solution.

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 ask them to treat their child and all the family if they are found to have head lice.

Procedures for children with allergies

- When children start at the setting, we ask their parents if their child suffers from any known allergies. This is recorded on the Registration Form.
- We would also ask the GP to fill out an allergen form.
- If a child has an allergy, we complete a risk assessment form to detail the following:
 - The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc).
 - The nature of the allergic reactions (e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc).
 - What to do in case of allergic reactions, any medication used and how it is to be used (e.g. Epi-pen).
 - Control measures - such as how the child can be prevented from contact with the allergen.

Review measures.

- This risk assessment form is kept in the child's personal file and a copy is kept in the kitchen file and a file in both the Apples and Honey classrooms.
- A health care plan will also be completed.
- No nuts or nut products are used within the setting.
- Parents are made aware so that no nut or nut products are accidentally brought in, for example to a party.

Insurance requirements for children with allergies and disabilities

- If necessary, our insurance will include children with any disability or allergy, but certain procedures must be strictly adhered to as set out below. For children suffering life threatening conditions or requiring invasive treatments; written confirmation from our insurance provider must be obtained to extend the insurance.
- At all times we ensure that the administration of medication is compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage.
- Oral medication:
 - Asthma inhalers are now regarded as 'oral medication' by insurers and so documents do not need to be forwarded to our insurance provider. Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.
 - We must be provided with clear written instructions on how to administer such medication.
 - We adhere to all risk assessment procedures for the correct storage and administration of the medication.
 - We must have the parents or guardians prior written consent. This consent must be kept on file. It is not necessary to forward copy documents to our insurance provider.
- Life-saving medication and invasive treatments:

- Good Practice in Early Years Infection Control
- Medication Administration Record (2013)