

Sick Children and Young People Policy and Procedures

Last Updated: November 2024

Purpose and Context

Kids has the following policy in place for the treatment of children and young people who present symptoms of illness (including infectious illness) whilst in receipt of Kids services. This is to avoid the transmission of infectious illnesses between those using our services and those providing such services, and to ensure children and young people who are unwell do not attend services until they are fit to do so.

Scope

This policy relates to children and young people receiving Kids services who present with unexpected symptoms of illness, and their parent carer or legal guardian.

Note: For some children and young people with long term conditions with whom we work, regular medication and management of symptoms may be subject to a care plan or risk assessment, and colleagues are trained to support them.

This policy is relevant to, and should be followed by all colleagues working for, or on behalf of Kids. (Please refer to Definitions for further explanation of Colleagues).

Definitions

Colleagues: The term includes employees, sessional workers, volunteers, students and trustees of Kids. This is also extended to independent contractors who are undertaking direct work with children or young people on behalf of the charity.

General Policy

Any child or young person with an infectious disease must not access Kids services during the infectious period. Kids will follow government guidelines for deciding when and for how long to exclude children, young people and colleagues based on the infectious disease they have contracted. Where local Health Protection Teams impose stricter guidance for contract compliance or in response to local outbreaks or risks, Kids will comply with this.

If a child or young person is unwell and has a high temperature, and / or has an infectious or contagious illness, or is distressed because of a non-infectious illness, they should not receive Kids services until they have fully recovered. Children and young people who are unwell should not be in receipt of Kids services due to the risk of infection being transmitted to other children, young people and Kids colleagues, and the detriment to their own wellbeing.

Children and young people who appear unwell before attending should not be brought into a service or setting. The NHS defines a fever as being a temperature of 38°C or over for both children and adults. Parent carers should be made aware that children and young people should not attend services if they have a temperature of 38°C or above this.

Children with mild, respiratory symptoms such as a runny nose, sore throat, or slight cough, who are otherwise well, can continue to attend their usual Kids service.

Kids reserve the right not to accept a child or young person on medical grounds and will contact a parent carer or authorised person to collect them if we think they are a risk to themselves, other children and young people in our care and Kids Colleagues. If colleagues consider a delay in accessing medical assessment and treatment would put the child or young person at serious risk, an ambulance will be called.

Services should comply with local contractual arrangements with regard to payments and invoicing of sessions where children and young people have been excluded on medical grounds.

Contacts of those with infectious diseases

Colleagues or students who are close contacts of people who are unwell with an infectious disease, or an infection do not usually need to be excluded from the setting. However, the local health protection team (HPT) will advise if there are specific precautions to be taken in response to managing a case or outbreak. Settings will be contacted if this is required.

Seeking advice re: outbreaks or infectious diseases

Chapter 4 of the Health Protection guidance suggests that 'education and childcare settings may consider seeking specialist advice from the relevant UKHSA HPT if they are concerned and have seen:

- a higher than previously experienced and/or rapidly increasing number of colleague or student absences due to acute respiratory infection or diarrhoea and vomiting [footnote 1]
- evidence of severe disease due to an infection, for example if a pupil, student, child or colleague is admitted to hospital [footnote 2]
- more than one infection circulating in the same group of students and colleagues for example chicken pox and scarlet fever

Education and childcare settings are also asked to contact their UKHSA HPT as soon as possible to report any outbreak or serious or unusual illness for example:

- E. coli 0157 or E coli STEC infection
- food poisoning
- hepatitis
- measles, mumps, rubella (rubella is also called German measles)
- meningococcal meningitis or septicaemia
- scarlet fever (if an outbreak or co-circulating chicken pox)
- tuberculosis (TB)
- typhoid
- whooping cough (also called pertussis)

Roles and Responsibilities

All colleagues should be alert to signs of illness or deterioration in the health of the children and young people they work with. Colleagues should feel confident to question the presentation of an apparently unwell child or young person, and to contact parents and carers, with input from the key worker or session leader.

Training on this policy and procedure may be given during induction and updated through line manager briefings.

Failure to comply with this policy may lead to disciplinary action, which could include summary dismissal, or as grounds to terminate your contract with Kids.

Procedures

Infectious diseases exclusion periods

Kids uses the infectious diseases exclusion periods published by UK Health Security Agency (UKHSA) to help determine when and for how long children, young people and colleagues should remain at home and not attend services when they are unwell. Parent carers should be advised about the exclusion periods when they first join a Kids service and colleagues during their induction programme. A link is contained in section 7.2 to the full guidance [Exclusion table - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/exclusion-table).

If services or settings are also following local HPT guidance which is more stringent than the UKHSA published list of exclusion periods, this should be made clear to parent carers if a copy of this policy is made available to them. If a child or young person does become unwell, parent carers should be provided with advice on how long their child should be excluded from services and why.

If children and young people have an infectious disease and parent carers decide to keep them at home, they must contact the relevant Kids service on the first day and let them know they will not be attending and the reasons why.

If a child or young person is well enough to attend Kids but has an infection that could be passed on, such as a cold sore or head lice, parent carers must let Kids colleagues know.

Where appropriate, parent carers and /or young people, will be informed if they have been in contact with someone suffering from an infectious disease whilst attending a Kids service and advised of any action required to safeguard the health and well-being of the child or young person.

Children and young people who become ill while attending Kids services

If a child or young person becomes ill whilst in receipt of Kids services:

- Colleagues should inform parent carers or the emergency contact person who must come without delay to collect or take over the care of the child or young person
- Colleagues should ensure the comfort of the child or young person while waiting for parent carers or emergency contact to arrive
- Services should obtain advance parental consent to call for an ambulance in case of a medical emergency including where a child or young person appears to be in distress or danger from an illness

- If a Short Break is taking place in the community, the child or young person must immediately be taken to their usual residence and arrangements made for the parent carer to come and take over the care
- If a Short Break is taking place within the home, the worker must arrange for the parent carer to come and take over the care. Workers must only administer medication as detailed in the Care Plan
- In case of infectious diseases such as chicken pox, parents of other children and young people should be informed that a suspected case of the disease has arisen, without naming the affected child or young person
- Services should comply with local contractual arrangements with regard to payments and invoicing of sessions where children and young people have been excluded from sessions on medical grounds
- Presentation of illness or symptoms should be referred immediately to parents and carers, who can seek medical advice
- Kids services and sites should not provide liquid paracetamol (or alternative) as a means of reducing temperature unless part of a care plan agreed with parent carers, and the provision of the medicine is made by parent carers. The Medication Policy and Procedures must be followed in these cases

Use of thermometers

- Settings may elect to use a thermometer to take a child or young person's temperature as part of observations.
- Settings choosing to include a temperature reading must ensure this is reflected in consent forms when children and young people join the service (see Appendix 1).
- The use of a temperature reading is not to be made in isolation and should only be used if a child or young person's presentation indicates that they may be unwell.
- To avoid distress, and lack of reliability, thermometers for temperature readings must be non-contact only and not rectal, oral or forehead. Infrared thermometers are to be used.
- Readings should be recorded as part of the setting's usual child / young person recording procedures.
- Routine use of medication to address a high temperature is not to be used (see above).

Calling an ambulance

A colleague will request an ambulance for a child or young person if they display symptoms which appear to present a serious risk, are not managed via any existing care plan, and which in the opinion of the senior colleague immediately available cannot wait until a parent carer arrives to collect.

A colleague will inform parent carers of the ambulance request and wait with the child or young person for parent carers to arrive. If parent carers are not present by the time the child or young person is transferred to hospital, a colleague familiar with the child should travel with them.

Colleagues should:

- Make observations for handover to medical professionals
- Have available a record of current medication and medicines administered by colleagues that day for medical professionals
- Have details of the child or young person's medical conditions and history available for medical professionals

Examples of when an ambulance will be called

Requesting an ambulance will be dependent on a number of factors. Care plans will indicate if this is part of a protocol for individual children. However, for a first seizure, an ambulance will be called. Colleagues may decide a delay to wait for parent carers in the case of suspected meningitis or sepsis is unacceptable and an ambulance called.

The following links should be read and understood by colleagues working with children and young people:

- [Meningitis - NHS \(www.nhs.uk\)](http://www.nhs.uk)
- [Symptoms of sepsis - NHS \(www.nhs.uk\)](http://www.nhs.uk)
- [When to call 999 - NHS \(www.nhs.uk\)](http://www.nhs.uk)

Seeking advice from local Health Protection Teams

Co-ordinators and service managers should familiarise themselves with the local Health Protection Team contact details and any local guidance which may be in place regarding infectious diseases and outbreaks. Advice should be sought from these teams in the event of any outbreak or incident as outlined in the Health Protection guidance.

[Find your local health protection team in England - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

References

Legislation, regulations and national guidance

- UKHSA: Health protection in schools and other childcare facilities
Link: [Health protection in education and childcare settings - GOV.UK \(www.gov.uk\)](http://www.gov.uk)
- Emergency planning (education, childcare and children's social care) Link: [Emergency planning and response for education, childcare, and children's social care settings \(publishing.service.gov.uk\)](http://publishing.service.gov.uk)
- [High temperature \(fever\) in children - NHS \(www.nhs.uk\)](http://www.nhs.uk)
- [High temperature \(fever\) in adults - NHS \(www.nhs.uk\)](http://www.nhs.uk)

Associated documents and guidance

- Medication Policy and Procedures
- Health and Safety Policy (Specific Arrangements)
- Universal Referral Form
- Accident and Incident Policy and Procedures
- Infection and Contamination Control

Appendices

- Use of thermometer consent form

Appendix 1 Use of thermometer consent form

Dear Parent Carer,

Please can you sign for consent for [insert service] colleagues to use an infrared thermometer to check your child's temperature. This will be done should your child present with signs of illness, and not in isolation.

You will be called if your child appears to be unwell, regardless of the temperature reading.

Please do not bring your child in to attend a Kids service or setting if they are unwell or have a high temperature (38°C or above). If they have are well but have a condition which may be passed on (for example, head lice) please let a colleague know.

Child's name:.....

Parent Carer name:.....

Parent Carer signature:.....

Date:.....