

Medical Rules

Article 1: Admission

- (1) Children are admitted only after a pre-arranged medical examination carried out by the crèche paediatrician. The purpose of this examination is to certify that children do not present a health risk to the crèche community. If they do present such a risk, their admission may be postponed or cancelled.
- (2) At the time of the medical examination, parents are required to submit a medical certificate listing any vaccinations already administered, together with a chart detailing their child's diet.
- (3) The admission of a child with a chronic illness or a disability will be considered after consultation among the professionals involved: the team of doctors and paramedics monitoring the child, and the crèche team (educator and inclusion officer). Where appropriate, a personalised reception protocol shall be drawn up.

Article 2: Preventive monitoring

- (1) All children admitted to the crèche are subject to health monitoring which includes at least four compulsory medical examinations: on admission, at the ages of around nine months and around 18 months and on departure. Two optional examinations may also be carried out one to two months after admission and between the ages of 12 and 15 months. These examinations are carried out by the crèche paediatrician. This monitoring only tracks the child's general state of health and the relationship between the child's health and his/her life in the crèche environment. The child's health record is a tool for communication between the medical professionals involved. It must be presented at the crèche when your child has a medical examination or at the request of the medical service.
- (2) If a problem is reported or noted in the crèche, the doctor may carry out an additional examination at any time. In some cases it may also be appropriate to determine the source of certain contagious diseases (gastroenteritis, sore throats, etc.). Samples will be taken at the practice of the child's regular paediatrician or at the crèche. Laboratory fees will be charged to parents. Parents will be informed of the results of the health tests.
- (3) The crèche paediatrician must have sufficient and regular information concerning the overall health of the child in the form of the health record and observations made by those who care for the child. The health record serves as a link between the doctors concerned.
- (4) In addition to routine consultations, special examinations may be carried out at the request of parents or the childcare staff.
- (5) Parents wishing to speak to the paediatrician may request an appointment.
- (6) If, while in attendance at the crèche, a child is recognised as having a disability, consultations among the parties involved will be arranged (see Article 1(3)) and, where appropriate, a personalised reception protocol shall be drawn up.

Article 3: Medical monitoring

- (1) The medical monitoring of children is carried out by the crèche paediatrician according to a fixed schedule. A nurse is always on duty during the opening hours of the crèche. The nurse monitors the children's health and informs parents of any illness identified.

- (2) The crèche paediatrician does not diagnose, treat or monitor the development of children's illnesses. If a child falls ill, his/her parents must consult their family doctor.
- (3) Children cannot receive treatment prescribed by the family doctor at the crèche unless a written request from that doctor is presented. In the absence of such a certificate, treatment can only be given with the consent of the crèche paediatrician. Since the crèche paediatrician's role is purely preventive, he/she cannot issue a prescription for medication or physiotherapy sessions except for simple treatments or in cases where the child cannot receive attention elsewhere. Medication must be provided by the parents with the name of the child and the dosage written on the packaging. Medication from another country for which dosage instructions are either lacking or not written in French or English may not be given to the child.
- (4) Under no circumstance will the crèche paediatrician perform a medical visit away from the crèche (home, hospital, etc.)

Article 4: Emergencies and health-related exclusions

- (1) No child who is deemed by the paediatrician or nurses to be ill or contagious may be kept at the crèche. If a child presents symptoms such as fever, vomiting, diarrhoea, rash, etc., during the day, his/her parents will be notified by the nurse and, if the paediatrician or nurse deems it necessary, they must come to collect the child by the time specified by the medical team. The duration of the child's absence will depend on his/her condition (see Annex 3).
- (2) Parents must inform the crèche medical service if their child has a childhood or serious illness. On their return, children must be examined at the crèche medical service, which has the sole power to authorise their readmission.
- (3) Sick children may not be brought to the crèche. Furthermore, in everyone's interest, parents are asked to report any illness occurring at home by contacting a member of the crèche medical service, so that the necessary preventive measures can be taken as soon as possible.
- (4) In an emergency, the medical service will take the measures required by the child's condition. If the parents cannot be contacted, the agreement previously signed by them and authorising urgent medical or surgical intervention will be given to the relevant medical team.
- (5) Parents will receive a table of compulsory health-related exclusions (Annex 3) at the first medical examination.

Article 5: Vaccinations

- (1) Parents are informed that, due to the number of children at the crèche and the risk to the community, preventive measures, including vaccination, are essential.
- (2) Children are required to be vaccinated against the following diseases:
 - polio
 - diphtheria
 - tetanus
 - whooping cough
 - haemophilus influenza B
 - measles
 - rubella
 - mumps

- meningitis C
- pneumococcus

Vaccination against rotavirus, hepatitis A and B and meningitis B is strongly recommended.

- (3) Any contraindication to one of these vaccinations must be substantiated by a medical certificate.
- (4) Vaccinations must be administered in accordance with the chart and the timeframe set out in Annex 2.
- (5) The immunisation status of children is monitored regularly, in particular on arrival and at the ages of nine months and 18 months. Children may be excluded from the crèche in the event of a failure to comply with this obligation, or of a significant delay in administering vaccinations. All vaccinations must have been administered by the age of 24 months.
- (6) Vaccinations cannot be administered by the crèche paediatrician; parents must have their child vaccinated by their family doctor. Parents are asked to present a vaccination certificate each time their child receives a vaccination.
- (7) An illness occurring within a group may require the other children to be protected by means of vaccination, immunoglobulins or antibiotics. Refusal to accept this protection will lead to exclusion for a specific period determined in accordance with the circumstances.

Article 6: Tuberculosis screening

- (1) Tuberculosis screening is required in certain circumstances (symptoms, family history, time spent in a country with a high incidence of tuberculosis).

Article 7: Meals/feeding bottles

- (1) Feeding bottles are prepared by the crèche nurses in accordance with the instructions provided by the child's paediatrician. Meals for babies and children are prepared on-site, in accordance with the crèche's hygiene rules and with child nutrition requirements, and are based on the menu drawn up each week by the crèche dietician.
- (2) If, for medical reasons, a child requires a special diet, a prescription written by a paediatric allergist must be submitted. Any such request must be substantiated by the results of tests. If a special diet is required, and only if it is feasible in the light of all the crèche's rules and constraints, a personalised reception protocol will be drawn up jointly with all the parties involved. If no tests have been conducted, the crèche paediatrician will make the final decision.
- (3) For traceability and hygiene reasons, all food consumed at the crèche must be provided by the crèche. If a special diet is required and specific food is provided by parents, only dry products in sealed packaging will be accepted.
- (4) Dietary requests which differ from the ordinary menu must be discussed with the crèche paediatrician. Parents will be asked, if necessary, to seek the advice of a paediatric gastroenterologist. The specialist's advice must be presented in writing and assessed by the crèche paediatrician.
- (5) Where a child with a disability is admitted, the introduction of a specific diet directly related to the disability, substantiated by a medical certificate, will be discussed by the various professionals involved and the parents and, after the crèche paediatrician has given agreement, will be stipulated in the personalised reception protocol.

Article 8: Adoption

These Medical Rules and the annexes thereto are an integral part of the rules governing crèches and came into force on 6 September 2023.

They cancel and replace the previous Medical Rules of 1 May 2021.

26/04/2023

ANNEX 1

Management Committee
EP crèches in Brussels
European Parliament
1047 Brussels

CHILD'S DETAILS:

SURNAME

.....

FIRST NAME

AUTHORISATION

I, the undersigned:

Father

Mother

Legal guardian

(please tick)

have read and approved the Medical Rules and

I authorise the crèche medical service and management to take all measures regarding medical and surgical treatment required by my child following an illness or an accident occurring at the crèche, including:

1. in an emergency (serious accident), to have the child transported immediately to the nearest hospital with a 24-hour accident and emergency department (Saint-Pierre or Saint-Luc Hospital);
2. in the event of an accident (requiring stitches, an X-ray, etc.), to take the necessary measures to ensure that the child is treated at the nearest clinic.

I authorise the emergency medical team to take the necessary medical or surgical measures.

In the event of an illness, my child will be treated by Doctor.....

Address:

Tel.:

Date Signature

You are advised that the vaccines against poliomyelitis, diphtheria, tetanus, whooping cough,

Compulsory vaccinations	2 months	3 months	4 months	12-24 months
Polio	✓	✓	✓	12-13 months
Diphtheria	✓	✓	✓	12-13 months
Tetanus	✓	✓	✓	12-13 months
Whooping cough	✓	✓	✓	12-13 months
Haemophilus influenza B	✓	✓	✓	12-13 months
Measles-mumps-rubella				13-14 months
Meningitis C				12-13 months
Pneumococcus	✓		✓	12-13 months
Recommended vaccinations				
Rotavirus	✓	✓	✓	
Hepatitis A	2 injections at 6-month intervals for all ages			
Hepatitis B Meningitis B	3 injections before the age of 1	✓	✓	12-13 months 2 injections after the age of 1

haemophilus influenza B and hepatitis B can be given in a single injection. Please consult your paediatrician.

Table of obligatory health-related exclusions

REASON FOR EXCLUSION	DURATION OF EXCLUSION
Measles/rubella	Until symptoms have disappeared – a minimum of 5 days after the rash first appears.
Mumps	9 days after the start of parotid swelling.
Whooping cough	A minimum of 5 days from the start of effective antibiotic therapy, supported by a medical certificate (antibiotic treatment must be continued for 14 days).
Gastroenteritis	For as long as the stools are liquid and frequent (3 diarrheal stools). Children may return as soon as stools are soft or normal, regardless of the result of the bacteriological stool examination (exception: shigella, pathogenic E. coli 0157 H 7).
Hepatitis A	Until clinical recovery and the disappearance of jaundice, at least one week after the onset of symptoms.
Group A haemolytic streptococcal pharyngitis or scarlet fever	24 hours from the start of effective antibiotic therapy, supported by a medical certificate.
Haemophilus meningitis influenzae B	Until clinical recovery and after chemoprophylaxis with Rifampicin (eliminates carriers), or Ciproxine if the infection has not been treated with a third-generation cephalosporin.
Potentially contagious active tuberculosis	After the start of anti-tuberculosis treatment; return with a certificate declaring the child not to be contagious.
Chickenpox - shingles	Until all sores have become scabs (normally 6 days after the rash appeared).
Herpetic stomatitis	Until sores have healed.
Significant impetigo	24 hours after the start of the treatment.
Scabies	48 hours after the start of the treatment.
Serious pediculosis	Until treatment is started.
Conjunctivitis	Until treatment is started.
Virosis	24 hours without a temperature before returning to the crèche.