



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

Policy statement

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.

Procedures for children who are sick or infectious

- If children appear unwell during the day – for example, if they have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – our Manager/Deputy will call the parents 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 but kept away from draughts and encouraged to have a cool drink.
- The child's temperature is taken using thermometer, kept in the first aid box.
- If the child's temperature does not go down parents are contacted immediately and asked to bring Calpol to administer.
- 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 and sickness, 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.
- We have a list of excludable diseases and current exclusion times. The full list is obtainable from www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947358374 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, our manager informs Ofsted and contacts Public Health England, and acts on any advice given.

Early years providers have a duty to inform Ofsted of any serious accidents, illnesses or injuries as follows:

- anything that requires resuscitation
- admittance to hospital for more than 24 hours
- a broken bone or fracture
- dislocation of any major joint, such as the shoulder, knee, hip or elbow
- any loss of consciousness
- severe breathing difficulties, including asphyxia
- anything leading to hypothermia or heat-induced illness

In some circumstances this may include a confirmed case of a Notifiable Disease in their setting, if it meets the criteria defined by Ofsted above. Please note that it is not the responsibility of the setting to diagnose a notifiable disease. This can only be done by a clinician (GP or Doctor). If a child is displaying symptoms that indicate they may be suffering from a notifiable disease, parents must be advised to seek a medical diagnosis, which will then be 'notified' to the relevant body. Once a diagnosis is confirmed, the setting may be contacted by the UKHSA, or may wish to contact them for further advice.

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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 tooth brushes, 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, Specific children are not identified. We inform all parents, to ask them to treat their child and all the family if they are found to have head lice.

Conjunctivitis

- In the case of Conjunctivitis or if it is suspected, parents/carers will be asked to seek medical advice/treatment.
- Where children have been prescribed eye drops for the infection, we ask parents to keep them away from Pre-school for a 24-hour period.
- If no advice sought, pre-school reserves the right to exclude until sign of improvement.
- If the infection becomes more widespread within pre-school, we reserve the right to insist on an exclusion period.

- Pre-school will **not** administer eye medication for conjunctivitis, however if required parents may administer the medication themselves at pre-school.

Hand foot and mouth

- This is a highly contagious virus which can make children unwell. We recommend visiting a health professional to have this confirmed. Due to this been highly contagious, we ask that you keep your child at home for 48 hours to minimise the risk of spreading to others.

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.
- 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. EpiPen).
 - 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 displayed where our staff can see it.
- Generally, 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.
- 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'. 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.
- Life-saving medication and invasive treatments:

These include adrenaline injections (EpiPen's) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc.) or invasive treatments such as rectal administration of Diazepam (for epilepsy).

We must have:

 - a letter/care plan from the child's GP/consultant stating the child's condition and what medication if any is to be administered;
 - written consent from the parent or guardian allowing [our staff/me] to administer medication; and
 - proof of training in the administration of such medication by the child's GP, a district nurse, children's nurse specialist or a community paediatric nurse.
 - Treatments, such as inhalers or EpiPen's are immediately accessible in an emergency.

- Key person for children with additional needs requiring assistance with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc.:
 - Prior written consent must be obtained from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
 - The key person must have the relevant medical training/experience, which may include receiving appropriate instructions from parents or guardians.

This policy was adopted by

Sunnybank pre-school

Adopted on

24/11/2021

Date reviewed

17/05/2023

Date for next review

17/05/2024

Signed on behalf of the provider

Name of signatory

Role of signatory (e.g. chair, director or owner)