



**Safeguarding and Welfare: Health:** All providers must have a policy for managing children who are sick, infectious or with allergies.

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## 6.2 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 – a member of staff calls 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 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 box.
- If the child's temperature does not go down and is worryingly high, we would refer to the contact information given on the child's enrolment form to contact parent/carer.
- In extreme cases of emergency, an ambulance is called and the parent informed. A member of staff accompanies the child in the ambulance.
- 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.



- 33     ■ We keep a list of excludable diseases and current exclusion times. The full list is  
34     obtainable from [www.hpa.org.uk/webc/HPAwebFile/HPAweb\\_C/1194947358374](http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947358374) and  
35     includes common childhood illnesses such as measles. *Reporting of 'notifiable diseases:*  
36     If a child or adult is diagnosed as suffering from a notifiable disease under the Health  
37     Protection (Notification) Regulations 2010, the GP will report this to Public Health  
38     England.
- 39     ■ When we become aware, or are formally informed of the notifiable disease, our manager  
40     informs Ofsted and contacts Public Health England, and act[s] on any advice given.

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#### 42 *HIV/AIDS/Hepatitis procedure*

43 HIV virus, like other viruses such as Hepatitis A, B and C, are spread through body fluids.

44 Hygiene precautions for dealing with body fluids are the same for all children and adults. We:

- 45     ■ Wear single-use vinyl gloves and aprons when changing children's nappies, pants and  
46     clothing that are soiled with blood, urine, faeces or vomit.
- 47     ■ Use protective rubber gloves for cleaning/slucing clothing after changing.
- 48     ■ Rinse soiled clothing and either bag it for parents to collect or launder it in the setting.
- 49     ■ Clear spills of blood, urine, faeces or vomit using mild disinfectant solution and mops; any  
50     cloths used are disposed of with the clinical waste.
- 51     ■ Clean any tables and other furniture, furnishings or toys affected by blood, urine, faeces  
52     or vomit using a disinfectant.
- 53     ■ Ensure that children do not share tooth brushes, which are also soaked weekly in  
54     sterilising solution.

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#### 56 *Nits and head lice*

- 57     ■ Nits and head lice are not an excludable condition; although in exceptional cases we may  
58     ask a parent to keep the child away until the infestation has cleared.
- 59     ■ On identifying cases of head lice, we inform all parents ask them to treat their child and  
60     all the family if they are found to have head lice.

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#### 62 *Procedures for children with allergies*

- 63     ■ When children start at the setting we ask their parents if their child suffers from any  
64     known allergies. This is recorded on the Registration Form.
- 65     ■ If a child has an allergy, we complete a risk assessment form to detail the following:
- 66     - The allergen (i.e. the substance, material or living creature the child is allergic to such  
67     as nuts, eggs, bee stings, cats etc).
- 68     - The nature of the allergic reactions (e.g. anaphylactic shock reaction, including rash,  
69     reddening of skin, swelling, breathing problems etc).



- 70 - What to do in case of allergic reactions, any medication used and how it is to be used
- 71 (e.g. EpiPen).
- 72 - Control measures - such as how the child can be prevented from contact with the
- 73 allergen.
- 74 - Review measures.
- 75 ■ This risk assessment form is kept in the child's personal file and a copy is displayed
- 76 where [our staff/I] can see it.
- 77 ■ Generally, no nuts or nut products are used within the setting.
- 78 ■ Parents are made aware so that no nut or nut products are accidentally brought in, for
- 79 example to a party.

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### 81 *Insurance requirements for children with allergies and disabilities*

- 82 ■ If necessary, our insurance will include children with any disability or allergy, but certain
- 83 procedures must be strictly adhered to as set out below. For children suffering life
- 84 threatening conditions, or requiring invasive treatments; written confirmation from our
- 85 insurance provider must be obtained to extend the insurance.
- 86 ■ If necessary, we may have to delay a start date until medical advice/training have been
- 87 obtained to ensure best possible case for the individual child and until insurance has
- 88 confirmed cover.
- 89 ■ At all times we ensure that the administration of medication is compliant with the
- 90 Safeguarding and Welfare Requirements of the Early Years Foundation Stage.
- 91 ■ Oral medication:
  - 92 - Asthma inhalers are now regarded as 'oral medication' by insurers and so documents
  - 93 do not need to be forwarded to our insurance provider. Oral medications must be
  - 94 prescribed by a GP or have manufacturer's instructions clearly written on them.
  - 95 - We must be provided with clear written instructions on how to administer such
  - 96 medication.
  - 97 - We adhere to all risk assessment procedures for the correct storage and
  - 98 administration of the medication.
  - 99 - We must have the parents or guardians prior written consent. This consent must be
  - 100 kept on file. It is not necessary to forward copy documents to our insurance provider.
- 101 ■ Life-saving medication and invasive treatments:
  - 102 These include adrenaline injections (EpiPens) for anaphylactic shock reactions (caused
  - 103 by allergies to nuts, eggs etc) or invasive treatments such as rectal administration of
  - 104 Diazepam (for epilepsy).
  - 105 - We must have:
    - 106 ● a letter from the child's GP/consultant stating the child's condition and what



- 107 medication if any is to be administered;
- 108 • written consent from the parent or guardian allowing our staff to administer
- 109 medication; and
- 110 • proof of training in the administration of such medication by the child's GP, a
- 111 district nurse, children's nurse specialist or a community paediatric nurse.
- 112 - Copies of all three documents relating to these children must first be sent to the Pre-
- 113 school Learning Alliance Insurance Department for appraisal. Written confirmation
- 114 that the insurance has been extended will be issued by return.
- 115 ■ Key person for special needs children requiring assistance with tubes to help them with
- 116 everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc.:
- 117 - Prior written consent must be obtained from the child's parent or guardian to give
- 118 treatment and/or medication prescribed by the child's GP.
- 119 - The key person must have the relevant medical training/experience, which may
- 120 include receiving appropriate instructions from parents or guardians.
- 121 - Copies of all letters relating to these children must first be sent to the Pre-school
- 122 Learning Alliance Insurance Department for appraisal. Written confirmation that the
- 123 insurance has been extended will be issued by return.
- 124 - If necessary, we may have to delay a start date until medical advice/training has been
- 125 obtained to ensure best possible care for individual child and until insurer has
- 126 confirmed cover.
- 127 - Please see policy 6.1 for administering of medicines.
- 128 ■ If we are unsure about any aspect, we contact the Pre-school Learning Alliance
- 129 Insurance Department on 020 7697 2585 or email [membership@pre-school.org.uk/insert](mailto:membership@pre-school.org.uk/insert)
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This policy was adopted by

Mortimer Hall Pre-school

On

13<sup>th</sup> December 2018

Date to be reviewed

December 2019

Signed on behalf of the provider

Name of signatory

Janet Crane

Role of signatory

Trustee

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132 **Other useful Pre-school Learning Alliance publications**

- 133 ■ Good Practice in Early Years Infection Control (2009)
- 134 ■ Medication Administration Record (2013)