



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 a child appears unwell during the day – for example, if they have a temperature, sickness, diarrhoea or are generally unwell – a member of staff will call the parents/carers and ask them to collect their child, or to send a known carer to collect the child on their behalf.
- Parents/carers are asked to take their child to the doctor, and to confirm they do not have anything contagious, before returning them to the setting.
- Staff can refuse admittance to children who have a temperature, sickness and/or diarrhoea or a contagious infection or disease (eg conjunctivitis).
- Where children have been prescribed antibiotics for an infectious illness or complaint, we ask parents to keep them at home for 48 hours before they return to the setting.
- After diarrhoea and/or sickness, we ask parents to keep children home for 48 hours following the last episode.
- 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.
- In extreme cases of emergency, an ambulance is called, and the parent/carer informed.
- 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 <https://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, our manager informs Ofsted and contacts Public Health England, and acts on any advice given.

HIV/AIDS/Hepatitis procedure

HIV virus, like other viruses such as Hepatitis A, B and C, are spread through bodily fluids. Hygiene precautions for dealing with bodily 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 table and other furniture, furnishings or toys affected by blood, urine, faeces or vomit using a disinfectant.

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 asking 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.
- If a child has an allergy, we complete a risk assessment form to detail the following:
 - The allergen (e.g., 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/carers 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 parent or guardian's 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:
These include adrenaline injections (Epipens) 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 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 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.
 - Copies of all three documents relating to these children must first be sent to the Early Years Alliance Insurance Department for appraisal. Written confirmation that the insurance has been extended will be issued by return.
- Key person for special needs children 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.
 - Copies of all letters relating to these children must first be sent to the Early Years Alliance Insurance Department for appraisal. Written confirmation that the insurance has been extended will be issued by return.
- If we are unsure about any aspect, we contact the Early Years Alliance Insurance Department on 020 7697 2585 or email insurance@eyalliance.org.uk.

Adoption and annual review of the policy

This policy was adopted at a meeting of	Tiddlywinks Pre-School Committee
held on	22nd April 2024
Signed on behalf of the management committee	
Name of signatory	Hilary Allen
Role of signatory	Chair