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. We encourage children to take part in all activities which promote a healthy and active lifestyle. We are unable to accommodate requests from parents to refrain from taking children outside during sessions on a temporary basis (e.g if a child has a cold).

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 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, given sips of cool water but kept away from draughts.
- The child's temperature is taken using the infrared thermometer and noted.
- If the child's temperature does not go down and is worryingly high (above 38 degrees), then we may give them infant paracetamol, after first obtaining verbal consent from the parent where possible. This is to reduce the risk of febrile convulsions. Parents sign the medication record when they collect their child.
- In extreme cases of emergency, an ambulance is called and the parent informed.
- Parents must inform staff on arrival at the setting if their child has taken any medication before attending.
- We will refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- We may refuse admittance to children who have been given temperature reducing or pain relief medications (e.g. Calpol/Infant Paracetamol or Infant Ibuprofen) before attending as these may mask symptoms of more serious illnesses and infections.
- Where children have been prescribed antibiotics for an infectious illness or complaint, they should be kept at home for 48 hours before returning to the setting if they have not had the medication before.
- After sickness or 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 suspected outbreak.
- We have a list of excludable diseases and current exclusion times. The full list is obtainable from www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities.

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 UK Health Security Agency (UKHSA)
- When we become aware, or are formally informed of the notifiable disease we contact the UK Health Security Agency (UKHSA) and act on any advice given.

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 disinfectant solution, cloths 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.

Nits and head lice

- Nits and head lice are easily spread and very common in young children and their families.
- On identifying cases of head lice, we inform parents to treat their child and all the family if they are found to have head lice. We may ask a parent to keep the child away until the infestation has cleared.

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 an allergy form detailing 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. Autoinjector pen).
- If the allergy is deemed to be life threatening or has serious implications then a health care plan is completed in co-operation with the parents.
- 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.

Insurance requirements for children with allergies and disabilities

- We aim to have insurance cover which includes children with disabilities or allergies and certain procedures must be strictly adhered to as set out below.
- 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. Such medications must be prescribed by a GP and 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. It is not necessary to forward copy documents to our insurance provider.

- Life-saving medication and invasive treatments:
  These include adrenaline injections 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 our insurance providers for appraisal. Written confirmation that the insurance has been extended will be issued by return. The child will not be admitted to the setting until we have confirmation of adequate cover from our insurance provider.
  - Treatments, such as inhalers or autoinjectors are immediately accessible in an emergency. For children with SEND 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 out insurance provider for appraisal. Written confirmation that the insurance has been extended will be issued by return.
- If we are unsure about any aspect we contact our insurance provider for clarification.

This policy was adopted by	Springfield Bees Pre-School
On	15/12/25
Date to be reviewed	15/12/26
Signed on behalf of the provider	
Name of signatory	
Role of signatory (e.g. chair, director or owner)	