



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

Date: 28/01/2025

Sign: Sam Norris

Review Date: On-going

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 child/ren become unwell in our care, their temperature will be checked using a forehead, ear or under the arm thermometer.
- If the child has a temperature over 37.8 for under 1's and 38 for 1yr and above, then we will administer Calpol or another similar analgesic, after first obtaining verbal consent from the parent where possible (parent should have signed also on registration form). This is to reduce the risk of febrile convulsions, particularly for babies. Parents will need to sign the Calpol medication record when they have collected their child however if we cannot obtain consent over the phone or via email, we will administer if the consent form has been signed. Your child will then need to be collected and cannot return to nursery for 24 hours free from medication, however children will NOT be accepted in to Nursery after 3pm.
- If your child has had medication for a temperature they will NOT be permitted into the nursery.
- If your child's temperature reaches over 40 degrees, your child will need to go home immediately and will need to seek instant medical attention. If we feel your child is about to have a febrile convulsion, we will call 999 and seek emergency help. Parent's will also be informed immediately.
- Your child must be collected within the hour or arrangements must be made for the to be collected by your emergency contact.
- Calpol or any analgesic can only be administrated once by our staff in one working day, whilst in our care.
- In extreme cases of emergency, an ambulance is called, and the parents/carers are informed immediately.
- Parents are asked to take their child to the doctor before returning them to the setting if they have contagious infection or disease (We can also refuse admittance). We follow the Public of health exclusion time scales.
- Where children have been prescribed antibiotics for an infectious illness or contagious disease, we ask parents to keep them at home for 24 hours before returning to the setting.
- After diarrhoea and sickness, we ask parents keep children at 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.

- **Teething** – Some people think teething causes symptoms such as diarrhoea and fever, there's no evidence to support this therefore if your child has a temp of diarrhoea, they will be required to follow the normal procedure.

Inhalers

- If your child requires an inhaler at home – then we will require an inhaler in the nursery. A child cannot stay within the setting without an inhaler. The inhaler will be boxed and named.

Hand Foot & Mouth

- Children are advised to stay at home and not return to nursery until the spots have dried up.

Scarlet Fever

- Children will need to stay excluded from nursery until after 24 hours from starting antibiotics.

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.

Scabies:

- Due to scabies being highly contagious children/adults are required to refrain from nursery for 24 hrs after first application of treatment.

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 toothbrushes, 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, we inform all parents and ask them to treat their child, before coming into nursery and all the family if they are found to have head lice.

Conjunctivitis: / Pick eye

- Children are required to be seen by a pharmacist before coming into nursery. This is due to infection control and need for medication.

- *If your child is within nursery and practitioners deem them to have conjunctives you will be contacted and asked to collect and seek medical advice due to the infection control.*

Antibiotics

- *If your child has been prescribed antibiotics, they are required to stay at home for the first 24hrs to monitor any allergic reactions regardless of if there have been administered the antibiotic before.*

Chicken Pox

- *Your child will need to remain at home until all spots have scabbed over, and no new ones have appeared.*

Procedures for children with allergies

- When children start at the PlayDay 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.
- If a child shows signs of an allergic reaction whilst in our care we will (if form signed) administer piriton, if we then feel this is not aiding, we will call 999. If the form is not signed we will endeavour to call parents/carer however if there is no response we will either, administer piriton or call 999 this judgement will be made by a member of the leadership team.

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 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 (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 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 Pre-school Learning Alliance Insurance Department for appraisal (if you have another provider, please check their procedures with them)]. Written confirmation that the insurance has been extended will be issued by return.
- Treatments, such as inhalers or EpiPen's are immediately accessible in an emergency.
- 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.

Informative Handovers

We require you to advise us on handover in the morning if your child has been given Calpol or any other medication. This is due to our policy stating, we can administer Calpol, if required, without your verbal consent due to the consent form being signed already. This is to make sure we are NOT overdosing a child.