



## Safeguarding and Welfare Requirement: Health

### 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 or 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 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. Calpol may be administered but only with parent consent, which is on the registration forms, for children with a high temperature.
- 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 or sickness, it is extremely important for parents to keep children home for 48 hours following the last episode, to prevent / reduce the risk of infection spreading.
- 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.



## **Safeguarding and Welfare Requirement: Health**

- 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](http://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.

### **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. Parents are expected to have applied a treatment to the hair before sending them into the setting.
- On identifying cases of head lice, we inform all parents ask 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 (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).



## Safeguarding and Welfare Requirement: Health

- 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.

### **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.
- Life-saving medication and invasive treatments:  
These include adrenaline injections (Epipens) for anaphylactic shock reactions (caused by

## Safeguarding and Welfare Requirement: Health

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 team for appraisal. Written confirmation that the insurance has been extended will be issued by return.
- Treatments, such as inhalers or Epipens are easily accessible at all times and are taken on outings.
- Key person for children with special 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.
  - Copies of all letters relating to these children must first be sent to the Early Years Alliance Insurance team for appraisal. Written confirmation that the insurance has been extended will be issued by return.
- If we are unsure about any aspect, we will contact the Early Years Alliance Insurance team on 020 7697 2585 or email [insurance@eyalliance.org.uk](mailto:insurance@eyalliance.org.uk)



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On	01/11/19
Date to be reviewed	01/11/20
Signed on behalf of the provider	
Name of signatory	Sally Fiander & Karen Lockley
Role of signatory (e.g. chair, director or owner)	Manager & Deputy Manager

### Further information

- Good Practice in Early Years Infection Control (Pre-school Learning Alliance 2009)
- Medication Administration Record (Pre-school Learning Alliance 2013)