

Safeguarding and Welfare Requirement: Health.

The provider must promote the good health of children attending the setting. They must have a procedure, discussed with parents and/or carers, for responding to children who are ill or infectious, take necessary steps to prevent the spread of infection, and take appropriate action if the children are ill.

6.2 Managing children who are sick, infectious, or with allergies**EYFS Key themes and commitments.**

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| A Unique child. | Positive Relationships. | Enabling Environments. | Learning and Development. |
| 1.2 Inclusive practise 1.4 Health and well being | 2.2 Parents as partners 2.4 Key person | 3.2 Supporting every child | 4.4 Personal, social and emotional development. |

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 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 digital thermometer, kept in the first aid box.
- 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, 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.
- Below is a list of excludable diseases and current exclusion times.

| Condition | Description | Action | Return to J&J |
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| Temperature. Taken with digital thermometer | 37C to 37.9C | Remove child's clothes and check for rash* Including nappy area. Give cool fluids. Inform parents, observe and re-take temperature 30 minutes later or sooner if condition deteriorates. | *If rash present, depending on GP advice. See section on rash/spots. |
| Temperature. | 38C to 39C | Remove child's clothes and check for rash Including nappy area. Give cool fluids. Inform parents and observe closely, if unhappy, ask parents to take child home. | When condition has resolved. |
| Diarrhoea | Stools: liquid plus foul smelling. Possible different colour. | After 2 episodes – inform parents and ask them to take them home and advise them to visit GP if symptoms persist. | When condition has been resolved for 48 hours. |
| Vomiting. | Definite vomiting as opposed to regurgitation of milk/food or association with coughing or a heavy cold. | After 1 episode – inform parents and ask them to take home and advise them to visit GP if symptoms persist. | When condition has been resolved for 48 hours. |
| Rash/Spots | Not normally present. Location: anywhere on body. Ensure that it is rash/spots as opposed to eczema or dermatitis. | Assess rash. Perform 'glass test' on rash. If purpuric rash, especially associated with a temperature, inform parents and tell them to take child to GP or hospital immediately. Preschool staff will take the child to the hospital if parents are unavailable. | Depending on GPs advice |
| Chicken pox | Red spots usually starting on trunk, turning into blisters, and crusting. Spots may spread to entire body. (incubation period 14-21 days.) | If GP diagnoses, parents should inform preschool staff. Staff to inform other parents. May be harmful to pregnant women | Exclude for 5 days after onset of rash or until spots have dried and crusted whichever is the sooner provided the child is well. |
| Measles | Red blotchy skin rash | If GP diagnoses, parents | 5 days from onset of the |

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| | preceded by symptoms of cold with or without conjunctivitis (incubation period 7-18 days) | should inform preschool staff. Staff to inform other parents. <i>May be harmful to pregnant women.</i> | rash providing the child is well. |
| Ear infection Possible or diagnosed | Ears may be sore, red, inflamed or discharging. The child may be pulling at their ears, a temperature may be present. Child may be unbalanced and off their food. | If temperature is present, follow temperature guidelines. If ears are discharging, inform parents, ask them to take child home and to visit GP. If child is distressed, ask parents to take home. | If the ear was discharging, 24 hours of being symptom free or on antibiotics. If the ear is not discharging, it is not necessary to exclude the child unless distressed. |
| Parvovirus (slapped cheek syndrome) | Facial rash (slapped cheeks) followed by lacy rash on trunk (incubation period 4-20 days) | If GP diagnoses, parents to inform preschool staff. Staff to inform other parents. <i>May be harmful to women in early stages of pregnancy.</i> | No exclusion is necessary unless child is unwell. |
| Generally unwell (may accompany other conditions e.g diarrhoea, temperature) | Child behaving out of character e.g unhappy, lethargic, not eating, crying | Inform parents and advise them to take child home and visit GP. Observe for purpuric rash. If present, inform parents and tell them to take child to GP or hospital immediately. | Depends on GPs advice or cessation of symptoms. |
| Hand, foot and mouth disease | Blisters/small spots on hands, feet and around mouth. (incubation period 3-5 days) | If GP diagnoses, parents to inform preschool staff. Staff to inform other parents. | No exclusion is necessary unless the child is unwell. |
| Ringworm | Dry, flaky eczema like patch, developing into ring like rashes. | If GP diagnoses, parents to inform preschool staff and staff to inform other parents. | 24 hours on treatment from GP. Lesions to be covered with a waterproof dressing if possible. |
| Hepatitis A | Generally unwell. Whites of eyes turn yellow. Dark urine. Stools clay coloured. Diarrhoea and vomiting. (incubation period 15-50 days) | If GP diagnoses, parents to inform preschool staff. Staff to inform other parents | Exclude 5 days from onset of jaundice or stools going pale, or if child is unwell after this time. |
| Swine flu | Head ache, sore throat, aching muscles, diarrhoea, vomiting | If GP diagnoses, parents should preschool staff. Staff to inform other | Exclude for 5 days or until fully fit |

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| | | parents | |
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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 act[s] 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 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 tooth brushes, 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 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).
 - 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. 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 Pre-school Learning 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 Pre-school Learning 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 Pre-school Learning Alliance Insurance Department on 020 7697 2585 or email membership@pre-school.org.uk

This policy was adopted by _____ *(name of provider)*

On _____ *(date)*

Date to be reviewed _____ *(date)*

Signed on behalf of the provider _____

Name of signatory _____

Role of signatory (e.g. chair, director or owner) _____

Other useful Pre-school Learning Alliance publications

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