



## **6.2 Managing children who are sick, infectious, or with allergies**

(Including reporting notifiable diseases)

### **Policy statement**

We 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 substance.

### **Procedures for children who are sick or infectious**

If children appear unwell during the day – have a temperature, sickness, diarrhoea (two or more loose stools) or pains, particularly in the head or stomach – the manager calls the parents and asks them to collect the child, or 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 an ear thermometer, kept in the medicine box in a locked cupboard..

In extreme cases of emergency, the child should be taken to the nearest hospital and the parent informed.

Parents are asked to take their child to the doctor before returning them to the setting; the setting can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.

If a child has not had a medication before, it is required that the parent keeps the child at home for the first 24 hours to ensure there are no adverse effects, as well as to give time for the medication to take effect.

Where children have been prescribed an antibiotics, parents are asked to keep them at home for 48 hours before returning to the setting.

After 2 or more episodes of diarrhoea parents are asked to keep children home for 48 hours.

After an episode of vomiting parents are asked to keep children home for 48 hours.

A child with a high temperature should remain at home for 24 hours after the last even of a temperature between 37.5C and 40.C A child should only return to the nursery when the temperature has remained normal without the assistance of temperature reducing medication.

For children who are teething: If a child is brought into nursery and the parent informs the key teacher, that the child has been given appropriate pain killer for teething issues, then the child will be admitted and monitored for signs of sickness.

If it is apparent that the child is teething and has temperature over 38 Celsius, a member of the management team and the child's key teacher will administer Calpol, as long as the symptoms of teething have been confirmed by the child's GP and confirmed in writing by the parent. We do not require a letter from the doctor. We will however contact parents before administrating Calpol to ensure that they agree with their child receiving Calpol on that day.



If a child has been brought into nursery and the parent informs staff that their child has been given an appropriate pain killer for what they believe is for teething issues, the child will be accepted on the basics that the parent will be contacted to collect their child if the suspected teething symptoms turn out to be sickness.

If your child contracts conjunctivitis we kindly ask that your child does not return to nursery until they have been receiving treatment for 24 hours as conjunctivitis is highly contagious. Once the treatment has begun it is essential that the treatment is completed as the symptoms may re-occur.

The setting has a list of excludable diseases and current exclusion times. The full list is obtainable from: [www.hpa.org.uk/webc/HPAwebFile/HPAweb\\_C/1194947358374](http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947358374) 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 the Health Protection Agency.

When the setting becomes aware, or is formally informed of the notifiable disease, the Headteacher informs Ofsted and acts on any advice given by the Health Protection Agency.

#### 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.

Single-use vinyl gloves and aprons are worn when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.

Soiled clothing is rinsed and bagged for parents to collect.

Spills of blood, urine, faeces or vomit are cleared using disinfectant solution from 'Body fluid kit'. Any cloths used are disposed of with the clinical waste.

Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.

#### Nits and head lice

Nits and head lice are not an excludable condition, although in exceptional cases a parent may be asked to keep the child away until the infestation has cleared.

Parents who have discovered their child has head lice are asked to notify setting Manager about it

On identifying cases of head lice, all parents are informed and asked to treat their child and all the family if they are found to have head lice.



## **Procedures for children with allergies**

When parents fill in a nursery 'Child information form' for their children at the setting they are asked if their child suffers from any known allergies.

If a child has an allergy, a risk assessment form is completed.

If a child has an allergy child's GP or a Doctor should provide the nursery setting with a health care plan or allergy action plan.

Parents or a nominated by a parent medical staff train nursery staff in how to administer medication in the event of an allergic reaction e.g. Epipen.

No nuts or seeds or nut or seeds products are used within the setting.

Parents are made aware of the above rule so that no nut or seeds or nut or seeds products are accidentally brought in, for example left in a buggy.

Insurance requirements for children with allergies and disabilities

The insurance will automatically 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 your insurance provider must be obtained to extend the insurance.

At all times the administration of medication must be compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage and follow procedures based on advice given in *Managing Medicines in Schools and Early Years Settings* (DfES 2005).

### **Oral medication**

Asthma inhalers are now regarded as 'oral medication' by insurers and so documents do not need to be forwarded to your insurance provider.

Oral medications must be prescribed by a child's GP or a Doctor and have instructions clearly written on them.

The setting must be provided with clear written instructions on how to administer such medication.

Procedures need to be adhered to for the correct storage and administration of the medication.

The setting 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 your insurance provider.

### **Life saving medication and invasive treatments**

The above listed term refers to adrenaline injections (Epipens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc.), invasive treatments such as rectal administration of Diazepam (for epilepsy) as well Insulin Pumps.

The provider must have:

- a letter from the child's GP/Doctor stating the child's condition and what medication if any is to be administered;



- written consent from the parent or guardian allowing 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 or first aid training provider

Copies of all three documents relating to these children must be sent to the Royal & Sun Alliance Insurance Ltd for appraisal. Written confirmation that the insurance has been extended will be issued by return.

Key teacher for special needs children - 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/Doctor.

The key teacher must have the relevant medical training/experience, which may include those who have received appropriate instructions from parents or guardians, or who have qualifications.

Copies of all letters relating to these children must first be sent to the Royal & Sun Alliance Insurance Ltd for appraisal. Written confirmation that the insurance has been extended will be issued by return.

#### **Further guidance**

Managing Medicines in Schools and Early Years Settings (DfES 2005)

**This policy will be reviewed annually**

**This policy was adopted by Soraia Almeida on March 2024**

**Next review on March 2025**