



6.2 MANAGING CHILDREN WHO ARE SICK, INFECTIOUS OR WITH ALLERGIES

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.

A specific policy relates to COVID-19.

Please see policy COVID 19 Corona Virus Management

Procedures for children who are sick or infectious

- If children appear unwell during the day – have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – a member of staff 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 offering fluids, but kept away from draughts.
- The child's temperature is taken using a forehead thermometer strip, kept in the first aid box.
- In extreme cases of emergency e.g. if the child is also vomiting persistently, floppiness, drowsiness or convulsions, an ambulance (999) should be called, the child taken to the nearest hospital and the parent informed.
- Parents may be 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. Children should only return when they are showing no signs of illness.
- Where children have been prescribed antibiotics, parents are asked to keep them at home for 48 hours before returning to the setting.
- After diarrhoea and/or vomiting, parents are asked to keep children home for 48 hours after the illness has passed

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- In the case of Hand, Foot and Mouth disease, children are not to attend nursery whilst they have a temperature and whilst any blisters are weeping on their hands. Although this is an infectious disease, GP advice is that they can attend school or nursery as long as they are feeling well.

The setting has a list of excludable diseases and current exclusion times and includes common childhood illnesses such as chicken pox and measles. The full list is obtainable from

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-9-managing-specific-infectious-diseases>

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 manager 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.
- Protective rubber gloves are used for cleaning/sludging clothing after changing.
- Soiled clothing is rinsed and either bagged for parents to collect or laundered in the setting.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; 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

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- 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.
- 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 start their children at the setting they are asked if their child suffers from any known allergies. This is recorded on the Registration Form.
- If a child has an allergy, a risk assessment form is completed to detail the following:
 - The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, milk, 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 date.
- This form is kept in the child's personal file and a copy is displayed where staff can see it.
- Parents train staff in how to administer special medication in the event of an allergic reaction.
- 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.

Oral medication

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- Asthma inhalers are now regarded as 'oral medication' by insurers and so documents do not need to be forwarded to your insurance provider. As noted in our insurance policy, if inhalers are not brought in with the child, we have the right to ask parents/carer to take the child home and collect the inhaler before bringing the child back.
- Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.
- The setting must be provided with clear written instructions on how to administer such medication.
- All risk assessment 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

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).

The nursery school must be given:

- a letter from the child's GP/consultant stating the child's condition and what medication
- if any is to be administered;
- 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.
- Staff must have the relevant medical training/experience, which may include those who have received appropriate instructions from parents or guardians, or where necessary who have received appropriate training.
- Copies of all letters relating to these children must first be sent to the Nursery's Insurer for appraisal.

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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 the nursery's 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* (DfE 2014 and updated 2017).

Legal Framework

Managing Medicines in Schools and Early Years Settings (DfE 2014 and updated 2017)

Supporting Pupils at School with Medical Conditions (DfE 2014 and updated 2017)

This policy was adopted at a meeting of the Meadow Nursery School Parents' Association Committee	
Held on	31 st March 2014
Policy reviewed	July 2025
Date to be reviewed	July 2027
Signed by Chair	
Name	Samantha Foster-Kennedy
Signed by Nursery Manager	
Name	Debbie Hill

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