

6.2 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 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.
- If the child's temperature does not go down and is worryingly high, then we may give them Calpol or another similar analgesic, after first obtaining verbal consent from the parent where possible. This is to reduce the risk of febrile convulsions, particularly for babies. Parents sign the medication record when they collect their child.
- 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, 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.
- We have a list of excludable diseases and current exclusion times. The full list is obtainable from
- www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947358374 and includes common childhood illnesses such as measles.

	Recommended Exclusion Period	Comments
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RASHES AND SKIN		
Chickenpox	5 days from onset of rash	It is necessary to wait until spots have healed or scabbed
Cold Sores	None	Many healthy children excrete this virus at some time without having a sore
German Measles	5 days from onset of rash	The child is most infectious before the diagnosis is made and most children should be immune due to immunisation so that exclusion after the rash will prevent very few cases. See 'Other Considerations'
Hand, Foot and Mouth Disease	Exclusion for pre-schoolers. None for school aged children.	Usually a mild disease not justifying time off school. Younger age group spreads rapidly.
Impetigo	Until sores are crusted or healed	Antibiotic treatment by mouth may speed healing. If sores can reliably be covered exclusion may be shortened.
Measles	5 days from onset of rash	See ' Other Considerations'
Ringworm	None	Proper treatment by the GP is important. Scalp ringworm needs treatment with an anti-fungal by mouth.
Scabies	Until treated	Outbreaks have occasionally occurred in schools and nurseries. Child can return as soon as properly treated. This should include all the persons in the household.
Scarlet Fever	5 days commencing from antibiotics	Treatment recommended for the affected child.
Warts and Verrucae	None	Affected children may go swimming but verrucae should be covered.

DIARRHOEA AND VOMITING ILLNESS		
Diarrhoea and/or vomiting	Until diarrhoea has stopped for a minimum of 24 hours.	Children under 5 and older children who have difficulty maintaining own hygiene should stay away until symptoms have stopped for 48 hours.

Salmonella	As above	As above
E Coli 0157	See Comments in next column	Seek advice from the Essex Health Protection Unit.

OTHER ILLNESSES		
Conjunctivitis	None	In the event of an outbreak contact Essex Health Protection Unit.
Glandular Fever	None	In the event of an outbreak contact Essex Health Protection Unit.
Head Lice	None	Treatment is recommended in all cases where lice or eggs have actually been seen.
Hepatitis A	See Comments	Older children are more infectious prior to the illness. Exclusion is justified for 5 days from onset of jaundice or stools becoming pale for the under 5's.
Meningococcal Meningitis/septicaemia	See Comments	Seek advice from Essex Health Protection Unit.
Mumps	5 days from onset	Most infectious before diagnosis is made. Most children should be immune due to immunisation.
Threadworms	None	Transmission is less common in school-age children than in pre-schoolers, however, treatment is recommended for the child and all the family.
Tonsillitis	None but the child may be too unwell to attend pre-school.	Most cases are due to viruses. See GP for recommended treatment.

RESPIRATORY		
'Flu'	None	Most infectious just before and at onset of symptoms.
Tuberculosis	See Comments	Generally requires prolonged, close contact for disease to spread. Not usually spread by children. Seek advice from Essex Health Protection Unit.
Whooping Cough	5 days from commencement of anti-biotic treatment.	Treatment is recommended though non-infectious coughing may continue for many weeks.

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.

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 (if you have another provider, please check their procedures with them)]. 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	_____ You and Me Pre-School
On	_____ 16 July 2024
Date to be reviewed	_____ July 2025
Signed on behalf of the provider	_____
Name of signatory	_____ Pete Gordon
Role of signatory (e.g. chair, director or owner)	_____ Chair

Other Useful Pre-School Learning Alliance Publications

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