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 promoting health through identifying allergies and preventing contact with allergens/triggers.

Procedures for children who are sick or infectious

- If children appear unwell during the day – for example, if they have a high temperature (in excess of 37.5°C), sickness, diarrhoea or pains, particularly in the head or stomach – we will call the parents and ask them to collect the child, or to send a known carer to collect the child on their behalf.
- Normal body temperature for children of 2-5 years is between 37°C and 37.2°C. If a child has a temperature higher than 37.2°C, we will keep them cool if necessary by removing top clothing and sponging their heads with cool water, but keep them away from draughts.
- The child's temperature will be taken using a thermometer, kept in the first aid box/kitchen cupboard.
- When a parent or nominated carer is on their way to collect the child, if the child's temperature does not go down and continues to rise (above 38.5°C), we may administer Calpol (liquid paracetamol) after first obtaining verbal consent from the parent where possible. This is to reduce the risk of febrile convulsions. Two members of staff will be present and the parent will need to sign the medication record when they collect their child.
- In extreme cases of emergency, an ambulance will be called and the parents kept informed.
  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, we ask parents to keep them at home for 48 hours before returning to the setting.
- After sickness/diarrhoea, we ask parents keep children at 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.

Reporting of 'notifiable diseases'

- If a child or adult is diagnosed as suffering from a notifiable disease under the Health Protection Regulations 2010, the GP will report this to Public Health England.
- When we become aware, or are formally informed of the notifiable disease, we will inform Ofsted and contact Public Health England, and act on the current advice given.

HIV/AIDS/Hepatitis procedure

The HIV virus, like other viruses such as Hepatitis A, B and C, is spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults. We:

- Wear single-use gloves and aprons when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Use protective rubber gloves for cleaning/sluicing clothing after changing.
- Bag soiled clothes and give back to parents on the same day.
- 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.

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 and 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 preschool, we ask their parents if their child suffers from any known allergies. This is recorded on the care plan.
- If a child has an allergy, we complete a care plan 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 termly.
- This care plan form is kept in the care plan file on the staff notice board.
- 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/auto-injectors (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;
    - Consent from the parent or guardian allowing our staff to administer medication;
    - proof of training in the administration of such medication by the child's GP, a district nurse, children's nurse specialist or full paediatric first aid training given in a 12-hour course.
    - Treatments, such as inhalers or auto-injectors are immediately accessible in an emergency.

- 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.

This policy was adopted by	Dragonflies
On	September 2025
Date to be reviewed	September 2026
Name of signatory	
Role of signatory	Trustee