

### **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 children are ill.

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

### **Policy statement**

Little Fingers Pre-school aims 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 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.
- We have a list of excludable diseases and current exclusion times. The full list is obtainable from [www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities](http://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities) 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 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 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 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.

### *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 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.
- **A health care plan will also be completed.**
- 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/care plan 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.
  - **Written confirmation that we hold this information will** first be sent to the Early Years Alliance Insurance team for appraisal. Written confirmation that the insurance has been extended will be issued by return.
- **Treatments, such as inhalers or Epipens are immediately accessible in an emergency.**
- Key carer 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 carer 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 Early Years Alliance Insurance team 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 Early Years Alliance Insurance team on 020 7697 2585 or email [insurance@eyalliance.org.uk](mailto:insurance@eyalliance.org.uk) .

This policy was adopted by

Little Fingers Pre-school

On

Date to be reviewed

March 2022

Signed on behalf of the provider

Name of signatory

Carolyn Coleman

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

Chair

## Further information

- Good Practice in Early Years Infection Control (Pre-school Learning Alliance 2009)
- Medication Administration Record (Pre-school Learning Alliance 2013)

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

### COVID-19 Addendum

Parents/Guardians to keep their children off school and arrange for them to have a test if they have **any** of the main symptoms:

- A high temperature. This means the child feels hot to touch on their chest or back (you do not need to take their temperature).
- A new, continuous cough – this means coughing a lot for more than an hour, or three or more coughing episodes in 24 hours. If they usually have a cough, it may be worse than usual.
- A loss or change to their sense of smell or taste. This means your child has noticed they cannot smell or taste anything, or things smell or taste different to normal.

If the child has any of these symptoms, parents/guardians should arrange for them to have a test as soon as possible, and keep them and their siblings off school until they receive the test result. If parents/guardians choose not to get a test or cannot get one, the child should stay away from pre-school and isolate for ten days and can only return once they feel well. If the test is negative, the child can return to pre-school once they feel well.

If any child becomes unwell whilst at Little Fingers Pre-school with any of the COVID-19 symptoms (as above), the child will be sent home and advised to follow the COVID-19: Guidance for households with possible coronavirus infection.

Whilst the child is awaiting collection they will be moved, if possible, to a room where they can be isolated behind a closed door, depending on the age of the child, and with appropriate adult supervision (ensuring safeguarding and PPE procedures are met.)

Ideally, a window will be opened for ventilation. Where it is not possible to isolate them, they will be moved to an area which is at least two metres away from other people.

They will be comforted and reassured whilst waiting for collection, as per our usual policy.

If they need to go to the bathroom while waiting to be collected, they will use a separate bathroom if possible. The bathroom will be cleaned and disinfected, using standard cleaning products, before being used by anyone else.

PPE will be worn by staff caring for the child while they await collection, if a distance of two metres cannot be maintained (such as for a very young child or a child with complex needs.)

In an emergency staff will call 999 if they are seriously ill, injured or their life is at risk.

Any members of staff who have helped someone with symptoms and any children who have been in close contact with them do not need to go home to self-isolate. However, they must self-isolate and arrange for a test if they develop symptoms themselves (in which case, they should arrange a test), if the symptomatic person subsequently tests positive (see below) or they have been requested to do so by NHS Test and Trace.

Everyone must wash their hands thoroughly for 20 seconds with soap and running water or use hand sanitiser after any contact with someone who is unwell. The area around the person with symptoms must be cleaned with normal household disinfectant after they have left to reduce the risk of passing the infection on to other people. See the [COVID-19: cleaning of non-healthcare settings outside the home guidance](#).

In these cases all information will be recorded on an incident form or COVID-19 record.

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