

Managing Children Who Are Sick, Infectious or With Allergies

(Including reporting notifiable diseases)

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* and/ or pains, particularly in the head or stomach – the Playgroup Leader, Deputy Leader or child's Keyworker will call the parents/carers 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, top clothing may be removed to make them more comfortable, but children are not undressed or sponged down to cool their temperature. A high temperature should never be ignored, but it is a natural response to infection.
- The child's temperature is taken and checked regularly using an ear thermometer kept in the first aid box.
- If a child has a high temperature, parents/carers are informed and asked to collect their child immediately, and within an hour. In exceptional circumstances/in the event of an emergency where either the parents/carers and all emergency contacts are either uncontactable, or unable to collect the child within the timeframe, and if the child's temperature is still high or climbing after trying the methods above, staff may administer paracetamol (eg. Calpol) in order to reduce extremely high temperatures as the parents/carers are not immediately available. This will only be given with the following in place:
 - Parents/carers must have previously signed an Emergency Paracetamol Form giving consent for staff to administer paracetamol. Parents/carers sign to confirm their child has previously had paracetamol and have not had any allergic/adverse reaction to it.
 - Staff will call parents/carers informing them of their child's high temperature and will ask again for permission to give paracetamol and request that a message is sent via classDojo/Email confirming their consent in writing prior to giving a dose of paracetamol.
 - Paracetamol is only given if the child's temperature is 38°C or higher, and will not be given for any other reason.
 - Paracetamol will only be administered if the child has been in the setting for 4 hours or more, unless written consent has been obtained via classDojo or email from the parent/carer to confirm that their child has been given no other medication for at least 4 hours prior, which would exceed stated doses and therefore prohibited giving paracetamol.
 - Parents/carers or their named emergency contacts are still expected to collect their child within an hour.
 - The dosage administered will be within the recommended dosage for the age of the child.
 - Should a situation occur that staff have not been able to contact parents/carers or any named emergency contacts within 30 minutes of discovering the high temperature, staff may administer paracetamol as long as the Emergency Paracetamol Form has been signed by parents/carers and the child has been in the setting for 4 hours or more.
- In an emergency, medical assistance will be sought and an ambulance will be called. The parents/carers will be informed.
- To prevent the spread of infection, and where there are obvious symptoms to suggest an infection, parents/carers are asked to take their child to a doctor/seek medical attention before returning them to playgroup. 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, parents/carers are asked to keep them at home for at least 48 hours from taking the first dose before returning to the setting.
- If a child has a temperature of 37.8 or higher, we inform parents/carers they must not attend the playgroup.
- After sickness or diarrhoea, parents/carers are asked to keep children home for 48 hours after the last episode.
- If a child is not feeling well in themselves ie. cannot participate in their usual daily activities, we inform parents/carers that they should not attend the playgroup.
- If a child has been given paracetamol or ibuprofen (eg. Calpol/Nurofen) at any point from 9pm the previous evening, or on that morning, we inform parents/carers that they should not attend the playgroup, as these can both mask any symptoms they may have.
- 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.
- Chestnut Playgroup has information about excludable diseases and exclusion times.
- The Playgroup Leader notifies the Committee if there is an outbreak of an infection (affects more than 3-4 children), if appropriate, and keeps a record of the numbers and duration of each event.
- If a child shows signs of having an infectious disease i.e. chicken pox, we ask that parents/carers inform the playgroup as to the nature of any infection so that the playgroup can inform other parents/carers and make careful observation of any child who seems unwell whilst attending a session.
- The setting manager has a list of notifiable diseases and contacts the UK Health Security Agency (UKHSA) and Ofsted in the event of an outbreak.

- If staff suspect that a child who falls ill whilst in their care is suffering from a serious disease that may have been contracted abroad such as Ebola, immediate medical assessment is required. The Playgroup Leader or Deputy calls NHS111 and informs parents.
- Where a child or adult has open cuts or sores, we ask that these be covered with a sticking plaster or other appropriate dressing.
- Should the child of a member of staff become unwell, it is not permissible for that child to accompany their parent/carer into work.

Infection Control

Good practice infection control is paramount in early years settings. Young children's immune systems are still developing, and they are therefore more susceptible to illness.

Prevention Advice

- Minimise contact with individuals who are unwell by ensuring that those who have symptoms of an infectious illness do not attend settings and stay at home for the recommended exclusion time (see below UKHSA link).
- Always clean hands thoroughly, and more often than usual where there is an infection outbreak.
- Ensure good respiratory hygiene amongst children and staff by promoting 'catch it, bin it, kill it' approach.
- Where necessary, for instance, where there is an infection outbreak, wear appropriate PPE.

Response to an Infection Outbreak

- Manage confirmed cases of a contagious illness by following the guidance from the [UK Health Security Agency \(UKHSA\)](#)

Informing Others

We have a duty to inform Ofsted of any serious accidents, illnesses or injuries as follows:

- anything that requires resuscitation
- admittance to hospital for more than 24 hours
- a broken bone or fracture
- dislocation of any major joint, such as the shoulder, knee, hip or elbow
- any loss of consciousness
- severe breathing difficulties, including asphyxia
- anything leading to hypothermia or heat-induced illness

Reporting of 'Notifiable Diseases'

In some circumstances this may include a confirmed case of a Notifiable Disease in setting, if it meets the criteria defined by Ofsted above. This can only be done by a clinician (GP or Doctor). If a child is displaying symptoms that indicate they may be suffering from a notifiable disease, parents/carers must be advised to seek a medical diagnosis, which will then be 'notified' to the relevant body. Once a diagnosis is confirmed, we may be contacted by the UKHSA or may wish to contact them for further advice.

- If a child or adult is diagnosed suffering from a notifiable disease under the Public Health (Infectious Diseases) Regulations 1988, the GP will report this to the Public Health England.
- When the setting becomes aware, or is formally informed of the notifiable disease, the Playgroup Leader informs Ofsted and contacts Public Health England and acts on any advice given. The current list is obtainable from PHE: <http://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities> and includes common childhood illnesses such as measles.

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/slucing clothing after changing.
- Soiled clothing is rinsed and bagged for parents/carers to collect.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; cloths used are disposed of in an appropriate way.
- Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using antibacterial spray or wipes.

Nits and Head Lice

- Nits and head lice are not an excludable condition; although in exceptional cases parents may be asked to keep the child away from the setting until the infestation has cleared.

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

*Diarrhoea is defined as 3 or more liquid or semi-liquid stools in a 24-hour period.

(www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-9-managing-specific-infectious-diseases#diarrhoea-and-vomiting-gastroenteritis)

Procedures For Children With Allergies Or Food Intolerance

- When children start at playgroup, we ask parents/carers if their child suffers from any known allergies or food intolerance. This is recorded on the Admission 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, 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.
 - The level of risk, taking into consideration the likelihood of the child coming into contact with the allergen.
 - 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
- The child's name is added to the Dietary Requirements list.
- The risk assessment form is reviewed by the child's parents/carers and the Playgroup Leader or Deputy Leader. This form is kept in the child's personal file and a copy is displayed where staff can see it.
- A Healthcare Plan will also be completed.
- Parents/carers train staff in how to administer special medication in the event of an allergic reaction.
- We have a strict nut-free policy and do not allow nuts or items which state that they may contain nuts within the playgroup, including children's lunchboxes and events such as parties.
- All parents/carers are made aware of our allergy policy to reduce the risk of food allergens coming into the setting. Parents/carers bringing in food or cakes for a playgroup event are asked to bring the product with its original packaging so that ingredients may be checked or if homemade, a list of the ingredients used. Any products in lunchboxes which contain nuts will be removed and returned to the parents/carers when the child is collected. Currently items that 'May Contain Nuts' are permitted, but the Committee reserves the right to change or amend this at any time.
- Chestnut Playgroup takes every precaution to prevent a child with an allergy coming into contact with that allergen. We will take steps, within our control, to ensure that a child is not exposed to the allergen whilst in our care. However, as the playgroup shares its use of the building with other un-associated groups, we cannot guarantee that the setting is completely free of the allergen. We ask the parent(s)/carer(s) of the child to make an assessment of our procedures and environment to conclude whether they are satisfactory to their personal circumstances and their child's particular allergy.

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 playgroup's 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 the playgroup's insurance provider.

- Oral medications must be prescribed by a GP otherwise they will not be administered.
- The playgroup must be provided with clear written instructions on how to administer such medication. Without clear written instructions the playgroup staff cannot agree to administer the medication.
- All risk assessment procedures need to be adhered to for the correct storage and administration of the medication.
- The playgroup 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 the playgroup's insurance provider.
- If Calpol, Ibuprofen or other similar medication that is available without prescription has to be administered during the session, parents/carers are required to come in and administer this themselves.
- If a child is well enough to attend playgroup but needs to take non-prescription medicine, staff are permitted to administer the non-prescription medicine once written permission from parents/carers has been obtained, and clear written instructions on dosage and times are given. Only fully labelled, in-date medicines will be given. Procedures as for prescription medicines will be followed, and records kept. See Administering Medicines Policy.
- Parents/carers do not access where medication is stored, to reduce the possibility of a mix-up with medication for another child, or staff not knowing there has been a change.

Life Saving Medication & Invasive Treatments

These may 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).

The child's welfare is paramount, and their experience of intimate and personal care should be positive. Chestnut Playgroup strives to ensure every child is treated as an individual and care is given gently and sensitively; no child should be attended to in a way that causes distress or pain.

- The playgroup 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 staff to administer medication.
 - proof of training in the administration of such medication by the child's GP, district nurse, children's nurse specialist, community paediatric nurse, or health visitor.
 - A Healthcare Plan
- Copies of all three letters relating to these children must first be sent to the playgroup's insurance provider for appraisal. Confirmation will then be issued in writing confirming that the insurance has been extended.
- Treatments, such as inhalers or Epipens are immediately accessible in an emergency.

Key Person(s) 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 from the child's parent/carer to give treatment and/or medication prescribed by the child's GP.
- A Healthcare Plan for children with complex and/or long-term health conditions which takes into account the principles and best practice guidance given here.
- Qualified staff will have the relevant medical training/experience, which may include those who have received appropriate instructions from parents/carers, or who have qualifications. They will undertake their duties in a professional manner having due regard to the procedures listed above.
- Key Persons have appropriate training for administration of treatment and are aware of infection control best practice, for example, using personal protective equipment (PPE).
- The Key Person(s) works in close partnership with parents/carers and other professionals to share information and provide continuity of care.
- Key Person(s) speak directly to the child, explaining what they are doing as appropriate to the child's age and level of comprehension.
- Children's right to privacy and modesty is respected. Another member of staff is present during the process where appropriate.
- Copies of all letters relating to these children must first be sent to the playgroup's insurance provider for appraisal. Written confirmation that the insurance has been extended will be issued.

Physiotherapy

- Children who require physiotherapy whilst attending the setting should have this carried out by a trained physiotherapist.

Safeguarding/Child Protection

- Chestnut Playgroup recognises that children with SEND are particularly vulnerable to all types of abuse, therefore the safeguarding procedures are followed rigorously.
- If a practitioner has any concerns about physical changes noted during a procedure, e.g. bruising or unexplained marks then the concerns are discussed with the designated safeguarding person and the relevant procedure is followed.

Further Guidance

Good Practice in Early Years Infection Control (Alliance publication)

Medication Administration Record (Early Years Alliance 2019)

Guidance on infection control in schools and other childcare settings (Public Health Agency)

https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf

<https://www.nhs.uk/live-well/is-my-child-too-ill-for-school/>

[High temperature \(fever\) in children - NHS \(www.nhs.uk\)](https://www.nhs.uk)

Policy adopted: September 2011

Last reviewed: January 2025

Signed:

Name: Emily Steele

Position: Chair