



### ***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.*

## **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 Leader will call the parents and ask them to collect the child within one hour of the call. They will be advised to keep their child at home for 48 hours after their last symptom.
- If a child is displaying signs of corona virus; the main symptoms are:
  - a high temperature
  - a new, continuous cough
  - a loss of, or change to, your sense of smell or taste

The child will be separated from their group and taken to the designated area for containing a child/staff member who is displaying symptoms of coronavirus. The child will be looked after by a member of staff who will be in full PPE (gloves, apron, face mask, and eye protection (if necessary)) if a distance of 2 metres cannot be maintained from the child displaying coronavirus symptoms and the Leader will call the parents and ask them to collect their child within **one** hour of the call. *(See below for more information below).*

- If a child has a temperature, they will be taken to the resources room to isolate them, they will be kept cool, by removing top clothing and sponging their heads with cool water, but kept away from draughts.
- The child's temperature will be taken using a forehead thermometer scanner, which is 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. 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 or test their child for corona virus before returning them to the setting; we will 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 their child at home for 48 hours after they have started their course of antibiotics before returning to the setting.
- After both sickness and diarrhoea, we ask parents keep their child 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 will 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 <https://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 Leader informs Ofsted and contacts Public Health England, and acts on any advice given.

#### **Coronavirus (COVID-19)**

If a child is displaying signs of corona virus; the main symptoms are:

- a high temperature
- a new, continuous cough

- a loss of, or change to, your sense of smell or taste

The child will be separated from their group and taken to the resources room which has been designated for containing a child/staff member who is displaying symptoms of coronavirus. The child will be looked after by a member of staff who will be in full PPE (gloves, apron, face mask, and eye protection (if necessary)) if a distance of 2 metres cannot be maintained from the child displaying coronavirus symptoms and the Leader will call the parents and ask them to collect their child within **one** hour of the call.

It is advised that both the child and family be tested if they are displaying symptoms of coronavirus, however mild, along with any staff or children in the setting that they have been in contact with and to follow the Government's guidance on coronavirus testing and how to arrange a test and their stay at home guidance on self-isolating.

Where the child tests negative, they can return to the setting and the fellow household members can end their self-isolation. If the child tests positive, the rest of their immediate group within their setting should be sent home and advised to self-isolate for 14 days. If a test is positive for coronavirus, parents must share information promptly about their recent contacts through the NHS test and trace service to help them to alert other people who may need to self-isolate. The other household members of those advised to self-isolate do not need to self-isolate unless the child they live with subsequently develops symptoms.

Once the child has left the premises, the PPE used to care for the child will be removed as per NHS Guidance for removing PPE and be doubled bagged and stored safely for 72 hours before being disposed safely. Preschool will be deep cleaned following the [Cleaning of non-healthcare settings](#) to ensure areas the child has been in are disinfected.

### ***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.

### ***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 Early Years 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 Early Years Alliance Insurance Department 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 Department on 020 7697 2585 or email [membership@eyalliance.org.uk](mailto:membership@eyalliance.org.uk).

## Other useful publications

- Good Practice in Early Years Infection Control (2009) - EYA
- Medication Administration Record (2013) - EYA
- Planning Guide for Early Years and childcare settings (May 2020) - DfE

This policy was adopted by

Barkway Preschool

On

June 2020

*(date)*

Date to be reviewed

September 2020

*(date)*

Signed on behalf of the provider

Name of signatory

Role of signatory (e.g. chair)

---

---

---