Under Fives Roundabout

Sick Child Policy

Including managing allergies or health conditions and reporting notifiable diseases

Policy No: 1.16

Last reviewed: March 2026

To be reviewed by: February 2027

Responsible member of staff:

Signed: Sam Capes **Date:** 12/03/2026

Responsible member of Committee: Helen Wade

Sick Child Policy

Statement of intent

We follow the methods in this policy to help reduce the spread of viruses and bacteria within our setting. Our practices intend to keep children and staff healthy and avoid as many days of absence as possible.

Aim

We aim to promote health of the children in our care through preventing cross-infection of viruses and bacterial infections; and through identifying allergies and preventing contact with the allergenic substance.

Procedures

Children who are sick or infectious

Staff can use their discretion to refuse admittance to children who have a high temperature, sickness and diarrhoea, or a contagious infection or disease, or who are known to have had diarrhoea and/or vomiting within the last 48 hours. If your child(ren) are known to have been unwell, you will be asked how your child is on arrival, and you may be asked to take them home if staff feel that this is necessary.

If your child appears unwell during the day (for example, have a high temperature; vomiting or diarrhoea; pains, particularly in the head or stomach; or show signs of an infectious condition), a member of staff will call you and ask you to collect your child (or to send a known carer to collect on your behalf). We will record this action on an incident form.

We do not give general oral medicines such as paracetamol, unless this has been authorised by the parent/guardian or if the child has a very high temperature (and the parent can't pick up the child immediately). Special procedures apply: a member of staff will give an appropriate dose to the child and record the dose and time in the child's file on a medicine administration slip and incident form.

- The sick child is removed from the main group into a quiet corner and a member of staff will sit with them until an adult has arrived to collect them.

- If a child has a high temperature, the child will be encouraged to drink water and staff will check to see if they are comfortably dressed. Their temperature may be taken using a thermometer. A high temperature will be noted on an incident form to be shared with the parents/carers on arrival.

- In emergency cases, the manager or a senior member of staff will call 999 for an ambulance and the parent/carer will be informed. Families will have signed a consent form allowing this action when the child joined the setting.

Reporting of 'notifiable diseases'

- If a child or adult is diagnosed as suffering from a notifiable disease under the Public Health (Infectious Diseases) Regulations 1988, **the GP** will report this to the Health Protection Agency.
- When the setting becomes aware, or is formally informed of the notifiable disease, the manager will inform Ofsted and act on any advice given by the Health Protection Agency.

Medication

If your child has been prescribed antibiotics for an infectious condition, parents are asked to keep them at home for 48 hours before returning to the setting. After 48 hours (and is well enough to do so) your child may return to Pre-School. If your child still requires medication then you will need to bring this in (in the original packaging) and it MUST contain your child's name. You will need to complete an authorisation form for members of staff to administer – please see guidance on oral medication below.

Diarrhoea and Vomiting

Where children have had diarrhoea and vomiting, parents are asked to keep children at home for 48 hours after the symptoms have passed. This also applies to adults, including staff.

Nits and head lice

- Children with headlice are not excluded, but they must be treated to remedy the condition.
- Parents are notified if there is a case of headlice in their child's group.

Helpful Information

Our setting has a list of excludable diseases and current exclusion times, which includes common childhood diseases such as measles, and is used as a guideline; but staff retain the discretion to ask carers to collect a child if they feel they are unwell or infectious.

Oral Medication

- All children taking any medication have a lidded box with their photo on the front containing the medicine, all relevant details, and the procedures to be followed.
- All risk assessment procedures must be adhered to for the correct storage and administration of the medication. All medications are kept in the cupboards above the sinks in either the Hedgehogs or the Squirrels rooms (out of reach of the children but easily accessible to staff), unless they require refrigeration, in which case they will be kept in a sealed box on the top shelf of the fridge in the kitchen. They must not be kept in the child's bag.
- Oral medications must be prescribed by a GP or have the manufacturer's instructions clearly written on them; and be clearly labelled with the child's name and the correct dosage.
- The staff must be provided with clear written instructions by the parents, GP or health visitor on how to administer such medication.
- On arrival at the setting, the key person or another adult will ask the parent how the child is and whether any medicine has already been given that day. If the child has already been given medicine that day, the time of administration and dosage is recorded in the child's file to avoid overdosing.
- The group must have the parents' or guardians' prior written consent to administer medicine. This consent must be kept on file. If medicine has been administered, the medicine slip must be up-dated and the parent will be asked to sign to acknowledge this.
- Asthma inhalers are regarded as 'oral medication' by insurers (documents do not need to be forwarded to our insurance provider).
- At all times the administration of medication must be compliant with the Welfare Requirements of the Early Years Foundation Stage and follow procedures based on advice given in *Managing Medicines in Schools and Early Years Settings*.
  Doncaster Communication Medicines in schools and early years settings Feb 2024 .pdf

Other non-oral medication

In the rare event that other invasive medication may be required (for example, suppositories), this must be discussed with the manager or group leader. If it is agreed that staff could administer this medication, then the family will need to request that their GP or other health professional provides appropriate training to the staff.

Life-saving medication & invasive treatments

This includes 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 setting 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, a district nurse, children's nurse specialist, community paediatric nurse or First aid training.

Diabetes

Before a child with diabetes starts attending Preschool, the Key Person, and the rest of the staff, must have the relevant medical training/experience, which may include appropriate instructions from parents/guardians or medical staff, or a staff member who holds the relevant qualifications (e.g. a qualified nurse).

- The child's insulin, sweets and testing kit are stored in the room that the child attends. All kit is taken on trips out of preschool.
- A risk assessment must be in place.
- Clear instructions on what to do in different situations are displayed by the snack area with the child's picture.

HIV/AIDS/Hepatitis procedure

- The HIV virus and 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.
- Staff may or may not have been informed of the illness; it is therefore vital that good hygiene procedures are fulfilled at all times.

Procedures for children with allergies

- When children join the setting, parents are asked if their child suffers from any known allergies. This is recorded in their 'All About Me' pack.
- If a child has an allergy, a Care Plan 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, rash, reddening of skin, swelling, breathing problems, etc).
    - What to do in the case of an allergic reaction, any medication to be used, and how it is to be used (e.g. Epipen).
    - Control measures, such as how the child can be prevented from coming into contact with the allergen.
    - Review.
- This form is kept in the child's personal file and a copy is displayed where staff can see it near the snack table with the child's picture.
- Parents or a health visitor will train staff in how to administer special medication in the event of an allergic reaction.
- NO nuts or nut products are used within the setting, regardless of whether there are any known nut allergies reported. All paperwork (for example the healthy lunch leaflet, the welcome pack) informs parents that nuts must NOT be included in food brought to the setting, and our cake sale posters and advertisements warn against using nuts. Families are regularly reminded throughout the year of this rule.

<u>Key person for special needs children</u>

For children requiring help with tubes to help them with everyday living (breathing apparatus, to take nourishment, colostomy bags etc):

- Prior written consent is required from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
- The child's Key Person needs to have the relevant medical training/experience, which may include appropriate instructions from parents/guardians or medical staff, or a staff member who holds the relevant qualifications (e.g. a qualified nurse)
- Copies of all letters relating to these children must be sent to the Early Years Alliance Insurance Department for appraisal. Written confirmation that the insurance has been extended will be issued by return.

<u>Health and Safety for Staff</u>

- 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. Gloves and aprons are disposed of immediately after use.
- Single-use vinyl gloves are used for cleaning/sluicing clothing after changing. Gloves are disposed of immediately after use.

- Soiled clothing is rinsed and bagged for parents to collect.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution or powder and the red mops; cloths used are disposed of with the clinical waste. In the case of a large amount of blood or vomit, the mop head will be bagged and disposed of.
- Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.

Insurance requirements for children with allergies and disabilities

The settings 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 our insurance provider must be obtained to extend the insurance.

Useful contact details:

Towergate insurance – 01438 739 739

Towergate legal advice line: 0345 688 9805

Ofsted 0300 1231231

Emergency: 999

Please see:

Equality and Diversity Policy

Special Education Needs Policy.

Food and Drink Policy

Health & Safety Policy