

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.



Version No:	Date:	Changed by:	Comments:
V 2.0	May 2024	Jade Watkins	Isolation discretion paragraph added at end
V 3.0	May 2025	Jade Watkins	Chicken pox isolation period added
V 4.0	May 2026	Jade Watkins	Episodes of diarrhoea added. Head injurie blurb added

6.2 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. We do not allow children in the setting if they have been given calpol or other masking medicines the morning of their nursery session.

Procedures for children who are sick or infectious

- If children appear unwell during the day – for example, if they have a temperature (**anything at or above 37.8**), sickness, diarrhoea or pains, particularly in the head or stomach – our manager 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.
- Children are required to stay off nursery for 48 hours with a temperature.
- The child's temperature is taken using a digital forehead thermometer kept in the medicine cabinet.
- 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, particularly for babies. 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 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 and sickness, we ask parents keep children home for 48 hours following the last episode.
- If a child has two episodes of diarrhoea in the nursery day they will sent home and the 48 hour sickness rule applies.
- 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 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[s] 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 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.
- Ensure that children do not share tooth brushes, which are also soaked weekly in sterilising solution.

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.

Chicken pox

- If a child develops symptoms that look like chicken pox they will be sent home from nursery
- An isolation period from nursery is required. This can be anything from between 7-10 days depending on when the last spot scabs over

Head injuries

- Children who have sustained a head injury that requires medical treatment and showing symptoms of concussion will need to be kept off nursery and monitored for at least 24/48 hours. The nursery will require a 48-hour period of clear symptoms before returning if they have experienced any of the symptoms below.
- Signs of concussion are sickness, dizziness, headache, this can last for up to 2 weeks
- NHS website explains more information on children experiencing head injuries.

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/action 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 measures.
- This risk assessment form is kept in the child's personal file and a copy is displayed where [our staff/I] can see it.
- A health care plan or action plan will also be completed dependant on severity.
- 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.
- Treatments, such as inhalers or Epipens 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.
 - 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.

All illnesses, infections and allergies are at the nurseries discretion as to whether the child should be isolated from nursery for an incubation period to stop or control the risk of spreading. Please speak to the nursery if you would like more information on isolation period for certain illnesses such as, chicken pox, impetigo, croup, slap cheek, etc.

This policy was adopted by	ST PAULS WALDEN NURSERY	(name of provider)
On	MAY 2026	(date)
Date to be reviewed	MAY 2027	(date)
Signed on behalf of the provider		
Name of signatory		
Role of signatory (e.g. chair, director or owner)		