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.

3.3 Managing children who are sick, infectious, or with allergies

Policy statement

This policy should be read alongside the current Early Years Foundation Stage statutory framework for group and school-based providers, UK Health Security Agency guidance on health protection in children and young people's settings, Ofsted notification requirements, the Health Protection (Notification) Regulations 2010, the Equality Act 2010, UK GDPR and the Data Protection Act 2018.

Stowey Bears 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

- We maintain infection prevention and control measures, including access to liquid soap, warm water and paper towels; handwashing before eating or handling food, after toileting, outdoor play, contact with animals and after wiping noses; respiratory and cough hygiene; safe disposal of tissues and waste; cleaning of frequently touched surfaces, toys and equipment; and use of appropriate personal protective equipment when dealing with blood or bodily fluids.

- If children appear unwell during the day – for example, if they have a temperature of 38°C or above, vomiting, diarrhoea, unexplained rash, breathing difficulty, severe pain, unusual tiredness, or symptoms of an infectious illness – the manager, Deputy or first aid trained practitioner will contact the parents or carers and ask them to collect the child, or arrange collection by an authorised adult.
- 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, which is kept in the first aid box.
- Medication to reduce a temperature or relieve pain, such as paracetamol suspension, will only be given in line with our medication procedure, with prior written parental consent wherever practicable, clear dosage information, and a written record of administration. If emergency verbal consent is obtained, this will be recorded and signed by the parent or carer as soon as possible. A child who requires such medication because they are unwell will normally need to be collected promptly.
- 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/or vomiting, children and staff must not return until 2 daya after the last episode, unless public health advice states otherwise.

- 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 follow current UKHSA public health exclusion periods and seek advice from the local Health Protection Team where there are higher than usual numbers of cases, rapidly increasing absences, hospitalisation linked to an infectious illness, or more than one linked case of a serious infection.
- 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 and Hand, foot and mouth.

Reporting of 'notifiable diseases'

- If a child or adult is diagnosed with a notifiable disease under the Health Protection (Notification) Regulations 2010, the diagnosing doctor has a duty to notify the relevant authority. When the setting becomes aware of a suspected or confirmed notifiable disease, or an outbreak, the manager will contact the local UKHSA Health Protection Team promptly and follow their advice.
- The manager will notify Ofsted of any serious accident, illness, injury or death of a child while in our care, and of any event that may affect the suitability of the provider or setting, within required timescales. Records will be kept confidentially and shared only where there is a lawful safeguarding, public health or regulatory reason to do so.

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 children do not share toothbrushes, which are soaked in a weekly sterilising solution (Not applicable at present).

Nits and head lice

- Head lice are not usually an excludable condition. We will provide discreet advice to parents and carers and will not identify affected children to other families.
- If cases of head lice are identified, we may remind all parents and carers to check hair regularly and seek appropriate treatment where needed.

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., Epi-pen).
- 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 kept with the medication book which is easily accessible to staff. All staff are made aware of the risk assessment.
- 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.
- For children with allergies or medical conditions, we will work with parents, carers and relevant health professionals to agree an individual healthcare or allergy action plan where needed. This will include triggers, signs and symptoms, emergency steps, named medication, storage arrangements, staff responsibilities, training needs and review dates.
- We will make reasonable adjustments for children with disabilities or long-term medical conditions, in line with the Equality Act 2010, so that children can access provision safely and inclusively wherever this can reasonably be achieved.

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 (Epi-pens) 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 Pre-school Learning 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 Pre-school Learning 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 of insurance, medication, invasive treatment or support for a child with a medical condition or disability, we will contact our current insurance provider and, where appropriate, seek advice from the child's parents, carers, health professionals, the local authority or relevant public health service.

This policy was adopted by	Stowey Bears Pre-school	*(name of provider)*
On		*(date)*
Date to be reviewed	Reviewed annually and sooner following relevant legislative, EYFS, Ofsted, UKHSA or local public health updates	*(date)*
Signed on behalf of the provider	*Rachel Penny*	
Name of signatory	Julia Jameson	
Role of signatory (e.g. chair, director or owner)	Chairperson	

Other useful Pre-school Learning Alliance publications

- UKHSA: Health protection in children and young people's settings, including education, including public health exclusion periods and early years setting considerations.
- DfE: Early Years Foundation Stage statutory framework for group and school-based providers, current version.