



Illness, Infectious Diseases and Allergies

Policy statement

It is the settings policy to keep children safe when they are in our care, promote good health and take necessary steps to prevent the spread of infection within the setting.

We do not discriminate against children with medical needs whether this is short or long term. We provide care for healthy children and promote health through identifying allergies and preventing contact with the allergenic substance and through preventing cross infection of viruses and bacterial infections.

See Administering Medicines Policy.

Procedures for children who are sick or infectious

- Children who are unwell should not be attending the setting.
- If children appear unwell during the day their temperature should be taken and if between 37.4 – 37.9 degrees the child should be monitored for 20 minutes and have their temperature taken again. If the temperature has increased the setting Manager/Deputy will call parents/carers and ask them to collect the child immediately
- If the child has a temperature of over 38C and we have a signed consent to administer non prescribed medication Calpol, then this can be given. This is at the discretion of Manager/Deputy . This should be given following the administering medication policy.
- If a child has sickness or diarrhoea which will be noted as two loose movements or pains, particularly in the head or stomach – the setting manager will call the parents/carers and asks them to collect the child immediately.
- If a child has a temperature, they are kept cool, by removing top clothing, sponging their heads with cool water, but kept away from draughts.
- Temperature is taken using a non contact thermometer kept in the first aid area.
- In extreme cases of emergency the child will be taken to the nearest hospital (Southend) and the parent informed.
- The preschool can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.

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- After sickness or diarrhoea, parents are asked to keep children home for 48 hours from the last episode. This also applies to members of preschool staff and committee.
- The setting has a list of excludable diseases and current exclusion times. This is attached to the end of this policy.
- If children are excluded from the setting due to illness or infectious disease, any fees payable will still be expected to be paid and no refunds for unattended sessions will be issued.

Antibiotics

- **Where children have been prescribed antibiotics, parents are asked to keep them at home for 48 hours before returning to the setting in case of further infection and reactions.**

Reporting of 'notifiable diseases'

- 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 Health Protection Agency.
- When the setting becomes aware, or is formally informed of the notifiable disease, the manager will inform Ofsted and will act on any advice given by the Health Protection Agency.

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.

Hygiene and Infection Control

- 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 bagged for parents to collect or disposed of if deemed necessary.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops or biocide granuals; cloths used are disposed of.
- Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant/antibacterial surface spray
- The setting has separate bowls to use for sickness and cleaning, which are clearly labelled.

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- The setting promotes good hand cleaning procedures, before eating or handling food or after using the toilet.
- A supply of tissues are available for childrens use in the setting.
- Hand sanitiser and disposable towels are also available for use.

Nits and head lice

- Nits and head lice are not an excludable condition, although in exceptional cases a parent may be asked to keep the child away until the infestation has cleared.
- On identifying cases of head lice, all parents of the setting are informed and asked to check and treat their child and other family members if they are found to have head lice.

ALLERGIES

Procedures for children with allergies

- When parents start their children at the setting they are asked if their child suffers from any known allergies. This is recorded on the registration form. This will be discussed in further detail during the Stay and Play session and parents can add further detail to the “All about me” within the first weeks of starting at preschool.
- All details of the allergy will be recorded on the child's snack name card.
- Staff will be trained to administer special medication in the event of an allergic reaction by the parent or health care professional if required. Staff have received training on administering EpiPens during their first aid training.
- It is our policy that no nuts or nut products are used within the setting.
- Parents are made aware through memos or and our lunchbox policy so that no nut or nut products are accidentally brought in, for example in their lunchbox

Insurance requirements for children with allergies and disabilities

- The preschools 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; the setting needs to gain written confirmation from their insurance provider to extend the insurance.

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 (DfES 2005)

Life saving medication & invasive treatments

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;
- signed consent from the parent/carer allowing 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 of the above relating to these children must first be sent to the preschools insurance company for appraisal (if you have another provider, please check their procedures with them). Confirmation will then be issued in writing confirming that the insurance has been extended.

Key person for special needs children - children requiring help with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc. Each individual case will be discussed and a health plan written up.

- Prior written consent from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
- Key person to have the relevant medical training/experience, which may include those who have received appropriate instructions from parents or guardians, or who have qualifications.
- Copies of all letters relating to these children will be sent by the preschool to their insurer. Written confirmation that the insurance has been extended will be issued by return.

Further guidance

Managing Medicines in Schools and Early Years Settings (DfES 2005)

This policy was adopted at a meeting of ..The Hullbridge Preschool..... (name of setting)

Held on (date)

Date to be reviewed date

Signed by ...Donna Thresher.....

Name of SignatoryManager.....

Role of Signatory (ie manager)

Excludable Diseases

Infection or Complaint	Recommended period to be kept away from preschool	Comments
Athletes Foot	None	Treatment is recommended
Chickenpox	At least 5 days from onset and until blisters have crusted over.	Pregnant women and vulnerable children – high risk
Cold Sores (herpes simplex)	None	Avoid kissing and contact with sores. Cold sores are generally mild and self limiting
Conjunctivitis	Until clear	If outbreak/cluster occurs, consult local PHE centre
Cryptosporidiosis	Exclude for 48hrs from last episode of diarrhoea	Exclusion from swimming is advisable for 2 weeks after diarrhoea has settled

Respiratory Infection Including Covid 19.	Children and young people should not attend if they have a high temperature and are unwell. Children and young people who have a positive test result for Covid 19 should not attend the setting for 3 days after the day of the test as per Government guidelines.	
Diarrhoea and/or Vomiting	48hrs from last episode of diarrhoea or vomiting	Exclusion from swimming is advisable for 2 weeks after diarrhoea/sickness has settled
Diphtheria	Exclusion is essential. Always consult with local HPT	Family contact must be excluded until cleared to return by your local PHE centre. Preventable by vaccination
E. Coli O157 VTEC	Should be excluded for 48hrs from last episode of	Further exclusion is required for children aged 5 yrs or

Typhoid, Shigella	diarrhoea.	younger and those who have difficulty in adhering to hygiene practises
Flu (Influenza)	Until recovered	Outbreaks report to HPT
German Measles (rubella)	5 days from onset of rash	Preventable by immunisation
Glandular Fever	None	
Hand, Foot and Mouth	48hrs from onset	Contact your local HPT if a large number of children are affected
Head Lice	24hrs from treatment	Treatment is required asap

Hepatitis A	Exclude until 7 days after onset of jaundice or 7 days from symptom onset if no jaundice	Outbreaks should be reported to local PHE centre
Hepatitis B, C, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact
Impetigo	Until lesions are crusted and healed or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing reduces the infectious period
Measles	4 days from onset of the rash	Preventable by vaccination (MMRx2)
Meningococcal meningitis/ Septicaemia	Until recovered	Meningitis C is preventable by vaccination. This is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts. Consult PHE centre
Meningitis viral	None	Milder illness. There is no reason to exclude siblings or close contacts

Meningitis due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts
Molluscum contagiosum	None	Self limiting condition

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MRSA	None	Good hygiene, in particular handwashing and environmental cleaning are important to minimise any danger of spread. If further information is request, contact PHE Centre
Mumps	Exclude child for 5 days from onset of swelling	Preventable by vaccination (MMR 2x doses)
Ringworm	48hrs from treatment	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet Fever	Child can return 48hrs after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child
Slapped Cheek / Fifth disease Parvovirus B19	None (once rash has developed)	
Shingles	Exclude only if rash is weeping and can not be covered	Can cause Chickenpox in those who are not immune ie) have not had chickenpox. Spread by close contact and touch
Threadworms	48hrs from treatment	Treatment is required
Tonsillitis	None	Most cases are due to viruses so no need for antibiotics
Tuberculosis	Always consult PHE centre, 2 weeks after start of	Requires prolonged close contact for spread

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	effective antibiotic treatment.	
Warts and Verrucae	None – Staff to be notified	Verrucae should be covered in swimming pools, gymnasiums and changing rooms
Whooping Cough (pertussis)	2 days from starting antibiotic treatment or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non infectious coughing may continue for many weeks