

EYFS: 3.45, 3.46, 3.47, 3.48

At **Sawston Nursery**, we promote the good health of all children attending, including oral health by:

- Asking parents to keep children at home if they are unwell. If a child is unwell, it is in their best interest to be in a home environment rather than at nursery with their peers.
- Asking staff and other visitors not to attend the setting if they are unwell.
- Helping children to keep healthy by providing balanced and nutritious snacks, meals, and drinks.
- Minimising transfer of infection through our rigorous cleaning and hand washing processes.
- Ensuring children have regular access to the outdoors and having good ventilation inside.
- Sharing information with parents about the importance of the vaccination programme for young children to help protect them and the wider society from communicable diseases.

[The complete routine immunisation schedule from June 2020  
\(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/432222/020620-childrens-immunisation-schedule.pdf)

- Sharing information from the Department of Health that all children aged 6 months - 5 years should take a daily vitamin.  
[Vitamins for children - NHS \(www.nhs.uk\)](https://www.nhs.uk/healthylife/children/childrens-vitamins/)
- Having areas for rest and sleep, where required, and sharing information with parents.

### **Our procedures**

In order to take appropriate action of children who become ill and to minimise the spread of infection we implement the following procedures:

- If your child has a temperature or appears unwell, they should stay at home until they are feeling better and they are no longer reliant on temperature relief medication. They are then able to return to the Nursery.
- If a child becomes ill during the nursery day, we contact their parent(s) and ask them to pick up their child as soon as possible.

- During this time, we care for the child in a quiet, calm area with their key person wherever possible.
  - If the child's temperature does not go down and is worryingly high, above 38 degrees centigrade, then we may give them Calpol with consent from the parent via telephone and confirmed through an e-mail wherever possible. The dosage offered will depend on the child's age (3-6 months 2.5 ml, 6-24 months 5 mls, 2-4 years 7.5 mls and 4-6 years 10mls.) Parents must specify the dosage they require their child to be given, which **must** be clarified in an authorising email. We will take the child's temperature using a digital thermometer. The second reading will be taken 10 to 15 minutes after the first, if the temperature has risen considerably, we will contact parents immediately to collect their child from Nursery. However, if the child's temperature fluctuates, we will monitor their temperature thereafter, for up to one hour before calling the parent to collect the child from nursery.
  - Staff will record all temperatures taken as evidence of changes in a child's temperature and share with the parents on collection. One copy will be kept on file and the other copy given to the parents if we have had to administer Calpol.
  - This is to reduce the risk of febrile convulsions, particularly for babies. Parents will then need to collect their child within the hour of the Calpol being administered and sign the medication record on collection.
  - We follow the guidance published by Public Health England (Health Protection in Schools and other childcare facilities) and advice from our local health protection unit on exclusion times for specific illnesses.
  - For example, sickness and diarrhoea, measles, and chicken pox, to protect other children in the nursery.
  - Should a child have an infectious disease, such as sickness and diarrhoea, they must not return to nursery until they have been clear from symptoms for at least **48 hours**.
- [Chapter 9: managing specific infectious diseases - GOV.UK \(www.gov.uk\)](#)
- We inform all parents if there is a contagious infection identified in the nursery, to enable them to spot the early signs of this illness.
  - We thoroughly clean and sterilise all equipment and resources that may have come into contact with a contagious child to reduce the spread of infection.
  - We notify Ofsted as soon as is reasonably practical, but in any event within 14 days of the incident of any food poisoning affecting two or more children cared for on the premises.

- We ask parents to keep children on antibiotics at home for the first **48 hours** of the course, if they have not been prescribed this medicine before or are unwell.
- We reserve the right to refuse admission to a child who is unwell, and who we believe would be better off at home.
- The manager on duty, who carries responsibility for the well-being of all children in the setting, will make the final decision on a child's suitability to attend the setting that day.
- If the manager on duty concludes that a child is not well enough to attend the setting, the reasons for this decision will be clearly communicated to the child's caregivers and will include a description of the symptoms the child appears to be experiencing.
- Your child will be welcome to return to nursery when they are feeling better.
- Parents are expected to notify their child's room or a member of the management team if they have administered Calpol or any other form of pain relief before coming into the nursery. If Calpol or pain relief has been administered prior to attendance, we will presume your child is not well enough to be attending nursery on that day, unless it is to relieve teething pains.  
[Baby teething symptoms - NHS \(www.nhs.uk\)](http://www.nhs.uk)
- Furthermore, parents **MUST** record this information on the signing in sheet within the foyer. This is to avoid overdoses of medicine.
- Please see the link below the NHS guidance where you can find out about childhood illness that may affect your child and how to best manage these.

[Is my child too ill for school? - NHS \(www.nhs.uk\)](http://www.nhs.uk)

(This includes preschools/nurseries etc)

### **Meningitis procedure**

If a parent informs the nursery that their child has meningitis, the nursery manager will contact the Local Area Infection Control (IC) Nurse. The IC Nurse will give guidance and support in each individual case. If parents do not inform the nursery, we may be contacted directly by the IC Nurse and the appropriate support given. We will follow all guidance given and notify any of the appropriate authorities including Ofsted where necessary.

### **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.

- 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.
- On identifying cases of head lice, we will inform all parents there is a case in the room and ask them to treat their child and all the family if they are found to have head lice.

### **Hand, Foot and Mouth**

- If you suspect your child has hand, foot, and mouth (Blistering of these areas) please take them to your GP to be confirmed and inform the nursery immediately.
- If your child is well enough to come into nursery, they can come in. If, however, your child is unwell please keep them at home until they are well enough to attend Nursery. Hand, Foot and Mouth is very contagious to other children and adults.
- **Hand, Food and Mouth can affect the foetus during pregnancy (although this is low risk).**
- **Procedures for children with Conjunctivitis**  
If your child has symptoms, they do not need to avoid nursery unless they are unwell in themselves. However, we will ask you to seek medical advice for Conjunctivitis.
- For children under the age of 2 years old, you will need to see a doctor and if medication is required this must be prescribed. Children over the age of 2 years old, only need to speak to a pharmacist about the condition and to see if medication is required.

Providing the child has had the medicine previously within the nursery we can administer this without the prescription note (Only children aged over 2 years old).

#### **Procedures for children with allergies and medical conditions**

- When children start at the setting, we ask their parents if their child suffers from any known allergies or medical conditions where medicine will need to be administered in the event of an emergency or ongoing medical conditions.
- This is recorded on the registration form or a healthcare plan and protocol, and it is the parent's responsibility to inform the nursery of any changes which **MUST** be made in writing and the key person or room leader to stay in communication with the parent's regarding changes.
- Before staff give any child food or drink, they **MUST** check the dietary requirements list, which states all allergies, intolerances, food preferences and cultural dietary needs.
- A healthcare plan and protocol will be created in line with the information received from the parent.
- This health care plan is kept in a personal file within the management office and a copy is kept in the room within a confidential folder assessable to all the staff working with the child.
- Healthcare plans will be reviewed every 3 months which is the Room Leader and Deputy's responsibility who work in the room with the child.
- During snack and mealtimes, staff will ensure all children with known allergies or dietary needs are supervised and the sharing of food is discouraged. A red card with the child's dietary information will be placed on the back of their chair.
- If the parent is wanting to trial, a specific type of food or diet change this should be carried out at home prior to the changes being made in the nursery.
- A letter or email is required from the parent to inform us that the child is trialling a diet change, and this must be discussed with the key person or room leader in your child's room prior to the change of diet in the Nursery. For example, trialling dairy free food, so that all staff in the nursery are aware. Kitchen staff **MUST** be informed and updated when any dietary change occurs.
- After one month of trialling a food change, the key person or room leader **MUST** liaise with the parents to confirm if the trial is to stop or become a permanent dietary requirement.

- If a child has an allergy, the Room Leader will complete a health care 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. Products that state '**may contain**' the allergen due to manufacturing methods, but not listed as an ingredient will be offered. However, if the packaging states '**not suitable**' for customers with the allergen a substitute product will be given.
- To minimise and eliminate cross contamination wherever possible, children with dietary needs will have their red card placed on the table in front of them (To be used as a place mat). Buttercup and Daffodil Room will continue to place their red cards on the back of the child's chair.
- Children with allergies will be given a green cup or beaker with a green lid so these are identifiable to all staff and children.
- Review measures.
- Sawston Nursery is a nut free environment where we will endeavour to minimise the risk of exposure to nuts and encourage everyone to be responsible. No foods containing nut are to be brought onto the premises which helps to reduce the risk of any child or staff member coming into contact with anyone who may have an allergy.
- We are aware that food manufacturers label foods as having 'traces of nut' so there is no guarantee the food is completely nut free. However, at Sawston Nursery we avoid any use of nut being used in the food provided by the kitchen staff 'as far as possible'.
- Foods containing nut must not be brought into the nursery by staff, or children or visitors.
- Staff are asked to check the ingredients of items in their lunch box to ensure nuts are not consumed. However, there is no guarantee that food brought into the nursery may be totally nut free.

#### **Requirements for children with allergies and disabilities**

- At all times Sawston Nursery will 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' and therefore oral medications must be prescribed by a GP and have manufacturer's instructions clearly written on them.
- Sawston Nursery must be provided with clear written instructions on how to administer such medication and this will be placed inside the child's box with the inhaler out of reach.
- We will adhere to all health care plan procedures and protocols for the correct storage and administration of the medication.
- We must have the parents or guardians' prior written consent.
- One copy should be held with the medication and a copy on the child's file.

**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).

Sawston Nursery must have:

- A letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered.
- A completed and signed health care plan from the parent.
- Written consent from the parent or guardian allowing the 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 or a community paediatric nurse.
- 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.
- All epi pens must be regularly checked to ensure they are kept up to date.
- The key person must have the relevant medical training/experience, which may include receiving appropriate instructions from parents or guardians.
- In the event of a serious incident, accident or illness occurring then the parent will be contacted immediately along with a medical

professional and the appropriate action taken. In the unlikely event of the parent not being available the room leader or senior member of staff will assume charge and if necessary, accompany the child to hospital along with all relevant details. Ofsted are to be informed, by the Head of Nursery, of a serious incident in accordance with the Statutory Framework of the Early Years Foundation Stage Curriculum.

**We will follow the transporting children to hospital procedure in any cases where children may need hospital treatment.**

The nursery manager/staff member must:

- Inform a member of the management team immediately.
- Call 999 for an ambulance immediately if the illness is severe. DO NOT attempt to transport the unwell child in your own vehicle.
- Follow the instructions from the 999-call handler.
- Whilst waiting for the ambulance, a member of staff must contact the parent(s) and arrange to meet them at the hospital.
- Redeploy staff if necessary to ensure there is adequate staff deployment to care for the remaining children. This may mean temporarily grouping the children together.
- Arrange for the 2 most appropriate members of staff to accompany the child, taking with them any relevant information such as registration forms, relevant medication sheets, medication, and the child's comforter.
- Remain calm at all times. Children who witness an incident may well be affected by it and may need lots of cuddles and reassurance. Staff may also require additional support following the accident.
- If a child has an accident that may require hospital treatment, but not an ambulance we may choose to transport your child using public transport. For example, a taxi, where you must ensure written parental consent is obtained to transport the child to hospital.
- Ratio requirements of the setting being maintained.
- The age and height of the child, in regard to will they need a car seat? Further guidance can be found at [www.childcarseats.org.uk/types-of-seat/](http://www.childcarseats.org.uk/types-of-seat/)
- There are some exceptions for needing a child seat depending again on their age. Further guidance can be found at [www.childcarseats.org.uk/the-law/cars-taxis-private-hire-vehicles-vans-and-goods-vehicles/#under-three](http://www.childcarseats.org.uk/the-law/cars-taxis-private-hire-vehicles-vans-and-goods-vehicles/#under-three)
- Safeguarding of the child needs to be looked at. In certain situations. For example, a designated member of staff should be appointed to plan and



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**Managing Children who are Sick, Infectious or with Allergies Policy**



provide oversight of all transporting arrangements and respond to any difficulties that may arise.

- Two members of staff would accompany the child to hospital and stay with the child until the parents arrive.
- Staff should ensure that the transport arrangements and the vehicle meet all legal requirements. They should ensure that the vehicle is roadworthy and appropriately insured and that the maximum capacity is not exceeded.

This policy will be reviewed at least annually in consultation with staff and parents and/or after a significant incident. For example, serious illness/hospital visit required.

<b>This policy was adopted on</b>	<b>Signed on behalf of the nursery</b>	<b>Date for review</b>
September 2023	T Spencer	September 2024



