



4.0 Health Policy

Managing children who are sick, infectious or with allergies

Policy statement

Our provision is a suitable, clean, and safe place for children to be cared for, where they can grow and learn. We meet all statutory requirements for promoting health and hygiene and fulfil the criteria for meeting the relevant Early Years Foundation Stage Safeguarding and Welfare requirements.

We promote health through:

- ensuring emergency and first aid treatment is given where necessary
- ensuring that medicine necessary to maintain health is given correctly and in accordance with legal requirements
- identifying allergies and preventing contact with the allergenic substance
- Having ongoing discussions with parents/carers to develop allergy action plans for managing individual children's known allergies and intolerances.
- Ensuring that all staff are aware of the symptoms and treatments for allergies and anaphylaxis and that children can develop these at any time, especially during weaning.
- Ensuring that all staff know the difference between allergies and intolerances.
- Identifying food ingredients that contain recognised allergens and displaying this information for parents/carers.

- Identifying and promoting health through taking the necessary steps to prevent the spread of infection and taking appropriate action when children are ill.
- Ensuring that ongoing discussions with parents take place regarding the stage their child is at in relation to introducing solid foods including the texture the child is familiar with.
- Ensuring that food prepared is in line with the child's individual developmental needs.
- Working in partnership with parents to help children to move on to the next stage of weaning at a pace that is right for their child.
- Ensuring that food is prepared for children in a way that prevents choking.
- Ensuring that babies and young children are sat safely in a highchair or suitable low sized chair when eating.
- Ensuring that children are always in sight and hearing of a staff member, who is a paediatric first aider, whilst eating and the staff member is sat facing the children.
- Recording all choking incidents that requires intervention.
- Promoting healthy lifestyle choices through diet and exercise.
- Supporting parents right to choose complementary therapies.
- Pandemic flu planning or illness outbreak management as per DfE and World Health Organisation (WHO) guidance.

Procedures for children with allergies

- When parents/carers start their child at the setting they are asked if the child suffers from any known allergies. This is recorded on the registration form. If a child has an allergy, a health care plan is also completed to detail the following information;
- 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.
- The health care plan is kept with the child's registration forms

- The child's name is added to the Dietary Requirements/Allergy list.
- Child is given a yellow placemat during snack times with allergy/intolerance written on the placemat.
- It may be necessary for parents/carers or health professionals to train staff in how to administer special medication in the event of an allergic reaction.
- Generally nut products are not used within the setting, particularly if a child has a known nut allergy.
- Parents/carers are made aware, so that no nut or nut products are accidentally brought in.
- Parents/carers show staff how to administer medication in the event of an allergic reaction.
- Any foods containing food allergens are identified on children's snack menus.

Insurance requirements for children with allergies and disabilities

- Our insurance automatically includes 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 will 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

- Oral medications must be prescribed and have manufacturer's instructions clearly written on them.
- The setting must be provided with clear written instructions on how and when to administer such medication.
- Manufacturer's instructions on the correct storage and administration of the medication must be adhered to.
- The setting must have the parents/carers prior written consent.

Lifesaving medication & invasive treatments

Life-saving medication and invasive treatments may include adrenaline injections (Epipens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatment such as

rectal administration of Diazepam (for epilepsy). **Treatments such as inhalers or Epi-pens must be immediately accessible in an emergency.**

- The setting must have:
- A letter from the child's doctor/consultant stating the child's condition and what medication if any is to be administered
- Written consent from the parents/carers allowing staff to administer medication
- Proof of training in the administration of such medication by the child's doctor or a health professional
- A health care plan.
- Copies of all documents relating to the child may have to be sent to the settings Insurance Company for appraisal. Confirmation will then be issued verbally or in writing confirming that the insurance has been extended.
- A record is made in the medication record book of the intimate/invasive treatment each time it is given
- Treatments, such as inhalers or Epi-pens are immediately accessible in an emergency.
- The key person responsible for the intimate care of children who require life-saving medication or invasive treatment will undertake their duties in a professional manner having due regard to the procedures listed above.
- The child's welfare is paramount, and their experience of intimate and personal care should be positive. Every child is treated as an individual and care is given gently and sensitively; no child should be attended to in a way that causes distress or pain.
- The key person works in close partnership with parents/carers and other professionals to share information and provide continuity of care.
- Children with complex and/or long-term health conditions have a health care plan in place which considers the principles and best practice guidance given here.
- Key persons have appropriate training for administration of treatment and are aware of infection control best practice, for example, using personal protective equipment (PPE).
- Key persons speak directly to the child, explaining what they are doing as appropriate to the child's age and level of comprehension.
- Children's privacy is considered and balanced with safeguarding and support needs when changing clothing, nappies and toileting.

Procedures for children who are sick or infectious

- On arrival, it is vital that parents/carers inform a member of staff if they notice their child may be showing signs of being unwell. It is the responsibility of the parents / carers to ensure their child does not attend the service if they are not fit to; this is a precautionary measure to prevent other children or staff from becoming ill. If a child is brought into the service with a non-prescription medication to treat a temporary illness or appears to show signs of being unwell, the setting manager will use their discretion to decide whether a child is fit to remain in the service.
- If a child appears unwell during the day – has a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – the manager/deputy manager will call the parents/carers and ask them to collect the child or send a known carer to collect the child on their behalf.
- If a child has a raised temperature, top clothing may be removed to make them more comfortable, but children are not undressed or sponged down to cool their temperature. A high temperature should never be ignored, but it is a natural response to infection.
- The child's temperature is taken and checked regularly using a thermometer which is kept in the first aid box.
- If the child's temperature (over the age of 2) does not go down and is worryingly high, the child must be kept and parents will be asked to collect straight away.
- In an emergency an ambulance will be called and the parents/carers informed.
- Parents/carers are asked to seek medical advice before returning them to the setting; the setting will refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- Where a child has been prescribed antibiotics, parents/carers are asked to keep them at home for 48 hours before returning to the setting.
- After diarrhoea or sickness, parents/carers are asked to keep their child at home for a further 48 hours after the last bout of sickness or diarrhoea.
- The setting has a list of excludable diseases and current exclusion times obtainable from www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities. Exclusion times can be amended/extended by the setting if thought necessary.

Reporting of 'notifiable diseases'

If the manager/ deputy manager suspect a child who falls ill whilst in their care is suffering from a serious disease that may have been contracted in the United Kingdom or abroad, immediate medical assessment is required. The service manager or deputy will call 111 and inform parents / carers.

Preventative measures are taken to reduce the risk of an outbreak returning. When an individual shows signs of an infectious illness, they are advised not to attend the setting. If a child is already at the setting, they will be made comfortable in a space away from the other children to rest until they are able to be collected. The importance of thorough handwashing will be reiterated, and the educators will promote the 'catch it, bin it, kill it' approach with children and young people.

In the case of an outbreak of a notifiable disease which has been confirmed by a medical professional, the setting manager will seek further advice from the UKHSA, if not already contacted by them.

The setting manager has a list of notifiable diseases and contacts the UK Health Security Agency(UKHSA), Ofsted, in the event of an outbreak.

Infection control for bodily fluids – transmissible viruses

- 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. Transmittable viruses are spread through bodily fluids. Hygiene measures are put in place to protect all staff and children/young people. These include 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.
- Single use vinyl gloves must be worn if cleaning/sluicing clothing after changing.
- Soiled clothing is bagged for parents/carers to collect.
- Spills of blood, urine, faeces or vomit are cleared using a disinfectant solution. Any cloths used are disposed of with the clinical waste.
- Tables and other furniture, soft furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant solution. Any cloths used are disposed of with the clinical waste.

Handwashing

Handwashing is a crucial infection control measure which reduces the spread of illness. Adults, children and young people should regularly wash their hands, and increase this where there is an infection outbreak.

This should be carried out by all:

- After outside breaks
- Before meals and snack times
- Before preparation of snack and meals
- After using the toilet
- After nappy or clothing changes
- After the removal of personal protective equipment (PPE), including gloves.
- After blowing noses
- Before and after administering medication

Public Health England advises that children and staff should be encouraged to catch sneezes with a tissue, bin the tissue and wash their hands.

Nits and head lice

- Nits and head lice are not an excludable condition, although in exceptional cases a parent/carer may be asked to keep the child away until the infestation has cleared.
- On identifying cases of head lice, all parents are informed and asked to treat their child and all the family, using current recommended treatments methods if they are found.

This policy was updated on the 23rd July 2026 by Susannah Townley, Manager.

This policy is due to be reviewed on the 23rd July 2027