

**Managing Infectious diseases, sick children or children with Allergies**

At Ashdene Preschool 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.

**Procedures for Children who are Sick or Infectious**

* If children appear unwell during the day the Manager or Deputy or Senior supervisor will contact the parents and ask them to collect the child or send a known carer to collect them on their behalf.
* If a child appears to have a raised temperature we will remove outdoor clothing and keep them cool. If these measures are ineffective, we **MAY** given Calpol but this is only after obtaining **Verbal consent from the parents to ensure no other medication has been given.** This would only be given to prevent febrile convulsions as an emergency situation when the parent is on their way to collect the child. **The child must be collected and taken home.**
* 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 to ensure that they do not have a reaction to the medicine and they have had sufficient antibiotic to take effect.
* After sickness and diarrhoea, we ask parents to keep children at home for 48 hours following their last episode.
* 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.

**Reporting of “Notifiable diseases”**

* If a child or adult is diagnosed as suffering from a notifiable disease under the Health Protection Regulations 2010 the GP will report this to Public Health England. We will follow any advice given to us by Public Health England.

**Nits and Head Lice**

* Nits and head lice are not excludable conditions.
* On identifying cases of head lice, we will inform parents and ask them to treat their child and all the family. A dated notice is displayed in preschool informing other parents.

**Procedures for Children with Allergies**

* When children start at preschool we ask parents if their child suffers from any known allergies. This is recorded on the detailed child’s record form.
* If a child has a known allergy, we will complete an individual health care plan to detail the following;
* The allergen - i.e., the substance, material or whatever the child is allergic to, e.g., eggs, nuts, bee stings.
* The nature of the allergic reaction e.g., anaphylactic shock including rash, reddening of the skin, swelling and breathing problems.
* What to do in the case of allergic reactions, any medication used and how it is to be used e.g., EPI-pen.
* The care plan is kept in the child’s detailed child record file and a copy is displayed in both rooms and in the kitchen area.
* A risk assessment is completed, to identify risks posed, and identify control measures - such as how the child can be prevented from contact with the allergen.
* The Primary School kitchens are also informed of any allergy/ dietary requirements and a photograph and information are displayed in the school kitchen.
* We are a **nut-free Pre-School**; **no nuts or nut products are used within the setting**, and where children bring in packed lunches, parents are informed that any food included in packed lunches must not contain nuts.

**Asthma**

* Asthma inhalers are oral medication and must be prescribed by a GP.
* Parents must complete a green PRN form when the inhaler is brought into preschool. This is kept in the child’s detailed record file and signed by the parent at the end of the session when an inhaler has been given.
* The medication is given by a senior staff member and witnessed. All medication forms are completed and signed by parents at the end of the day.

**Life-Saving Medication including Adrenaline Injections for Anaphylactic Shock**

**We must have:**

* An individual health 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 /guardian allowing staff to administer medication. A completed PRN form (as above ) is kept in the child’s file.
* Proof of training in the administration of such medication by a children’s nurse specialist or community paediatric nurse.

**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.

**Insurance Requirements for Children with Allergies and Disabilities**

* For children suffering life threatening conditions or requiring invasive treatments, written confirmation from our insurance provider must be obtained to extend the insurance. Staff must receive relevant training as required.

Certain procedures must be strictly adhered to as set out below.

* 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 (See Administration of Medication Policy):
* 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.
* For children with additional needs 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.
* Staff 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.

**Exclusion table**

This guidance refers to public health exclusions to indicate the time period an individual should not attend a setting to reduce the risk of transmission during the infectious stage. This is different to ‘exclusion’ as used in an educational sense.

| **Infection** | **Exclusion period** | **Comments** |
| --- | --- | --- |
| Athlete’s foot | None | Individuals should not be  barefoot at their setting (for example in  changing areas) and should not share  towels, socks or shoes with others. |
| Chickenpox | At least 5 days from onset of rash and until all blisters have crusted over. | Pregnant staff contacts should consult  with their GP or midwife. |
| Cold sores (herpes simplex) | None | Avoid kissing and contact with  the sores. |
| Conjunctivitis | None | If an outbreak or cluster occurs,  [contact your local UKHSA health protection team](https://www.gov.uk/health-protection-team). |
| Respiratory infections including coronavirus (COVID-19) | Individuals should not attend if they have a high temperature and are unwell.  Individuals who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test. | Individuals with mild symptoms such as  runny nose, and headache who are  otherwise well can continue to attend their  setting. |
| Diarrhoea and vomiting | Individuals can return 48 hours after diarrhoea and vomiting have stopped. | If a particular cause of the diarrhoea and  vomiting is identified, there may be additional  exclusion advice, for example E. coli STEC  and hep A.  For more information, see  [Managing outbreaks and incidents](https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/managing-outbreaks-and-incidents). |
| Diptheria\* | Exclusion is essential.  Always contact your [local UKHSA health protection team](https://www.gov.uk/health-protection-team). | Preventable by vaccination. For toxigenic  Diphtheria, only family contacts must be  excluded until cleared to return by your  [local UKHSA health protection team](https://www.gov.uk/health-protection-team). |
| Flu (influenza) or influenza like illness | Until recovered | Report outbreaks to your  [local UKHSA health protection team](https://www.gov.uk/health-protection-team).  For more information,  see [Managing outbreaks and incidents](https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/managing-outbreaks-and-incidents). |
| Glandular fever | None |  |
| Hand foot and mouth | None | Contact your  [local UKHSA health protection team](https://www.gov.uk/health-protection-team)  if a large number of children are affected.  Exclusion may be considered in some  circumstances. |
| Head lice | None |  |
| Hepititis A | Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice). | In an outbreak of hepatitis A,  your [local UKHSA health protection team](https://www.gov.uk/health-protection-team)  will advise on control measures. |
| Hepatitis B, C, HIV | None | Hepatitis B and C and HIV are blood  borne viruses that are not infectious  through casual contact.  Contact your  [local UKHSA health protection team](https://www.gov.uk/health-protection-team)   for more advice. |
| Impetigo | Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment. | Antibiotic treatment speeds healing  and reduces the infectious period. |
| Measles | 4 days from onset of rash and well enough. | Preventable by vaccination with 2 doses of  MMR.  Promote MMR for all individuals, including staff.  Pregnant staff contacts should seek prompt  advice from their GP or midwife. |
| Meningococcal meningitis\* or septicaemia\* | Until recovered | Meningitis ACWY and B are preventable by  vaccination.  Your [local UKHSA health protection team](https://www.gov.uk/health-protection-team)  will advise on any action needed. |
| Meningitis\* due to other bacteria | Until recovered | Hib and pneumococcal meningitis are  preventable by vaccination.  Your [local UKHSA health protection team](https://www.gov.uk/health-protection-team)  will advise on any action needed. |
| Meningitis viral | None | Milder illness than bacterial meningitis.  Siblings and other close contacts of a case  need not be excluded. |
| Mpox | Until confirmed safe to return by their clinician or in line with [any current guidance.](https://www.gov.uk/government/collections/monkeypox-guidance) | Contact your [UKHSA health protection team](https://www.gov.uk/health-protection-team)  for further advice on management and support  for anyone considered a close contact of the  confirmed case. |
| MRSA | None | Good hygiene, in particular handwashing  and environmental cleaning, are important  to minimise spread. Contact your  [local UKHSA health protection team](https://www.gov.uk/health-protection-team)  for more information. |
| Mumps\* | 5 days after onset of swelling | Preventable by vaccination with 2 doses of  MMR. Promote MMR for all individuals,  including staff. |
| Ringworm | Not usually required | Treatment is needed. |
| Rubella\* (German measles) | 5 days from onset of rash | Preventable by vaccination with 2 doses of  MMR. Promote MMR for all individuals,  including staff. Pregnant staff contacts  should seek prompt advice from their GP  or midwife. |
| Scabies | None (to avoid close physical contact with others until 24 hours after the first dose of chosen treatment). Those unable to adhere to this advice (such as under 5 years or additional needs), should be excluded until 24 hours after the first dose of chosen treatment. | Household and close contacts require  treatment at the same time. |
| Scarlet fever\* | Exclude until 24 hours after starting antibiotic treatment. | Individuals who decline treatment with  antibiotics should be excluded until resolution  of symptoms. In the event of 2 or more  suspected cases, please contact your  [local UKHSA health protection team](https://www.gov.uk/health-protection-team). |
| Slapped cheek/Fifth disease/Parvovirus B19 | None (once rash has developed) | Pregnant contacts of case should consult with  their GP or midwife. |
| Threadworms | None | Treatment recommended for child  and household. |
| Tonsillitis | None | There are many causes, but most cases are  due to viruses and do not need or respond to  an antibiotic treatment. |
| Tuberculosis\* (TB) | Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB.  Exclusion not required for non-pulmonary or latent TB infection.  Always contact your [local UKHSA health protection team](https://www.gov.uk/health-protection-team) before disseminating information to staff, parents and carers, and students. | Only pulmonary (lung) TB is infectious to others,  needs close, prolonged contact to spread.  Your [local UKHSA health protection team](https://www.gov.uk/health-protection-team)  will organise any contact tracing. |
| Warts and verrucae | None | Verrucae should be covered in swimming pools,  gyms and changing rooms. |
| Whooping cough (pertussis)\* | 2 days from starting antibiotic treatment, or 14 days from onset of coughing if no antibiotics and feel well enough to return. | Preventable by vaccination.  After treatment, non-infectious coughing may  continue for many weeks.  Your [local UKHSA health protection team](https://www.gov.uk/health-protection-team) will  organise any contact tracing. |

\*denotes a notifiable disease. Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or UK Health Security Agency (UKHSA) health protection team (HPT) of suspected cases of certain infectious diseases.

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| This Policy was adopted by:  On (date):  Date to be reviewed: September 2025  Signed on behalf of the management committee:  Name of signatory:  Role of Signatory (e.g. Manager): |
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