

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.



Managing children who are sick, infectious, or with allergies

Policy statement

Fairhaven Preschool 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. At Fairhaven Preschool, we promote the good health of all children attending. We have policies in place to ensure the welfare of all children at Fairhaven Preschool and minimise the spread of viruses and bacterial infections.

Purpose of this policy

This policy has been devised to ensure that children who become unwell whilst at the setting are treated with sensitivity and respect. It is also to help us to protect other children from illness and the spread of infection. We aim to:

- Ensure sick children are identified.
- Ensure sick children are cared for appropriately.
- Protect children and adults from preventable infection.
- Enable our staff and parents/carers to be clear about the requirements and procedures when a child is unwell.

If an unwell child comes into Fairhaven Preschool

Fairhaven Preschool reserves the right not to accept any child who is unwell into the setting. It is unfair on the child to be at Preschool when they need to be with their parents/carers having one-to-one attention. It is also unfair to the rest of the children who are here if they are knowingly in contact with an illness or infection.

Procedures for children who are sick or infectious

- If children appear unwell during the day – for example, if they have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – a staff member will call the parent/carer and ask them to collect the child, or to send a known, authorised, trusted adult to collect the child on their behalf.

- 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 forehead thermometer or ear thermometer kept in the first aid box.
- In extreme cases of emergency, an ambulance is called and the parent informed. If the manager or deputy manager feels that it's necessary, they should call for an ambulance. The manager or deputy manager must then inform the parent/carers to meet them at the local hospital.
- We can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- If it is deemed to be in the best interests of the child to go home, the manager, deputy manager or key person will ring the parent/carers, getting the number from the child's information which is held on the child's registration form.. They will explain the signs and symptoms the child is displaying and ask them to come and collect him/her.
- If the parent/carer is not reachable, they will then go on to the next person on the contact list, usually the second parent/carer, continuing down the list of authorised persons as necessary.
- Whilst their parents/carers are being contacted the child will continue to be comforted by members of staff.
- • Plenty of fluids should be offered to the child and if their temperature is higher or lower than usual. Any other symptoms should be treated as necessary.
- We will not administer Calpol, if you feel your child is unwell enough to warrant Calpol (or alternative medicine), we feel they would be best to stay at home and rest.
- The child should always be treated with the utmost sensitivity and respect as feeling poorly can be distressing and quite frightening for a child. They should have a staff member with them, preferably their key person, until their parent/carer or authorised person arrives to collect them.
- We are only able to administer prescribed medicines, providing they are appropriately labeled from the child's doctor's surgery. Again, please consider whether a couple of days to rest and recover may be more beneficial to your child's health and recovery.
- Finally, we will not administer medicines which have been prescribed to a child for the very first time. This is to protect both your child, and others in the setting, in the case of an adverse reaction, no matter how small the likelihood, and is in line with our policies and procedures.
- 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 sickness and/or diarrhoea, we ask parents to keep children home for 48 hours following the last episode of sickness or diarrhoea.
- 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 have a list of excludable diseases and current exclusion times. The full list is obtainable from

www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947358374 and includes common childhood illnesses such as measles.

Guidance for caring for an unwell child and informing parents/carers:

When assessing children, staff must take into account the usual condition/personality of the individual, their medical needs, and factors that may affect them (lack of sleep, temperature of the room, what they have eaten etc.) The manager reserves the right to adjust the following guidelines at times of a particular outbreak of sickness, or if the child has other signs or symptoms.

Situation	Staff Action
A child has a temperature of 37.5°C	Monitor every 10 minutes while cooling the child by adjusting clothing, sips of water.
A child has a temperature of 38°C for a period of 10 mins	Parents/carers will be contacted to collect their child.
A child has a temperature of 39°C.	Parents/carers will be contacted to collect their child and advised to give medicine asap to reduce risk of febrile convulsions. NHS/febrile-convulsions/
A child has two very loose bowel movements.	Parents/carers will be contacted to collect their child. The child will be unable to return to the setting until 48 hours after their last loose bowel movement.
A child vomits/diarrhoea	Parents/carers will be contacted to collect their child. The child will be unable to return to the setting until 48 hours after their last loose bowel movement/vomiting episode.
A child has an unexplained rash	Parents/carers will be called to advise them of the situation so that they can collect/seek medical advice if they wish.
A child shows symptoms of a recognisable illness	The child will then be excluded for the appropriate time period according to the Public Health England guidance

Guidance for specific infections

We follow Public Health England guidance from the ‘Health protection in schools and other childcare facilities’ and will refer to the latest guidance. The current guidance (as at March 2022) is included below, but we will always follow the latest guidance available from Public Health England.

Infection	Exclusion period	Comments
Athlete's foot	None	Athlete's foot is not in a serious condition. Treatment is recommended. No bare feet, if bare feet touch the surface use disinfectant to clean.
Chicken pox	Minimum of five days from onset of rash and all the lesions have crusted over	Pregnant staff should consult GP or Midwife.
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment. Avoid toys in mouth. Sterilize all toys in contact.
Conjunctivitis	48 hours of treatment AND discharge has ceased before returning.	If an outbreak/cluster occurs, local HPT will be contacted and advice will be followed.
Coronavirus	3 days exclusion NOT including day of positive test.	
Diarrhoea and vomiting	Whilst symptomatic and 48 hours after the last symptoms	Diarrhoea is defined as 2 or more liquid or semiliquid stools in a 24 hour period. If medication is prescribed, ensure that the full course is completed and there is no further diarrhoea or vomiting for 48 hours after the course is completed. For some gastrointestinal infections, longer periods of exclusion are required. Please note if a child returns to preschool after having diarrhoea, and they continue they will be sent home, and another 48 hours applies.
Diphtheria *	Exclusion is essential	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT. We will always consult with our local HPT.
Ear Infection	48 hours of treatment AND no discharge/fluid to be coming out of the ear.	
Flu (influenza)	Until recovered	We will report outbreaks to our local HPT.
Glandular fever	Until recovered	
Hand foot and mouth	Exclusion until clinically well and comfortable (this means the child does not rely on any medication)	We will contact our local HPT if a large number of children are affected. Exclusion may be considered in some circumstances.

	and spots are healed up. Can take 7-10 days to clear up.	
Head lice	Until recovered	If live lice are found during session parent/carer to be called. Treatment recommended only when live lice are seen. A group email will be sent advising on how to treat effectively.
Hepatitis A*	Exclude until seven days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of hepatitis A, our local HPT 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 HPT for more advice
Impetigo	All lesions need to be crusted over/healed and on antibiotics treatment before returning	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	Exclusion for 4 days AFTER onset rash. The child must be well enough to attend.	Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staff should contact GP or Midwife
Meningococcal meningitis*/septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination (see national schedule @ www.nhs.uk). Local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination (see national schedule @ www.nhs.uk) Local HPT will advise on any action needed
Meningitis viral*	Until recovered	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	Until recovered	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact local HPT for more information

Mumps*	Five days after onset of swelling and fully recovered	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all children and staff.
Ringworm	If antibiotics are needed 48 hours exclusion. The child must be well enough to attend.	
Rubella (German measles)	Four days from onset of rash and fully recovered	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff. Pregnant staff should contact GP or Midwife
Scarlet fever	48hrs before returning and on antibiotic treatment	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, we will contact local HPT.
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time.
Slapped cheek Also known as (fifth disease) (parvovirus B19).	No exclusion once rash appears. If diagnosed before rash appears Exclusion UNTIL rash has FULLY appeared.	Pregnant staff should consult with their GP or midwife.
Strep A	48 hours before returning and on antibiotic treatment and recovered. Exclusion until clinically well.	In the event of two or more suspected cases, we will contact local HPT
Threadworms	None	Treatment recommended for child & household contacts.
Tonsillitis	48 hours of treatment AND well enough to return.	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment

Tuberculosis (TB)	Always consult local HPT BEFORE disseminating information to staff/parents/carers	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread
UTI	48 hours of treatment AND well enough to return.	
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms. No bare feet. If bare feet touch surfaces, use disinfectant to clean.
Whooping cough (pertussis)*	Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non- infectious coughing may continue for many weeks. Local HPT will organise any contact tracing

* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control).

Reporting of 'notifiable diseases'

- If a child or adult is diagnosed as suffering from a notifiable disease under the Health Protection (Notification) Regulations 2010, the GP will report this to Public Health England.
- When we become aware, or are formally informed of the notifiable disease, our manager informs Ofsted and contacts Public Health England, and acts on any advice given.

HIV/AIDS/Hepatitis procedure

The 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 when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Double bag soiled clothing for parents to take home for cleaning.
- Clear spills of blood, urine, faeces or vomit using a mild disinfectant solution; any cloths used are disposed of.
- Clean any tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit using a disinfectant and steriliser.

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 record the details on the registration form, in the register and complete an Allergy risk assessment form.
- We 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.
 - Review measures.
- The allergy risk assessment form is kept in the child's personal file.
- 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.
- We have emergency Piriton medicine for emergency cases of allergic reactions (permission in admission forms)

Transporting children to hospital

The following procedure will be followed in the event a child needs to go to hospital.

- If the sickness is severe, the manager / deputy manager or another member of staff will call for an ambulance immediately, following the procedure below. Staff MUST NOT attempt to transport the sick child in their own vehicle. The manager/deputy must be informed.
- Whilst waiting for the ambulance, a member of staff will contact the parent/carer and arrange to meet them at the hospital.
- A member of staff (usually the manager or deputy manager) must accompany the child and take the child's registration form, which includes all their medical details and the consent for medical attention, and any of the child's special comforters. Call an Ambulance Dial 999 and ask for an ambulance. Answer all questions honestly and clearly.

When asked to give the address and telephone number, use the following details:

Fairhaven Preschool,
South Walsham Village Hall,
School Road,
South Walsham,
Norwich,
NR13 6DZ

Telephone: 07508842203

A member of staff (usually the manager or deputy manager), will go with the child to the hospital, taking the child's registration form which includes all their medical details and the consent for medical attention, and any of the child's special comforters.

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 (Epipens) 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, we will contact the Pre-school Learning Alliance Insurance Department on 020 7697 2585 or email membership@pre-school.org.uk

This policy was adopted by	Fairhaven Preschool	<i>(name of provider)</i>
On	<hr/> 10th November 2025	<i>(date)</i>
Date to be reviewed	<hr/> 10th November 2026	<i>(date)</i>
Signed on behalf of the provider	<hr/> David Keenan	
Name of signatory	<hr/> David Keenan	
Role of signatory (e.g. chair, director or owner)	<hr/> Chairperson	
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