**Sick Child Policy**

This policy aims to set out clear systems and procedures to be followed in the event of a child arriving with any symptoms or becoming sick whilst in our care. At all times the confidentiality of children within our care and meeting their needs is our primary concern. Our policy for the exclusion of ill or infectious children is discussed with parents. This includes procedures for contacting parents, or other authorised adults, if a child becomes ill while in the setting.

**Procedures for children who are, or become, sick or infectious**

* If children appear unwell during the day, the manager or deputy calls the parents and asks them to collect the child, or send a known carer 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 parent or known carer is contacted and asked ***(permission may be gained verbally at this point if we feel it is needed to administer paracetamol if their temperature is above 38°c)*** to collect the child.
* Parents are asked to keep their children at home if they have any infection, and to inform pre-school so that where necessary other parents can be alerted
* We can refuse admittance to children who are unwell, have a temperature, or sickness and diarrhoea, or who have an infectious condition or disease
* Parents are asked not to bring to pre-school any child who has been vomiting or had diarrhoea until at least 48 hours since the last episode.
* Children suffering from conditions such as conjunctivitis are not excluded from pre-school
* Where children have been prescribed antibiotics, parents are asked to keep them at home for 48 hours before returning to pre-school
* If the children of pre-school staff are unwell, they should not accompany their parent/carer to work
* Parents are notified if there is a case of head lice at pre-school
* Parents are notified of all infectious and contagious diseases
* Good hygiene practice concerning the clearing of any spilled bodily fluids is carried out at all times
* Staff suffering from sickness or diarrhoea will be excluded from the setting for 48 hours
* 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.

 **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, we inform Ofsted and contact Public Health England, and act on any advice given.

**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.
* Use protective rubber gloves for cleaning/sluicing clothing after changing.
* Rinse soiled clothing and either bag it for parents to collect or launder it in the setting.
* 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.

**Head lice**

* Head lice are not an excludable condition; although in exceptional cases we may ask a parent to keep the child away until the infestation has cleared.
* On identifying cases of head lice, we inform all parents and ask them to treat their child and all the family if they are found to have head lice.

**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 complete a risk assessment 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.
	+ Review measures.
* This risk assessment form is kept in the child’s personal file and a copy is displayed where we can see it.
* 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.

**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. Parents will sign a form to say the inhaler has been prescribed by a doctor.
* 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 us 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.

We must contact our insurance provider to find out if copies of all three documents relating to these children must first be sent to them 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 insurance provider. Written confirmation that the insurance has been extended will be issued by return.

If we are unsure about any aspect we must contact our insurance provider.

*This policy is reviewed annually by Martlesham Preschool Committee*