



## **Sickness Policy**

**Version Number: 1.0**

**Owner: Nursery Operations Team**

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# **Sickness Policy (including children with allergies)**

## **Policy statement**

We aim to provide care for healthy children through preventing cross infection of viruses and bacterial infections and promote health through identifying illness and following our procedures promptly.

## **Procedures for children who are sick or infectious**

- If children appear unwell during the day – for example, if they have a temperature of over 38 degrees, sickness, diarrhoea or pains, particularly in the head or stomach – We will call the parents and ask them to arrange collection of the child.
- If a child has a temperature of over 38 degrees, they are kept cool, by removing top clothing.
- The child's temperature is taken using an in ear thermometer. If it is above 38 degrees, it is recorded on the Famly app and parents/carers will be contacted and asked to collect the child and asked for permission to be given paracetamol or ibuprofen. Permission for medication is given on the app and this will also be logged. Subsequent checks are to be taken and recorded on the app at 30-minute intervals.
- Children who are sent home with a high temperature will be asked to remain at home until their temperature has returned to below 38 degrees for a minimum of 24 hours.
- In extreme cases of sudden onset of illness an ambulance is called, and the parent informed.
- We can refuse admittance to children who have a temperature of over 38 degrees, sickness and diarrhoea or a contagious infection or disease. We will exclude any child with a contagious illness on the advice of the NHS, or at our own discretion, to prevent the risk of infection to others.
- Where children have been prescribed antibiotics for an infectious illness or complaint, we ask parents to keep them at home for 24 hours before returning to the setting in case of any adverse reaction (unless this medication has been prescribed for the child on a previous occasion).
- After vomiting and/or diarrhoea, we ask parents keep children home for 48 hours following the last episode.
- Staff will advise you of the exclusion period required should your child develop any infectious illness. This may vary, dependent on case numbers and local outbreaks of any such condition.

#### *Infectious Diseases – Hand, Foot and Mouth Disease*

- To minimise the spread of Hand, Foot, and Mouth Disease (HFMD) and to protect the health of all children and staff, any child exhibiting symptoms of HFMD, including visible spots or blisters, will not be permitted to attend the nursery until all spots have fully scabbed over.
- While this policy differs from NHS guidance, it reflects our commitment to reducing the risk of transmission within the nursery environment and acknowledges the potential severity of the condition.

#### *Infectious Diseases – Conjunctivitis*

- To maintain a healthy and safe environment for all children and staff, any child showing symptoms of conjunctivitis, including eye discharge, will not be permitted to attend the nursery until there is no longer any discharge from the eyes, or the child has been on eye medication for at least 24 hours.

#### *Reporting of 'notifiable diseases'*

- If a child or adult is diagnosed as suffering from a notifiable disease under the Health Protection (Notification) Regulations 2010, we will report this to Public Health England.
- GPs also have a responsibility to report notifiable diseases too. Therefore, when we become aware, or are formally informed of a notifiable disease, we inform Ofsted and contacts Public Health England, and act on any advice given.

#### *Waste disposal procedure*

Many viral infections 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 a disposable yellow cloth or bodily fluid clean up kit.
- Clean any tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit using a disinfectant or sterilisation process.
- Ensure that children do not share face cloths or towels.

### *Nits and head lice*

- Nits and head lice are not an excludable condition; although in exceptional cases we reserve the right to ask a parent to keep the child away until the infestation has cleared.
- On identifying cases of head lice, we inform all parents 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 Famly.
- If a child has an allergy, we complete a Health Care Plan to detail the following:
  - The child's name
  - The nature of the allergic reactions
  - What to do in case of allergic reactions, any medication used and how it is to be used.
  - Control measures - such as how the child can be prevented from contact with the allergen.
  - Review measures.
- This Health care Plan is kept in the child's personal Famly file and a copy is displayed where staff can see it.

### *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 the insurance provider.

▪ Life-saving medication and invasive treatments:

These include adrenaline injections (EpiPen's) for anaphylactic shock reactions or invasive treatments such as rectal administration of Diazepam (for epilepsy).

- We must have:
  - information 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.

▪ For 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.
- Staff must have the relevant medical training/experience, which may include receiving appropriate instructions from parents or guardians.
- Copies of these documents may need to be shared with our insurance provider should additional insurance be required. Written confirmation that the insurance has been extended will be issued by return.

## Document history

Date	Version	Section	Details	Reviewed by
10/11/2025	1.0		Creation of new policy	LE