

Health, Illness, Infection and Medical Conditions Policy

Statement of Intent

We provide care for healthy children and promote health by identifying allergies and medical conditions, preventing contact with allergenic substances, promoting good hygiene and infection-control practices, and preventing the spread of viruses and bacterial infections.

We recognise our responsibility to protect children, staff and families from avoidable infection while ensuring that children are not unnecessarily excluded from the setting.

The setting follows current guidance from the Department for Education, the Early Years Foundation Stage (EYFS) statutory framework and the UK Health Security Agency (UKHSA) regarding infection prevention and public health exclusion periods.

Procedures

- When parents/carers start their children at the setting they are asked if their child suffers from any known allergies or medical conditions. This is recorded on their registration form and reviewed when information changes.
- If a child has an allergy or medical condition that may require additional support, an appropriate risk assessment and, where necessary, an individual healthcare plan will be completed to detail the following:
 - the allergy or medical condition
 - the nature of the allergic reaction or medical condition, e.g. anaphylaxis, including rash, reddening of skin, swelling, breathing difficulties etc.
 - what to do in case of an allergic reaction or medical emergency
 - any medication used and how it is to be administered, e.g. adrenaline auto-injector (EpiPen)
 - control measures – such as how the child can be prevented from coming into contact with the allergen
 - any signs or symptoms that staff should be aware of
 - emergency contact arrangements
 - staff training requirements
 - review arrangements
- The relevant information is kept with the child's personal records. Key information about allergies and medical conditions is made available to staff who need to know in

order to safeguard the child. Information about food allergies is made clearly available to staff involved in food preparation, serving and supervision.

- Parents/carers are required to provide the setting with appropriate information and instructions regarding their child's allergy or medical condition. A certificate should be provided stating whether an allergy or intolerance is present.
- Staff who are required to administer emergency medication must receive appropriate training and understand the child's individual healthcare plan and emergency procedures. The child will not be able to start out the setting until all relevant training has taken place.
- Medication must be prescribed or otherwise authorised in accordance with the setting's Administration of Medicines Policy and must be stored safely and accessibly in accordance with the child's needs. All prescribed medication needs to have the child's name on, dosage and expiry date.
- No nuts, nut products or other foods identified by the setting as posing a significant allergy risk are used or kept within the setting where this is part of the setting's agreed allergy-control arrangements.
- Parents/carers are made aware of the setting's allergy procedures so that allergenic products are not accidentally brought into the setting, including in lunch boxes.
- Where a food containing a known allergen is accidentally brought into the setting, it will not be given to the child with the allergy and appropriate measures will be taken to prevent exposure. If another child unknowingly brings an allergen in then this item will not be given to the child and instead stored safely until home time when it will be returned to the parent with an explanation.
- The setting takes reasonable steps to prevent cross-contamination and cross-contact with known allergens.

Insurance requirements for children with allergies and disabilities

- The setting maintains appropriate insurance cover for children with allergies, disabilities and medical conditions.
- Where a child has a life-threatening medical condition or requires specialist or invasive treatment, the setting will ensure that appropriate arrangements are agreed with the child's parents/carers, relevant healthcare professionals and, where required, the setting's insurance provider.
- The setting will follow the requirements of the Early Years Foundation Stage and relevant guidance concerning children with medical conditions.
- Where specialist care or treatment is required, staff will only undertake this when they have received appropriate training and are confident and competent to do so.
- The setting will check with its current insurance provider where there is any uncertainty about whether specialist procedures or treatments are covered.

- At all times the administration of medication and support for children with medical conditions will comply with the Welfare Requirements of the Early Years Foundation Stage and the setting's Administration of Medicines Policy.

Oral Medication

- Medication must be prescribed or otherwise authorised in accordance with the setting's Administration of Medicines Policy. The setting will not administer over the counter medication, the medication must have a visible label stating the dose, and expiry date.
- The setting must be provided with clear written instructions on how to administer such medication.
- All risk assessment procedures need to be adhered to for the correct storage and administration of the medication.
- The setting must have the parents/carer's prior written consent before administering medication, except where an emergency procedure has been specifically agreed in advance.
- The consent must be kept on file and reviewed when the child's medication or circumstances change.
- Medication must be in date, clearly labelled and stored securely but in a location that is readily accessible to authorised staff when required.
- Staff administering medication must follow the child's healthcare plan, the medication instructions and the setting's Administration of Medicines Policy.

For life-saving medication and specialist or invasive treatments, for example adrenaline auto-injectors (EpiPens) for anaphylaxis or specialist treatments for epilepsy.

The setting must have:

- prescribed medication or other appropriately supplied emergency medication
- clear written information regarding the child's condition and medication
- written consent from the parent/carer allowing staff to administer medication
- appropriate staff training and evidence of competence where specialist treatment is required
- an individual healthcare plan or emergency plan where appropriate
- clear arrangements for what staff should do in an emergency
- Copies of relevant medical information will be retained securely and shared only with staff or professionals who need the information to safeguard the child.
- The setting will check with its insurance provider where specialist or invasive treatment is required.
- Please refer to the Administration of Medicines Policy for more detail.

Key person for children requiring additional medical support

For children requiring additional help with medical equipment or treatments to support everyday living, e.g. breathing apparatus, feeding tubes, colostomy bags or other specialist equipment:

- Prior written consent from the child's parent/carer must be obtained before staff administer treatment or prescribed medication.
- An appropriate individual healthcare plan and risk assessment will be completed where necessary.
- The key person and any other staff required to provide support must receive appropriate training and/or instructions from an appropriately qualified healthcare professional before the child will be allowed to start.
- Staff must only undertake procedures for which they have received appropriate instruction or training and feel competent to carry out safely.
- Relevant medical information and training records will be kept securely and reviewed regularly.
- The setting will liaise with parents/carers and relevant health professionals where the child's needs change.

Procedures for children who are sick or infectious

- If a child appears unwell during the session and is unable to participate comfortably in normal activities or requires a level of care that cannot reasonably be provided within the setting, a member of staff will contact the parents/carers and ask them to collect the child or arrange for a known authorised person to collect them.
- If a child has a high temperature/fever and is unwell, the child will be cared for away from other children as far as reasonably possible while awaiting collection.
- The child will be kept comfortable and monitored while waiting for their parent/carer. Staff will not use cold-water sponging over the whole body or other methods intended to rapidly reduce a child's temperature, however a damp cooling cloth may be applied to the forehead. Layers of clothing will be removed as necessary.
- Where appropriate, the child's temperature may be taken using a digital thermometer, in accordance with the setting's first aid and infection-control procedures.
- The setting can refuse admittance to a child who is unwell and unable to participate comfortably in normal activities, has a high temperature/fever and is unwell, or has an infectious illness for which the current UKHSA guidance recommends exclusion.
- Parents/carers should inform the setting if their child has been diagnosed with an infectious disease. This information will be deployed to all other parents, the child's name would not be shared.

- The setting will follow the current UKHSA public health exclusion periods for specific infectious diseases. These periods may differ according to the infection and will take precedence over a blanket exclusion period.
- Children with diarrhoea and/or vomiting must remain at home until at least 48 hours after their symptoms have stopped. If a child has 2 incidents of loose stools that is unusual for that child, then parents will be called to come and get them.
- Children with a high temperature/fever should remain at home until the temperature has resolved and the child is well enough to return. If a child has been sent home from preschool with a high temperature, then they will need to have 24 hours at home before returning.
- Children with mild symptoms such as a runny nose, sore throat or slight cough may generally attend if they are otherwise well and do not have a high temperature.
- Children who have been prescribed antibiotics will need to remain at home for 24 hours from the first dose, regardless of whether they have had the medication previously. The required exclusion period depends on the specific infection and current UKHSA guidance.
- Where a child has an infection for which a specific exclusion period applies, the setting will follow the current UKHSA guidance.
- The setting maintains access to the current UKHSA public health exclusion guidance and will review exclusion periods whenever national guidance is updated.
- If the setting is concerned about a possible outbreak or serious infectious disease, it will seek advice from the local Health Protection Team and follow any advice given.
- The setting has access to a current list of infectious diseases and recommended exclusion periods. This list is not exhaustive, and staff will refer to current UKHSA guidance where an infection is not listed.
 - The setting asks that any infectious disease such as hand, foot and mouth, thread worms, conjunctivas etc that can be transmitted by touching objects is treated at home until the child is no longer infectious.

Reporting of notifiable diseases

- Certain infectious diseases are legally notifiable. Healthcare professionals and laboratories have responsibilities for notifying cases to the relevant authorities.
- If the setting becomes aware that a child or member of staff has been diagnosed with a notifiable infectious disease, the manager will follow current UKHSA guidance and contact the local Health Protection Team where required.
- The setting will follow any advice provided by the local Health Protection Team regarding exclusion, infection control, communication with families and outbreak management.

- The manager will ensure that any notification required by Ofsted under the EYFS or other applicable requirements is made where appropriate.
- Confidentiality will be maintained when sharing information about infectious diseases, while ensuring that necessary information is provided to protect children, staff and families.

HIV/Hepatitis and infection-control procedure

- HIV and hepatitis B and C are blood-borne viruses. The same standard infection-control precautions should be followed when dealing with blood and other bodily fluids, regardless of whether an individual is known to have an infection.
- Single-use disposable gloves and aprons are worn when changing nappies, pants or clothing that are soiled with blood, urine, faeces or vomit where appropriate.
- Hands must be washed thoroughly after removing gloves and after contact with bodily fluids.
- Any cuts or broken skin on staff members' hands should be covered with a waterproof dressing.
- Soiled clothing is placed in a suitable bag for parents/carers to collect, in accordance with the setting's infection-control procedures.
- Spills of blood, urine, faeces or vomit are dealt with promptly using appropriate cleaning and disinfecting procedures and suitable personal protective equipment.
- Cleaning materials, disposable cloths and other contaminated waste are disposed of safely in accordance with the setting's infection-control procedures.
- Tables, furniture, furnishings, toys and other equipment affected by blood, urine, faeces or vomit are cleaned and disinfected appropriately.
- Staff must follow the setting's infection-control and hygiene procedures when dealing with bodily fluids.

Nits and head lice

- Head lice do not require exclusion from the setting. However, if head lice are detected then parents will be informed and the child sent home for an initial treatment.
- The child may then return to the setting the next day, if they are being treated and if they are otherwise well.
- Parents/carers should inform the setting if their child has head lice so that appropriate hygiene measures and communication can be considered.
- The setting will not routinely exclude children because of head lice or nits.

Review

This policy will be reviewed regularly and whenever relevant legislation, EYFS requirements, UKHSA guidance or other relevant public health guidance changes.

Agreed by all staff at Totterdown Preschool

Review as and when changes occur

STAFF ACKNOWLEDGEMENTS

Read by all staff at Totterdown Preschool October 2026