

## Sparkling Stars Pre-School Child Sickness Policy

### Childrens Act Regulations

Ofsted must be informed if a healthcare professional believes that a child under the care of the pre-school has contracted a notifiable illness or disease.

### Statutory Framework for the Early Years Foundation Stage

#### Section 3 - The safeguarding and welfare requirements – Health

1. 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.

### General

The pre-school provides an environment that is healthy for all attendees (staff & children). In order to maintain such an environment, all staff and children need to be fit, well and in good health; sick children i.e. those who pose a significant risk of infection to others, should remain at home.

### Pre-School Exclusion Periods

The following table provides the sickness exclusion policy adopted by the pre-school recommended by The Health Protection Agency

Illness or Condition	Exclusion Period
Bronchiolitis	Until the child has fully recovered
Chicken pox and shingles	Until at least 5 days after the appearance of the last crop of spots, when they are fully crusted over <i>and</i> when the child feels well enough.
Conjunctivitis	Until the eye is treated and appears normal again and at least 48 hours after the first course of antibiotics
Diarrhoea and/or vomiting	Until 48 Hours after the symptoms have ceased
“Slapped cheek” disease	Until the child feels physically well
Hand foot and mouth disease	Until all the blisters have healed
Head lice	Until the first course of treatment has been given
Hepatitis A	Until the child feels well <i>and</i> for 5 days after the onset of the jaundice
Impetigo	Until the infection has completely healed
Measles	Until at least 5 days after the rash first appears and the child is well enough
Mumps	Until 5 days after the onset of swollen glands
Ringworm	After the first course of treatment has been given
Rubella (German Measles)	Until at least five days after the rash first appears <i>and</i> the child is well enough
Scabies	After the first course of treatment has been given
Scarlet fever	Until at least 5 days after the first course of antibiotics has been given <i>and</i> the child is well enough
Threadworms	After the first course of treatment has been given
Verrucae	The verruca must be covered with a waterproof plaster or application of proprietary treatment or clear nail vanish
Whooping cough	5 days after the first course of antibiotics has been given and the child is well enough
A child on antibiotics	Until at least 48 hours after the first course of antibiotics has been given and the child is well enough
Meningitis viral	Until the child is well enough
Meningitis (meningococcal)	48 hours after treatment of antibiotics and when child feels well enough.
Meningitis (due to other bacteria)	48 hours after treatment of antibiotics and when child feels well enough.

If a child is found to have an infectious disease during an pre-school session the parent/ guardian will be immediately informed and the child will be excluded in accordance with the table above.

Children should not return to the pre-school after sickness, diarrhoea or vomiting for at least 48 hours after the cessation of the most recent episode.

### **Informing the Pre-School of Child Sickness**

Parents/guardians of sick children kept at home are asked to inform the Pre-School of the condition affecting the child as soon as possible.

Parents/guardians of sick children are asked to apply the exclusion policy as detailed in the table above.

### **Cuts & Sores**

Cuts and open sores are potentially high-risk areas for infectious diseases. Staff and parents/guardians are asked to ensure that children having cuts or open sores have the area appropriately dressed prior to attending the Pre-School.

### ***Pre-School Child Sickness Procedures***

If a child becomes unwell whilst they are at the Pre-School staff are to ensure that:

The parents are contacted immediately

A suitable rest area is allocated to the child

A member of staff remains with the child at all times

### **Incidents of Vomiting & Diarrhoea**

Where possible, the Leader or Key Person should attempt to ascertain the nature of the child's illness.

After the second bout of either diarrhoea or after the first bout of vomiting, the staff member is to inform the child's parent/guardian and to request that the child is collected from the Pre-School.

The parent is asked to keep the child at home for 48 hours after the last bout of vomit or diarrhoea.

### **High Temperatures**

Suspicious of high temperature should be checked using an aural thermometer.

If the child's temperature is above 38.5°C the parent/carer is called to advise them of the child's condition

Staff may attempt to reduce a child's temperature by:

Stripping the child down to their vest or nappy and removing sock and shoes.

Application of a cool compress to the back of the child's neck

Persistent high temperatures (i.e. lasting longer than 30 minutes) will necessitate the collection of the child by the parent/guardian.

### **Allergies**

Child allergies are potentially serious and may even be life threatening. Leaders are to ensure that the following procedures are followed:

A parent has notified the Pre-School by letter **or via the registration form** to inform us that their child has an allergy.

Ensure that a medical plan is obtained from the family's doctor or **medical professional**

Ensure that the **registration documents** are annotated with the details of the allergy, including symptoms and emergency treatment

Carry out any actions necessary to reduce the risk of contact with any substance that may precipitate an allergic reaction

Ensure that all staff are made aware of the child's condition

### ***Medication***

#### **Childrens Act Regulations**

The Pre-School must maintain records of all medicines administered to children.

#### ***Statutory Framework for the Early Years Foundation Stage***

##### ***Section 3 - The safeguarding and welfare requirements – Health***

1. Providers must have and implement a policy, and procedures, for administering medicines. It must include systems for obtaining information about a child's needs for medicines, and for keeping this information up-to-date. Training must be provided for staff where the administration of medicine requires medical or technical knowledge. Medicines must not usually be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given by a doctor)

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2. Medicine must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer. Providers must keep a written record each time a medicine is administered to a child, and inform the child's parents and/or carers on the same day.

## ***Pre-School Medication Policy***

### **General**

In accordance with regulatory requirements, it is the policy of the Pre-School to seek parental consent prior to the administration of prescribed and non-prescribed medicines to children in our care. Team leaders are responsible for the safe administration of all medicines to children within their department.

### **Storage**

All medicines are to be stored centrally in **the locked cabinet**, or if required in a sealed bag (clearly labelled with the relevant medicine form inside) in the refrigerator.

## ***Pre-School Medication Procedures***

### **Prescribed Medication**

Parents/guardians of children requiring prescribed medication within the child's time at the Pre-School are to complete a Prescribed Medication form. The form details:

Full name of the recipient

The name of the medication

The times that the medicine is to be administered

The amount of medicine to be administered on each occasion

The form is to be signed and dated by the parent/guardian.

The completed form is to be stored in the medication file.

### **Administration of a Prescribed Medicine**

When the time comes to administer the medicine, the staff member is to retrieve the medicine and associated form from the storage facility. Under the supervision of a Pre-School employee and using both the form and the bottle or receptacle, the medicine is to be administered in accordance with the following:

Positive check of child's name

Confirmation of the date and time

Positive check of the name of the medicine

Positive check of periodicity and amount to be administered

Again under supervision, dispense the exact prescribed amount using a clean measuring spoon or syringe and then:

Annotate the form and sign as having administered the medicine

Ensure that the witnessing employee countersigns the form

Return the medicine and form in its bag to the safe place of storage

When the parent/guardian collects the child, the form is to be shown to them and they are to be asked to countersign it once more.

Medicines will not be administered under the following circumstances:

If the medicine container does not clearly display a prescription label, unless it is an inhaler

If the medicine container does not clearly display the child's name

If the medicine container does not clearly display an expiry date and the day it was dispensed

### **Long Term Conditions Requiring Medication**

The Leader, in consultation with the child's parent/guardian and relevant health professionals is to ensure that all relevant information regarding the child's condition and medication is recorded on the medication form.

The Leader is to ensure that staff required to administer treatment are correctly trained to do so and that at least one of these persons is available on the premises at all times.