



Harvard Park Policies and Procedures:  
**Managing children with allergies, or who are  
sick or infectious**

*(including reporting notifiable diseases)*

## **50. Managing children with allergies, or who are sick or infectious**

*(Including reporting notifiable diseases)*

### **Policy statement**

We provide care for healthy children and promote health through identifying allergies and preventing contact with the allergenic substances and through preventing cross infection of viruses and bacterial infections.

### **Procedures for children with allergies**

When parents/carers start their children at the setting, they are asked if their child suffers from any known allergies, we will ask a parent/carer to supply us with a comprehensive list from other professionals that we can display for the staff and the cook. This is recorded on the registration form and all about me form.

If a child has an allergy, a care plan and risk assessment is completed 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. Epi-pen or salbutamol inhaler).
- Control measures – such as how the child can be prevented from contact with the allergen.
- Review measures.

This care plan and risk assessment form is kept in the child's personal file, and a copy is displayed where staff can see it as well as a copy in the kitchen. Additional copies may be displayed in the offices and medication cupboard.

No nuts or nut products are used within the setting. Staff, Students and Volunteers are aware of this and are asked to not bring any nuts or nut products in for their lunch or break times.

Parents/carers are made aware so that no nuts or nut products are accidentally brought in, for example to a party or as snacks in their pockets. We can also not take responsibility for cross contamination.

### ***Insurance requirements for children with allergies and disabilities***

- The insurance will automatically 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 your 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 your insurance provider.

- Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.
- 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, carers or guardian's prior written consent. This consent must be kept on file. It is not necessary to forward copy documents to your insurance provider.

### **Lifesaving medication & invasive treatments - adrenaline injections (Epi-pens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc.) or invasive treatments such as rectal administration of Diazepam (for epilepsy).**

The setting 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 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 letters relating to these children must first be sent to the Morton Michel Insurance Department for appraisal
- Confirmation will then be issued in writing confirming that the insurance has been extended.

### **Key person for special needs children - children requiring help with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc.**

The setting must have:

- Prior written consent from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
- Key person and at least 2 additional early year's educators are to have the relevant medical training/experience, which may include those who have received appropriate instructions from parents or guardians, or who have qualifications.
- Copies of all letters relating to these children must first be sent to the Morton Michel 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 contact our Insurance Department – COvea (formally Stirling).

**Further guidance:**

[Health protection in education and childcare settings - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

***Procedure for children who are sick or infectious***

- If children appear unwell during the day – have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – a member of staff calls the parents/carers and asks them to collect the child or send a known carer to collect on their behalf.
- **Public Health England's definition of Diarrhoea is 3 or more liquid or semi-liquid stools in a 24-hour period.**
- If a child has a temperature, top clothing may be removed to make them more comfortable, but children are not undressed or sponged down to cool their temperature. A high temperature should never be ignored, but it is a natural response to infection.
- The child's temperature is taken using a head strip thermometer or a digital forehead thermometer.
- If the child's or baby's temperature does not go down and is worryingly high, then we may give them Calpol after first obtaining verbal consent from the parent/carers where possible. This is to reduce the risk of febrile convulsions, particularly for babies and children under 2 years of age. Parents/carers will sign the medication record when they collect their child.
- The use of paracetamol-based medicines (e.g. Calpol) may not be agreed in all cases. A setting cannot take bottles of non-prescription medication to hold on a 'just in case' basis unless there is an immediate reason for the setting to do so. Settings do not normally keep such medication on the premises as they are not allowed to 'prescribe'. However, given the risks to very young babies to high temperatures, insurers may allow minor infringement of the regulations as the risk of not administering may be greater. Ofsted is normally in agreement with this. In all cases, Parents/carers of children under 2 years of age must sign to say they agree to the setting administering paracetamol-based medicine in the case of a high temperature on the basis that they are on their way to collect. Such medicine should never be used to reduce temperature so that a child can stay in the care of the setting for a normal day. The use of emergency medicine does not apply to children over 2 years old. A child over 2, who is not well, and has a temperature, must be kept cool and the parents/carers are asked to collect straight away. Whilst the brand name Calpol is referenced, there are other products which are paracetamol or Ibuprofen based pain and fever relief such as Nurofen for children over 3 months.
- **If child's paracetamol (Calpol or Nurofen) is administered, parents / carers must come and collect child with an hour of administration.**
- In an emergency an ambulance is called, and the parents/carers are informed.
- In extreme cases of emergency, the child should be taken to the nearest hospital and the parent/carers informed via an ambulance. Where an ambulance will not or is unable to attend at

the time of the call, a registered cab company will be contacted, and a familiar member of staff (often from their allocated room or keyperson) will accompany the child to the hospital.

- Parents/carers are asked to take their child to seek medical advice before returning them to nursery; the nursery can refuse admittance to children who have a temperature, sickness and diarrhoea (3 or more episodes in 24 hours) or a contagious infection or disease.
- Where children have been prescribed antibiotics, parents/carers are asked to keep them at home for 48 hours before returning to the setting. This is to see if any reaction occurs to the medication given.
- After sickness and / or diarrhoea, parents/carers are asked to keep children home for 48 hours or until a formed stool is passed and from the last time a child vomited. This is the same for any staff member showing these symptoms.
- Some activities, such as sand and water play, and self-serve snacks where there is a risk of cross contamination maybe suspended for the duration of the outbreak.
- We have a list of excludable diseases and current exclusion times. The full list is obtainable from: [Exclusion table – GOV.UK \(www.gov.uk\)](http://www.gov.uk) and includes common childhood illnesses such as measles.
- **Treatments are required for the following infectious diseases before a child is allowed back in the setting:** Conjunctivitis, Ringworm or Impetigo.
- The setting manager notifies the owners/trustees/directors if there is an outbreak of an infection (affects more than 3-4 children) and keeps a record of the numbers and duration of each event.

### ***Notifiable diseases and infection control***

If educators suspect a child who falls ill whilst in their care is suffering from a serious disease that may have been contracted in the United Kingdom or abroad, immediate medical assessment is required. The service manager or deputy will call **111** and inform parents/carers.

Preventative measures are taken to reduce the risk of an outbreak returning. When an individual shows signs of an infectious illness, they are advised not to attend the service. If a child is already at the setting, they will be made comfortable in a space away from other children to rest until they are able to be collected. The importance of thorough handwashing will be reiterated, and the educators will promote the 'catch it, bin it kill it' approach with children and young people.

In the case of an outbreak of a notifiable disease which has been confirmed by a medical professional, the setting manager will seek further advice from the UKHAS (UK Health Security Agency), if not already contacted by them.

The setting manager has a list of notifiable diseases and contacts the UKHAS or Ofsted in the event of an outbreak and acts on any advice given.

### **Unwell children upon arrival**

- On arrival it is vital that parents/carers inform a member of staff if they notice their child may be showing signs of being unwell. It is the responsibility of the parents/carers to ensure their child does not attend the setting if they are not fit to; this is a precautionary measure to prevent other children or staff from becoming ill.
- If a child is brought into the setting with a non-prescription medication to treat a temporary illness or appears to show signs of being unwell, the setting manager will use their discretion to decide whether a child is fit to remain at the setting.
- Children who have been given non-prescription prior to arrival at the setting, may be refused entry to the setting. This will be at the setting managers discretion.
- If a child who has previously been given non-prescription medication for a temporary illness and gains another raised temperature while in our care, parents/carers will be contact to collect their child or arrange for a collection.
- We will not administer further doses of pain relief.

### ***Infection Control for bodily fluids – transmissible viruses***

Transmissible Viruses such as HIV virus, Hepatitis, (A, B and C) are spread through body fluids. Hygiene measures are put in place to protect all staff and children/young people. These include single use vinyl gloves and aprons are worn when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.

- Protective rubber gloves are used for cleaning/slucing clothing after changing.
- Soiled clothing and bagged for parents/carers to collect. It is not possible to rinse or wash soiled items of clothing including underwear onsite.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; cloths used are disposed of with the clinical waste.
- Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are removed where possible and are cleaned using a disinfectant. For larger items such as furniture, these must be cleaned immediately with disinfectant.
- Baby mouthing toys must be cleaned prior to another baby using them. All toys/resources are cleaned regularly. As a minimum, this should be carried out weekly, using sterilising solution for plastic toys/resources.
- Children or families are not excluded because of HIV and any other illnesses

### **Handwashing**

Handwashing is a crucial infection control measure which reduces the spread of illness. Adults, children and young people should regularly wash their hands, and increase this where there is an infection outbreak.

This should be carried out by all:

- After outside breaks.
- Before all meals and snack times
- After using the toilet
- After nappy or clothing changes
- After the removal of personal protective equipment (PPE), including gloves
- After blowing noses
- Before and after administering medication.

Public Health England advises that children and staff should be encouraged to catch sneezes with a tissue, bin the tissues and wash their hands.

### ***Nits and head lice***

- Nits and head lice are not an excludable condition, although in exceptional cases a parent/carer or guardian may be asked to keep the child away from the setting until the infestation has cleared.
- On identifying cases of head lice, all parents/carers are informed and asked to treat their child's hair as well as the family if they are found to have head lice.

**Infection control:** Good practice infection control is paramount in early years settings. Young children's immune systems are still developing, and they are therefore more susceptible to illness.

### **Prevention**

- Minimise contact with individuals who are unwell by ensuring that those who have symptoms of an infectious illness do not attend settings and stay at home for the recommended exclusion time.
- Always clean hands thoroughly, and more often than usual where there is an infection outbreak.
- Ensure good respiratory hygiene amongst children and staff by promoting '*catch it, bin it, kill it*' approach.
- Where necessary, for instance, where there is an infection outbreak, wear appropriate PPE.

**Response to an infection outbreak:** Manage confirmed cases of a contagious illness by following the guidance from the [UK Health Security Agency \(UKHSA\)](#)

### **Informing others**

Early years providers have a duty to inform Ofsted where this is a confirmed case of a Notifiable Disease in their setting. Coronavirus is now classed as a 'Notifiable Disease'. Please note that it is not the responsibility of the setting to confirm a notifiable disease. This can only be done by a clinician

(GP or Doctor). If a child is displaying symptoms that indicate they may be suffering from a notifiable disease parents/carers must be advised to seek a medical diagnosis, which will then be 'notified' to the relevant body. Once a diagnosis is confirmed, it is the provider's duty to notify Ofsted and to take advice from the UKHSA.

### **Considerations for closure of our early years settings**

Closures have been raising both nationally and locally in Early Years settings this obviously has disrupted education for children. Advice has been sort from many providers from the Early Years and Childcare service about what can be done to avoid closures. Refer to [Nursery closures](#) document for more information. Where Harvard Park has concerns about the impact of staff absence (such as our Designated Safeguarding Person or first aiders), we will discuss them immediately with the registered person and the Early Years Team if considering closure.

### **Further Guidance**

Health protection in education and childcare settings - [Health protection in children and young people settings, including education - GOV.UK](#)

This Policies and Procedures pack was adjusted by Harvard Park.

Date meeting was held on 30/04/2026

Signed on behalf of the Directors and Proprietors

**Nicki Saunders and Tracey Milstead**