

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

Testlands is committed to the health and safety of all children and staff who play, learn and work here. As such, it will sometimes be necessary to require a sick child to be collected early from a session or be kept at home while they get better.

Parents/carers will be notified immediately if their child has become ill and needs to go home. Sick children will be comforted, kept safe and under close supervision, but away from the other children until they are collected.

If a child has had to go home prematurely due to illness, they should remain at home until they are better for at least 24 hours, or according to the times set out in the table below.

If a child or member of staff becomes ill outside Testlands hours, they should notify the setting they are attending as soon as possible. The minimum exclusion periods outlined in the table below will then come into operation.

If any infectious or communicable disease is detected at any Testlands setting, we will inform parents/carers as soon as possible. Testlands is committed to sharing as much information as possible about the source of the disease and the steps being taken to remove it.

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

If Testlands believes a child is suffering from a notifiable disease, identified as such under the Health Protection (Notification) Regulations 2010, they will inform the Local Health Protection Unit. They will also inform Ofsted if there are three or more cases at the same setting.

Current Notifiable Diseases:

Acute encephalitis	Invasive group A streptococcal disease
Acute infectious hepatitis	Legionnaires' Disease,
Acute meningitis	Leprosy
Acute poliomyelitis	Malaria
Anthrax	Measles
Botulism	Meningococcal septicaemia
Brucellosis	Mumps
Cholera	Plague
Coronavirus (COVID-19)	Rabies
Diphtheria,	Rubella
Enteric fever (typhoid or paratyphoid fever)	SARS
Food poisoning	Scarlet fever,
Haemolytic uraemic syndrome (HUS),	Tetanus
Infectious bloody diarrhoea	Tuberculosis
	Typhus

cough  
Yellow fever.

### **Head lice**

Viral haemorrhagic fever (VHF) Whooping

When a case of head lice is discovered, this will be handled carefully, safely and sensitively. The affected child will not be isolated from other children or excluded from activities or sessions. When the affected child is collected, their parent/carer will be informed in a sensitive manner. Other parents/carers will be informed as quickly as possible and given advice and guidance on treating head lice. Staff should also check themselves regularly for lice.

### **Minimum exclusion periods for illness and disease**

#### ***Disease Period of Exclusion***

#### **Rashes and skin infections**

Chickenpox 5 days from onset of rash

German measles (rubella) 6 days from onset of rash

Hand, foot and mouth None, but advice from the local Health Protection Unit should be sought if a large number of children are affected.

Impetigo Until lesions are crusted or healed, or 48 hours after commencing antibiotic treatment

Measles 4 days from onset of rash

Scabies Children can return after first treatment

Scarlet fever Child can return 24 hours after commencing antibiotic treatment Shingles Exclude only if the rash is weeping and cannot be covered. Slapped cheek None

Diarrhoea and vomiting illnesses 48 hours from last episode of diarrhoea and vomiting

#### **Respiratory infections**

Influenza Until recovered

Tuberculosis Consult the Local Health Protection Unit

Coronavirus (COVID-19) 10 days from onset of symptoms

Whooping cough 5 days from commencing antibiotic treatment or 21 days from onset of illness if no antibiotic treatment

#### **Other infections**

Conjunctivitis None, but contact the Health Protection Unit if an outbreak/cluster occurs.

Diphtheria Exclusion essential. Consult the Health Protection Unit. Hepatitis A 7 days from symptom onset

Hepatitis B/C/HIV/AIDS None

Meningococcal Until recovered

meningitis/ septicaemia

Mumps 5 days from onset of swelling

Threadworms None

Tonsillitis None

This list is not necessarily exhaustive, and staff will contact local health services if they are in any doubt.

## **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 a severe 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 kept accessible where our staff can see it.

All food allergies, severe or otherwise, are noted in the snack file (kept in the kitchen) so that staff and volunteers are aware of these when preparing snacks.

Nuts and nut products are used within the setting, but only when there is no child on roll, or staff member or volunteer present with an allergy to nuts.

If a child or staff member has an allergy to nuts, parents are made aware so that no nut or nut products are accidentally brought in, for example to a party.

## **Epilepsy and seizures**

This Policy has been written in line with information provided by Epilepsy Action, the Department for Education (DFE) and the Special Educational Needs Code of Practice.

Testlands recognises that epilepsy is a common condition affecting some children. As with all children, we will support those with epilepsy in all aspects and will nurture and encourage them to achieve their full potential.

Our policy is developed and understood by all staff. It ensures that all staff receive the relevant training about epilepsy, related seizures, and the administration of any emergency medication that may be required. Any new staff will also receive appropriate training.

When a child joins our setting, or an existing child is diagnosed with the condition, the Senior

Leader will arrange a meeting with the parents/carers to establish if or how the child's diagnosis may affect their experience at a Testland's setting. This should include the possible implications for learning, playing and social development. A nurse may also attend the meeting to talk through any concerns the family or staff may have. The following areas will be covered:

### *Record Keeping*

During the meeting the Senior Leader will discuss details of the pupil's epilepsy/seizures and learning and health needs. This document may include issues such as agreeing to administer medicines and any staff training needs. This information will inform the child's Health Care Plan, and once completed will be signed by the parents and the Senior Leader. A copy will be given to the parents. A further EMERGENCY COPY will be held with the original Health Care Plan in the Managing Medicines Folder. This information will be regularly reviewed and updated when necessary. All staff will be kept fully informed of any changes.

### *Medicines*

The child's Health Care Plan will contain the information highlighted above and identify any medication or first aid issues which staff need to be aware of. In particular, it will state whether the child requires emergency medication, and whether this medication is Rectal diazepam or Buccal midazolam. It will also contain the names of the members of staff who have been trained and would if necessary be administering the medication. If emergency medication is required, then our [administering medicines policy](#) will also contain details of the correct storage procedures in line with the DFES guidance found in Managing Medicines in Schools and Early Years Settings.

### *First Aid*

First Aid for the child's seizure type will be included on their Health Care Plan and all staff will receive basic first aid training on administering first aid. The following procedures for giving basic first aid for tonic-clonic seizures will be displayed on the Staff Notice Board.

- 1. Assess** – stay calm and assess the situation; are they in danger of hurting themselves?  
Remove any nearby objects that could cause injury.
- 2. Cushion** – Cushion the head to prevent them from head injury
- 3. Time** – Check the time the seizure starts and how long it lasts; if it lasts longer than usual for the child or continues for more than five minutes, then call an ambulance and administer medication.
- 4. Identity** – Need child's medical information
- 5. Over** – Once the seizure has finished aid breathing by gently placing the child in the recovery position; this helps drain saliva or vomit – never force; It can be normal for breathing to stop during the 'tonic' part of the seizure, the face may go pale; during the

'clonic' part breathing can be irregular.

**6. NEVER restrain** the child; never put something in their mouth or give them food or drink.

**7.** Do not try to move the child unless they are in danger.

**8.** Sometimes a child may become incontinent during their seizure. If this happens we will aim to cover them to avoid any embarrassment. When the child finishes their seizure, reassure them and protect their dignity and self-esteem.

**9.** Try and move the other children away as soon as possible.

**10.** ANY CONCERNS, CALL AN AMBULANCE

In the unlikely event that a problem arises, staff will be considered to have acted in good faith if our procedures have been followed.

### *Learning and Behaviour*

As a setting we recognise that some children may have special educational needs because of their condition. Following the initial meeting, the child's key person will continue to monitor their development, and if necessary highlight any areas of concern/delay. If there is any concern, a meeting will be arranged with the parents/carers and the Senior Leader and key person to share the observations, and if necessary set up an Individual Educational Plan. If there remains continued concern, then the Senior Leader may suggest with parental permission some additional support from other education or medical agencies.

### *Testlands Environment*

The above Epilepsy Policy applies equally within all our settings. This includes activities taking part at any setting. For outings, a separate risk assessment will be undertaken with staff, and any concerns held by the parent/carer or members of staff will be addressed at a meeting prior to any outing taking place.

### *Further Information*

The following information is taken from the DFES document Managing Medicines in Schools and Early Years Settings. It aims to highlight the importance of having a clear epilepsy policy and help staff understand their responsibility in ensuring the safety of a child with epilepsy at any Testlands setting.

The general guidance for ensuring the health and safety of children in school's states that it is the employer's responsibility (under the Health and Safety at Work Act 1974) to make sure Testlands have a health and safety policy which includes procedures for supporting children with medical needs. It is also the employer's responsibility to make sure that they have taken out Employer's Liability Insurance and that this insurance provides full cover for staff acting within full scope of their employment i.e. 'duty of care'.

In the day-to-day management of children's medical needs, parents should give Testlands information about the child's condition, including any relevant details from the child's GP, consultant or epilepsy specialist nurse. Parents are also responsible for supplying any information about their medicine their child needs and providing details of any change to the child's prescription or support required. There is no legal duty requiring Testlands staff to administer medication. However, Testlands should consider this issue as part of their accessibility planning duties. Staff are usually happy to train to administer emergency medication.

**Last reviewed:** August 2024

**Date of next review:** August 2025

Signed by: B. Stanley