Ready Steady Grow Pre-School

Safeguarding and Welfare Requirement: Health

Managing children who are sick, infectious, or with allergies

Policy statement

We are committed to promoting the health and wellbeing of all children in our care. We aim to:

- Prevent the spread of infection through robust hygiene, exclusion and reporting procedures.
- Respond promptly and safely to illness or allergic reactions.
- Ensure the needs of children with allergies or medical conditions are fully understood, recorded, and managed safely.
- Work in partnership with parents, health professionals and Public Health authorities.

This policy aligns with:

- EYFS statutory framework for group and school-based providers (effective 1 September 2026)
- UKHSA Health protection in children and young people's settings, including education (updated 7 September 2026)
- Health Protection (Notification) Regulations 2010
- Ofsted early years inspection toolkit and operating guidance in use from September 2026
- This policy reflects the EYFS statutory framework for group and school-based providers effective 1 September 2026 and UKHSA health-protection guidance updated 7 September 2026.
- The setting uses the current UKHSA public-health exclusion table rather than fixed local rules. Exclusion is condition-specific and may change when national guidance is updated.
- Children with mild respiratory symptoms who are otherwise well can usually attend. A child with more than mild symptoms, such as a high temperature, should stay away until well enough to return in line with UKHSA advice.
- For diarrhoea and/or vomiting, children stay away until 2 days (48 hours) after symptoms have stopped, unless UKHSA or a healthcare professional gives different condition-specific advice.
- Infection-control decisions consider children who may be at higher risk because of health conditions or SEND, and reasonable adjustments are made without compromising infection prevention or safety.

Procedures for children who are sick or infectious

Recognising Illness

- Children who are more than mildly unwell, have a high temperature, or cannot comfortably take part in normal activities should not attend. Mild symptoms alone do not automatically require exclusion; we follow the current UKHSA condition-specific exclusion table.

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- Fever/temperature
- Vomiting or diarrhoea
- General unwellness, rash, headache, stomach pains, or signs of possible infection
- Behaviour out of character due to illness

If a Child Becomes Unwell at the Setting

- A senior member of staff assesses the child and removes them from group play to rest in a quiet, supervised area.
- Parents/carers are phoned immediately and must collect their child promptly.
- An emergency contact will be called if parents cannot be reached.

Temperature Management

- Children with a high temperature will be kept comfortable, with excess clothing removed.
- We follow safe temperature-taking methods (digital thermometer).
- Paracetamol or other non-prescription medicine is administered only in accordance with our Administering Medicines Policy and the current EYFS requirements:
- Written permission must have been obtained for that particular medicine,
- the dose, timing and manufacturer's instructions must be followed and checked,
- medicine must not be used to mask significant illness or delay necessary collection or medical assessment,
- All administration is fully recorded.

In an Emergency

- If a child deteriorates rapidly, we call 999 immediately.
- Parents are contacted and informed.
- Any medicine given is recorded immediately and parents/carers are informed on the same day, or as soon as reasonably practicable.

Exclusion Periods

To minimise cross-infection:

- Vomiting or diarrhoea – children must remain at home for 48 hours after the last episode.
- Antibiotics do not create a blanket 48-hour exclusion. The child returns according to the current UKHSA exclusion period for the diagnosed infection and when well enough to participate. For example, some infections have a specific period after antibiotics begin.
- For an unexplained rash with fever or other signs of illness, parents/carers should seek medical advice. Return is based on the diagnosis, the child's wellbeing and the current UKHSA exclusion guidance.
- We follow all UKHSA exclusion guidelines.

Certain activities such as shared sensory play (sand, water, playdough) may be temporarily suspended during outbreaks.

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Reporting Notifiable Diseases

Some conditions require formal reporting to Public Health authorities.

- Registered medical practitioners have statutory notification duties for notifiable diseases. The setting also contacts the local UKHSA Health Protection Team when the current guidance advises this, including relevant outbreaks or incidents.
- When we become aware of a diagnosis, the Manager:
- Contacts the local UKHSA Health Protection Team when indicated by the current UKHSA guidance,
- Acts on any advice given (including possible temporary exclusions),
- Notifies Ofsted of food poisoning affecting two or more children cared for on the premises as soon as reasonably practicable and always within 14 days. Other significant events are reported to Ofsted where the EYFS/Ofsted reporting requirements apply; a closure or UKHSA contact does not by itself create a separate notification duty.

Nits and Head Lice

- Head lice are not normally a reason for exclusion.
- Parents/carers are informed sensitively and given treatment advice; treatment is recommended but head lice do not require exclusion from the setting.
- Persistent head lice are managed through confidential partnership with parents/carers; children are not excluded solely because head lice remain present.

Procedures for Children With Allergies

Initial Identification

- On registration, parents must disclose all known allergies or intolerances.
- A detailed Allergy Risk Assessment / Health Care Plan is completed, including:
- Identified allergen(s)
- Nature of the child's reaction
- Required medication
- Emergency procedures
- Prevention and control measures
- Review schedule (at least annually or sooner if needs change)

Visibility and Accessibility

- Health Care Plans are:
- Stored securely in the child's file,
- Displayed in staff areas where all practitioners can see allergy alerts,
- Shared with all staff, including temporary and agency workers.

Food Management & Prevention

- We operate an allergy-aware approach. Where a child's risk assessment requires it, families may be asked not to bring specified allergens (including nuts), but we do not describe the setting as completely allergen-free because accidental exposure cannot be guaranteed.

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- Parents are regularly reminded not to include nut products in lunchboxes or party food.
- Staff follow food hygiene and cross-contamination prevention procedures at all times.
- Allergy and intolerance information is obtained before admission, kept up to date through ongoing discussion with parents/carers and, where appropriate, health professionals, and shared with all staff who need it.
- An individual allergy action plan is developed for known allergies/intolerances. The setting may use the BSACI allergy action plan format where appropriate.
- All staff must understand the symptoms and treatment of allergy and anaphylaxis, the difference between allergy and intolerance, and that a child can develop an allergy at any time.
- At each meal and snack time a named member of staff checks that each child receives food that meets their dietary requirements and is prepared in a way that reduces choking risk. Children remain within sight and hearing of an adult while eating, in line with the current EYFS safer-eating requirements.
- Emergency allergy medication is readily accessible to trained staff, accompanies the child on outings, and is checked routinely for expiry and availability.

Medication & Insurance Requirements

General Principles

- All medication administration follows the current EYFS 2026 requirements and our Administering Medicines Policy.
- Prescription medicines are administered only when prescribed for that child by a doctor, dentist, nurse or pharmacist. Non-prescription medicines may be administered where permitted by our policy, with written permission for that particular medicine and in accordance with the manufacturer's instructions.
- Written permission from the parent/carer is required for each particular medicine. A written record is made each time medicine is administered and the parent/carer is informed the same day, or as soon as reasonably practicable.
- Medication is stored securely but easily accessible in an emergency.
- Medication is taken on outings.

Oral Medication

Includes inhalers.

- Must be clearly labelled and prescribed or contain manufacturer's directions.
- Staff receive appropriate training if required.

Life-Saving Medication / Invasive Treatment

Includes EpiPens, Jext pens, Buccal Midazolam, rectal Diazepam, etc.
We require:

- A letter from a GP/consultant confirming diagnosis and medication requirements.

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- Written parental consent.
- Evidence that staff have received appropriate training from a medical professional (e.g., community nurse).

Where required, insurance extensions will be confirmed before the child starts or before medication is administered.

Children with Complex Medical Needs (e.g., feeding tubes, oxygen, stoma care)

- The key person must have relevant training and feel competent.
- Written instructions must be provided by the parent and medical professional.
- Insurance extension must be confirmed before care begins.

Partnership with Parents

We work closely with parents to:

- Share information about symptoms, allergies, medication and health changes.
- Review health care plans annually or sooner if needed.
- Encourage honest communication about illness to keep all children safe.

Record Keeping

We maintain accurate records of:

- Illnesses and incident logs
- Medication administration
- Allergy Management Plans
- Staff training certificates
- Medical/emergency contact information

Staff Training

All staff receive ongoing training in:

- Recognising signs of illness
- Infection prevention
- Managing allergies and anaphylaxis
- Administering medication safely
- Following emergency procedures
- Reporting to UKHSA/Ofsted

Training and practice are reviewed against the current EYFS, UKHSA health-protection guidance and Ofsted early years inspection arrangements.

Safeguarding, outbreaks and escalation

If illness, repeated injury/medical presentation, lack of necessary medication, fabricated or induced illness, neglect, or any other concern suggests a child may be at risk of harm, staff

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follow the Child Protection Policy and report immediately to the DSL. Safeguarding action is not delayed while a medical explanation is explored.
For clusters, outbreaks or infections requiring specialist public-health advice, the manager follows UKHSA guidance and contacts the relevant Health Protection Team when indicated.
Advice from the London Borough of Bromley and other health partners is followed where applicable.
Confidential health information is shared on a need-to-know basis, but information may be shared without consent where necessary and lawful to safeguard a child or protect others from serious harm.

Current legal and guidance framework

Early Years Foundation Stage statutory framework for group and school-based providers, effective 1 September 2026
UKHSA: Health protection in children and young people's settings, including education, including the public health exclusion periods updated 7 September 2026
Health Protection (Notification) Regulations 2010
Human Medicines Regulations 2012
Food Information Regulations 2014 and current EYFS safer-eating/allergy requirements
Equality Act 2010 and SEND Code of Practice: 0 to 25 years
Ofsted: Report a serious childcare incident, current September 2026 guidance
London Borough of Bromley / Bromley Safeguarding Children Partnership procedures where relevant