



St Nicolas Playgroup

Poorly children

1.0 Introduction

This policy has been devised to ensure that children who become unwell whilst at the playgroup are treated with sensitivity and respect. It is also to help us to protect other children from illness and the spread of infection. Children should not be left at playgroup if they are unwell. If a child is unwell then they will prefer to be at home with their parent(s) rather than at playgroup with their peers.

2.0 Procedure

We will follow these procedures to ensure the welfare of all children within the playgroup:

- If a child becomes ill during the day, the parent(s) will be contacted and asked to pick their child up as soon as possible. During this time the child will be cared for in a quiet, calm area with their key person or another familiar member of staff.
- Should a child have an infectious condition, such as an ear infection or sickness and diarrhoea, they should not return to playgroup until they have been clear for at least 48 hours.
- It is vital that we follow the advice given to us by our registering authority and exclude specific contagious conditions, e.g. sickness and diarrhoea, and chickenpox to protect other children in the playgroup. Illnesses of this nature are very contagious, and it is exceedingly unfair to expose other children to the risk of an infection.
- If a contagious infection is identified in the playgroup, parents will be informed to enable them to spot the early signs of this illness. All equipment and resources that may have come into contact with a contagious child will be cleaned and sterilised thoroughly to reduce the spread of infection.
- It is important that children are not subjected to the rigours of the playgroup day, which requires socialising with other children and being part of a group setting when they have first become ill and require a course of antibiotics. Our policy, therefore, is to exclude children on antibiotics for the first 48 hours of the course.
- The playgroup has the right to refuse admission to a child who is unwell. This decision will be taken by the manager on duty and is non-negotiable.

- If a parent finds that their child has head lice, we would be grateful if they could inform the playgroup so that other parents can be alerted to check their child's hair to minimise the spread.



3.0 Meningitis Procedure

If a parent informs the playgroup that their child has meningitis, the playgroup manager should contact their LA and Ofsted. This is the same for any infectious disease such as measles.

4.0 If an unwell or infectious child comes into the playgroup

The manager or deputy manager reserves the right not to accept any child who is unwell into the playgroup. It is unfair for the child to be there when they need to be with their parent/carers or have one-to-one attention. It is also unfair to the rest of the children in attendance if they are unknowingly in contact with an illness or infection.

5.0 Diarrhoea and vomiting

All children must be kept away from the playgroup for a minimum of 48 hours after the last episode of diarrhoea or vomiting. If a child is sent home from the playgroup the 48 hours exclusion still applies. Therefore, if your child is due on the following day, they will not be able to attend. Children should only return to playgroup when they are well enough and have regained their appetite.

6.0 Fever

All children must be kept away from the playgroup for a minimum of 24 hours or until their fever has returned to normal. If a child is sent home from the playgroup the 24 hours exclusion still applies. Therefore, if your child is due in the following day, they will not be able to attend. The playgroup will not administer any medication that has not been prescribed by their doctor, pharmacist or dentist e.g. Calpol, Nurofen, etc.** Playgroup staff have the right to refuse to administer any medication with which they feel uncomfortable. Please see our *Medicines Policy* for more detail.

Please can all parents respect our staff team's decisions as our policies are in place to prevent infection from spreading around the playgroup and to more vulnerable individuals.



7.0 If a child becomes unwell whilst at the playgroup

If a child begins to show signs or symptoms of illness they should firstly be comforted by staff, preferably the key person. This should be in the form of reassurance, both verbal and physical as appropriate, e.g. cuddles. No prescribed medication may be given unless prior permission was obtained from the parent/carer that day and the stated dose is due to be given at that time.

The manager or deputy manager should be informed of any child who appears to be feeling unwell. If, after staff have done everything they can to make the child more comfortable, and there is no sign of improvement, then the manager or deputy manager will discuss whether or not to contact the parent/carers to come and collect the child.

Management must be informed when a member of staff wants to call a parent regarding a sick child. If it is deemed to be in the best interests of the child to go home, the manager, deputy manager, or key person will ring the parent/carers. They will explain the signs and symptoms the child is displaying and ask them to come and collect him/her. If the manager, deputy manager, or key person is unable to contact the parent/carer they will then go on to the next person on the contact list, usually, the second parent/carer, continuing down the list of authorised persons as necessary.

Whilst their parent/carers are being contacted the child should continue to be comforted by members of staff. Plenty of fluids should be offered to the child and if their temperature is higher or lower than usual this should be addressed immediately. Any other symptoms should be treated as necessary. The child should always be treated with the utmost sensitivity and respect as feeling poorly can be distressing and quite frightening for a child. They should have a staff member with them, preferably their key person, until their parent/carer or authorised person arrives to collect them. The child should have privacy as much as possible and be able to be in a quiet area away from other children, with the staff member. Usually, a quiet area can be made. Should a child's symptoms deteriorate whilst waiting for their parent/carers the manager or deputy manager should be informed immediately. If the manager or deputy manager feels that it's necessary, they should call for an ambulance. The manager or deputy manager must then inform the parent/carers to meet them at the local hospital. First aid should be administered to the child as necessary.



8.0 Transporting children to hospital - procedure for staff

- If the sickness is severe, call for an ambulance immediately. DO NOT attempt to transport the sick child in your own vehicle.
- Whilst waiting for the ambulance, contact the parent and arrange to meet them at the hospital. A senior member of staff must accompany the child and collect together registration forms, relevant medication sheets, medication, and the child's comforter. A member of the management team must also be informed immediately.
- Remain calm at all times. Children who witness an incident may well be affected by it and may need lots of cuddles and reassurance. If you are confident and assertive the child will feel reassured.

9.0 Calling an ambulance

Dial 999 and ask for an ambulance. Answer all questions honestly and clearly. The manager or deputy manager and key person if possible, will go with the child to the hospital, taking the child's registration form which includes all their medical details and the consent for medical attention, and any of the child's special comforters. Reports should be written up by the manager/deputy manager, key person, and any witnesses to be kept on file. Members of staff will be offered time out and an opportunity to discuss what happened and how they are feeling.

10.0 Febrile convulsions, anaphylactic shock and any other fit or seizure

If a child has any of the above an ambulance must be called immediately and the same steps taken as above. Anaphylaxis typically presents with many different symptoms over minutes or hours with an average onset of 5 to 30 minutes if exposure is intravenous and 2 hours for foods. The most common areas affected include skin (80–90%), respiratory (70%), gastrointestinal (30–45%), heart and vasculature (10–45%), and central nervous system (10–15%) with usually two or more being involved. Anaphylaxis is a medical emergency that may require resuscitation measures such as airway management, supplemental oxygen, large volumes of intravenous fluids, and close monitoring. Administration of epinephrine (EpiPen) may be required and only staff with EpiPen training should be called upon to administer such treatment.

11.0 **Paracetamol based medicines (e.g. Calpol)

Our setting cannot take bottles of non-prescription medicine from parents to hold on a 'just in case' basis, unless there is an immediate reason for doing so. Settings do not normally keep such medicine on the premises

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as they are not allowed to 'prescribe'. Such medicine should never be used to reduce the temperature so that a child can stay in the care of the setting for a normal day. Children should not attend setting if they are reliant on paracetamol to feel well. A child who is not well, and has a temperature, must be kept cool and the parents 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.

12.0 Covid 19

All children displaying signs and symptoms should stay away from the setting for at least 5 days or until they receive a negative Lateral Flow Test.

This policy was reviewed by:	The Manager	Signed
On:	Date: 21 August 2025	VE Evans
Date of next review:	Date: 21 August 2026	