

Health

Managing children with allergies, or who are sick or infectious

(Including reporting notifiable diseases)



Policy statement

We provide care for healthy children through preventing cross infection of viruses, bacterial infections and promote health through identifying allergies and preventing contact with allergenic substance. We identify food ingredients that contain recognised allergens and display this information for parents.

Procedures for children with allergies

- When children start at the setting parents are asked if their child suffers from any known allergies. This is recorded on the registration form.
- If a child has an allergy, a risk assessment form 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. EpiPen).
 - Control measures ("remove the -") such as how the child can be prevented from contact with the allergen.
 - Review.
- This form is kept in the child's personal file and a copy is displayed where staff can see it.
- Parents train staff in how to administer special medication in the event of an allergic reaction.
- A Health care plan will also be completed.
- Generally, no nuts or nut products are used within the setting.
- Parents are made aware so that no nut or nut products are accidentally brought in, for example to a party.

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 our insurance provider must be obtained to extend the insurance.

At all times the administration of medication must be compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage and follow procedures based on advice given in *Managing Medicines in Schools and Early Years Settings* (DfES 2005)

Oral Medication

Asthma inhalers are now regarded as "oral medication" by insurers and so documents do not need to be forwarded to our 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' or guardians' prior written consent. This consent must be kept on file. It is not necessary to forward copy documents to your insurance provider.
- **A child who has been prescribed an inhaler must bring it to each session. For the safety of the child, they will not be able to stay at Preschool if they arrive without their inhaler.**

Lifesaving medication & invasive treatments

Adrenaline injections (EpiPens) 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;
 - 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 Preschool Learning Alliance Insurance Department for appraisal. Confirmation will then be issued in

writing confirming that the insurance has been extended.

- A child who has been provided with an EpiPen, or any other long-term medication, must bring it to each session. For the safety of the child they will not be able to stay at Preschool if they arrive without this medication.
- **Treatments, such as inhalers or EPIPENS are immediately accessible in an emergency.**

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, 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 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 Pre-school Learning Alliance Insurance Department for appraisal. Written confirmation that the insurance has been extended will be issued by return.

If you are unsure about any aspect, contact the Pre-school Learning Alliance Insurance Department on 020 7697 2585 or email membership@pre-school.org.uk.

Procedures 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 – the supervisor calls the parents and asks them to collect the child or send a known carer to collect on their behalf.
- If a child has a temperature, they are kept cool by removing top clothing and kept away from draughts.
- The child's temperature is taken using a 'Temporal infrared thermometer' kept in the first aid box.
- In extreme cases of emergency, the child should be taken to the nearest hospital and the parent informed.
- Parents are asked to take their child to the doctor before returning them to preschool; the preschool can refuse admittance to children who have a temperature, sickness, diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics, parents are asked to keep them at home for 48 hours before returning to the setting.

- After diarrhoea * has stopped, parents are asked to keep children home for 48 hours or until a formed stool is passed.
- Some activities such as sand and water play and self-serve snack will be suspended for the duration of any outbreak.
- The setting manager notifies their line manager (Committee Chair) 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.
- If staff suspect that a child who falls ill whilst in their care is suffering from a serious disease that may have been contracted abroad such as Ebola, immediate medical assessment is required. The setting manager or deputy calls NHS111 and informs parents.
- The setting has a list of excludable diseases and current exclusion times. The full list is obtainable from www.hpa.org.uk/servlet/ContentServer?c=HPAweb_C&cid=1194947358374&pagename=HPAwebFile and includes common childhood illnesses such as measles.

*Diarrhoea is defined as 3 or more liquid or semi-liquid stools in a 24-hour period.

(www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-9-managing-specific-infectious-diseases#diarrhoea-and-vomiting-gastroenteritis)

Reporting of 'notifiable diseases'

- If a child or adult is diagnosed suffering from a notifiable disease under the Health Protection (Notification) Regulations 2010, the GP will report this to the Health Protection Agency.
- When the setting becomes aware, or is formally informed of the notifiable disease, the supervisor/chair informs Ofsted and acts on any advice given by the Health Protection Agency.

HIV/AIDS/Hepatitis procedure

- HIV virus, like other viruses such as Hepatitis, (A, B and C) are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults.
- 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/sluicing clothing after changing.
- Soiled clothing is bagged for parents to collect.

- 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 cleaned using a disinfectant.

Nits and head lice

- Nits and head lice are not an excludable condition, although in exceptional cases a parent may be asked to keep the child away until the infestation has cleared.
- On identifying cases of head lice, all parents are informed and asked to treat their child and all the family if they are found to have head lice.

COVID-19 Update

During the COVID-19 outbreak, any child showing symptoms, such as a high temperature; a new, continuous cough; loss of taste or smell, the following sequence of actions need to be taken:

1. Child presents with symptoms; parents are requested to collect child and seek diagnosis from GP or take further advice from NHS 111.
2. Child's parents are requested to inform setting of outcome/diagnosis and keep child at home for the recommended exclusion period. For cases of suspected Coronavirus, staff and service users must adhere to current Government advice regarding self-exclusion even if no symptoms are present.
3. For confirmed cases of a notifiable disease and Coronavirus the setting must contact their local Health Protection Team (HPT) as soon as possible for further guidance. The line manager will inform the owner/trustees/directors and retain a confidential record.
4. Acting on the advice of the local HPT, the setting will either:
 - close for a set period and undertake a deep clean
 - carry on as usual but also undertake a deep clean
5. If a notifiable disease is confirmed, staff must inform the line manager immediately and Ofsted must be informed within 14 days. Cases of confirmed Coronavirus should be treated as a notifiable disease.
6. A deep clean is undertaken at the soonest opportunity following any illness outbreak. Hand hygiene messages are reinforced, and staff are vigilant to any further signs of infection.

The manager continues to liaise with the HPT as required and keeps a full record of children affected, how long they are away from the setting and the date on which they return.

Further guidance

[Good Practice in Early Years Infection Control](#) (Alliance 2009)

[Medication Administration Record](#) (Early Years Alliance 2019)

Guidance on infection control in schools and other childcare settings (Public Health Agency)
https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf

Authorisation & Review

This policy was adopted at a meeting of Wroughton Preschool

Held on _____

Date to be reviewed Yearly at AGM

Signed on behalf of the management
committee _____

Name of signatory _____

Role of signatory (e.g. chair/owner) Chairperson