

## **1.16 Policy for the Management of Children with Allergies or who are Sick or Infectious**

### **Aims**

- To provide a healthy and safe environment by identifying allergies and preventing contact with the allergenic substance.
- To provide a healthy and safe environment by preventing cross-infection of viruses and bacterial infections.
- To work closely with parent, carers and outside agencies to ensure that children's medical needs are provided for.

### **Procedures**

When parents start their children at the pre-school they are asked if their child suffers from any known allergies. This is recorded on the registration form.

If a child has an allergy, an Individual Health Care Plan is completed with parent recording the allergen, the symptoms of an allergic reaction, what to do in case of allergic reaction and other relevant medical details/contacts.

This form is kept in the Individual Health Care Plan Folder and the child's details and allergy are displayed on the notice board in the kitchen.

Parents train staff in how to administer special medication in the event of an allergic reaction.

Generally, no nuts or nut products are used within the pre-school.

Parents are asked to inform us when packed lunches contain nuts so contamination with nut-free lunches can be avoided.

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

Our insurance automatically includes 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 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.

Parents will be asked to fill in an Individual Health Care Plan (and asthma card if necessary) 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.

Parents or guardians must provide prior written consent for staff to administer the medication (Consent for the Administration of Medicine Form) and this consent must be kept with the Individual Health Care Plan. It is not necessary to forward copy documents to our insurance provider.

## **Life saving 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; 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 Pre-school Learning Alliance 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.

- 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 staff are unsure about any aspect, contact the Pre-school Learning Alliance Insurance Department on 020 7697 2585 or email [membership@pre-school.org.uk](mailto:membership@pre-school.org.uk).

## **Procedures for children who are sick or infectious**

If a child has any symptoms that require removal from the pre-school (see below) or appears not to be well enough to participate in activities during the day the manager should:

- Immediately separate the child from other children.
- Contact parents and ask them to collect the child, or send a known carer to collect on their behalf.
- Continue to observe the child for symptoms.
- If the child does not respond to you, is having trouble breathing or is having a convulsion, call 999.
- If a child has a temperature, they are kept cool, by removing top clothing, sponging their heads with cool water, but kept away from draughts.

Temperature is taken using an ear thermometer kept near to the first aid box.

Parents are asked to take their child to the doctor before returning them to pre-school; the pre-school can refuse admittance to children who have a temperature, sickness and 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 pre-school.

After diarrhoea or sickness parents are asked to keep children home for 48 hours or until a formed stool is passed.

## **Symptoms requiring removal of a child from the childcare setting**

The setting has a list of excludable diseases and current exclusion times. See attached sheet: **Health Protection for Schools, Nurseries and Other Childcare Facilities: Exclusion Table**

- Fever: in children under five, a fever (high temperature) is a temperature over 37.5°C (99.5F)
- Diarrhoea: runny, water or bloody stools
- Vomiting: 1 or more times in 48 hours
- Body rash with fever
- Sore throat with fever and swollen glands
- Severe coughing: child gets red or blue in the face or makes high-pitched whooping sound after coughing.

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

If a child or adult is diagnosed suffering from a notifiable disease under the Public Health (Infectious Diseases) Regulations 1988, the GP will report this to the Health Protection Agency.

When the pre-school becomes aware, or is formally informed of the notifiable disease, the manager informs Ofsted and acts on any advice given by the Health Protection Agency. See attached sheet: **What To Do If You Suspect an Outbreak of Infection**

## **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.

Soiled clothing is bagged for parents to collect.

Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution; cloths used are disposed of.

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.

This Policy was updated 1/3/18

Manager's signature \_\_\_\_\_ Date \_\_\_\_\_