



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

(Including reporting notifiable diseases)

### **Policy statement**

We aim to provide care for healthy children through preventing cross infection of viruses and bacterial infections and promote health through identifying allergies and preventing contact with the allergenic trigger.

### **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 manager will call the parents and ask them to collect the child, or send a known carer to collect the child on their behalf.
- 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 a 'fever scan' kept near to 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 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 the setting.
- After diarrhoea and sickness, parents are asked to keep children home for 48 hours.
- Some activities, such as sand and water play, and self-serve snacks where there is a risk of cross-contamination may be suspended for the duration of any outbreak.
- The setting has a list of excludable diseases and current exclusion times. The full list is obtainable from [www.hpa.org.uk/webc/HPAwebFile/HPAweb\\_C/1194947358374](http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947358374) and includes common childhood illnesses such as measles.

### *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 Public Health England.
- When we become aware, or are formally informed of the notifiable disease, our manager informs Ofsted and contacts Public Health England, and acts on any advice given.

### *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/slucing clothing after changing.
- Soiled clothing is rinsed and 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 appropriately.
- 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.

#### **Procedures for children with allergies**

- When parents start their children at the setting they 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 – such as how the child can be prevented from contact with the allergen.
  - Review measures.
- This form is kept in the child's personal file and staff are notified of the details. It is recorded in brief against the child's details on the group list.
- 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 setting.
- Parents are made aware so that no nut or nut products are accidentally brought in, for example to a party.

## 6.2 (a) 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 will be obtained to extend the insurance.
- At all times we ensure that the administration of medication is compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage.

### Procedures

#### *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 are adhered to for the correct storage and administration of the medication.
- The preschool 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 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.
- The setting's insurance may need to be extended in such a circumstance, in which case the manager will contact the insurance provider, follow the required procedures and obtain written confirmation of the extension of insurance.

*A key person for special needs children requiring assistance with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc.*

In this case the setting requires:

- Prior written consent from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
- The key person to have the relevant medical training/experience, which may include receiving appropriate instructions from parents or guardians.
- The setting's insurance may need to be extended in such a circumstance, in which case the manager will

contact the insurance provider, follow the required procedures and obtain written confirmation of the extension of insurance.

### Further guidance

- Good Practice in Early Years Infection Control (2009)
- Medication Administration Record (2013)

This policy was reviewed by	<u>The Fledgelings Preschool</u>
On	<u>16/08/2017</u>
Date to be reviewed	<u>August 2019</u>
Signed on behalf of the provider	<u></u>
Name of signatory	<u>Rachel Bell</u>
Role of signatory	<u>Committee Member</u>