

## 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

We regret that we are unable to care for children who are unwell. Children must be well enough to attend Pre-School, as it is unfair on the child, the staff and the other children if a child is obviously unwell when he/she comes to Pre-School. The staff have a right to refuse admission if they feel a child is too unwell or poses a risk to others. A child cannot come to Pre-School if they have had Calpol in the last 24 hours.

- If a child appears unwell during the day e.g. become very lethargic, have a temperature, rash, sickness, diarrhoea or pains, particularly in the head or stomach, the manager or designated person 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.
- Temperature is taken using a digital thermometer kept in the Kitchen
- If the child's temperature does not go down and is worryingly high, then we may give them Calpol before a parent/carers can collect them (to reduce the risk of febrile convulsions). We always aim to get verbal consent from the parent before giving the child Calpol, however we would go ahead and administer for the safety of the child if the parent was uncontactable. Parents sign the medication record when they collect their child.
- In extreme cases of emergency an ambulance will be called and the parent informed.
- We record when children are sent home due to illness. The form is signed by staff and parents and stored in the child's individual file.
- Parents are asked to take their child to the doctor before returning them to pre-school; we can refuse admittance to children who have a temperature, sickness and/or diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics for an infectious illness or complaint, parents are asked to keep them at home for 48 hours before returning to the setting.
- Where children have been sedated or received an anaesthetic, parents are asked to keep them at home for 48 hours before returning to the setting.
- After diarrhoea or vomiting, parents are asked to keep children at home for 48 hours following the last episode.



- 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 is also displayed in the setting foyer and includes common childhood illnesses such as measles.

#### *Temporary injuries*

We strive to accommodate children with temporary injuries i.e. broken limbs. We liaise closely with parents to ensure we can keep children safe and meet their needs in the setting. Each injury will be assessed on an individual, case by case basis. A risk assessment must be carried out before the children can return to Pre-School.

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

- If a child or adult is diagnosed as suffering from a notifiable disease under the Health Protection (Notification) Regulations 2010, the GP will report this to Public Health England. When the setting becomes aware, or is formally informed of the notifiable disease, the manager informs Ofsted (in writing to [cie@ofsted.gov.uk](mailto:cie@ofsted.gov.uk)) 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/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; 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.

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

- When children start at the setting we ask their parents 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. an adrenalin injection e.g. Epipen or Jext).
  - Control measures – such as how the child can be prevented from contact with the allergen.
  - Review measures.
- This risk assessment form is kept in the child's personal file and a copy is displayed where staff can see it.
- A health care plan will also be completed.
- A professional would 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 and visitors to the setting are made aware of the above so that no nut or nut products are accidentally brought in, for example to a party.
- Children, and visitors to the setting wash their hands on arrival.

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

- If necessary, our 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.**
- 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.
  - We 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 Pre-School 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).
  - We 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.
- o Copies of all three letters relating to these children must first be sent to the Early Years Alliance Insurance Department for appraisal. Confirmation will then be issued in writing confirming that the insurance has been extended.
- Treatments, such as inhalers or EpiPens are immediately accessible in an emergency
  - Key person for special needs children requiring help with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc.
    - o We need prior written consent from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
    - o 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.
    - o Copies of all letters relating to these children must first be sent to the Early Years Alliance Insurance Department for appraisal. Written confirmation that the insurance has been extended will be issued by return.
  - If we are unsure about any aspect, we contact the Early Years Alliance Insurance Department on 020 7697 2585 or email [membership@eyalliance.org.uk](mailto:membership@eyalliance.org.uk).

This policy was adopted at a meeting of

Crick Pre-School

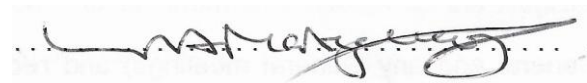
Held on

19<sup>th</sup> January 2022

Date to be reviewed

January 2023

Signed on behalf of the management committee



Name of signatory

Laura Montgomery

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

Chair

#### Other useful Early Years Alliance publications

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