



Managing Children with Allergies, or Who are Sick or Infectious Policy

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Version Control Log

Date	Date agreed with Managers	Overview of changes
October 2019	October 2019	Review of policy in conjunction with the Pre-School Learning Alliance policy

Policy

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 substance.

Procedures for children who are sick or infectious

- If children appear unwell during the day – for example, if they have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – the Manager will call the parents/carers and ask them to collect the child, or to 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 and sponging their heads with cool water but kept away from draughts.
- The child's temperature is taken using a forehead thermometer strip, kept in the first aid box.
- In extreme cases of emergency, an ambulance is called and the parent/carers informed.
- Parents/carers are asked to take their child to the doctor before returning them to the setting; the setting can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics for an infectious illness or complaint, parents/carers are asked to keep them at home for 48 hours before returning to the setting.
- After diarrhoea, parents/carers are asked to keep children home for 48 hours following the last episode or until a formed stool is passed.
- 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.

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 and contacts Health Protection Agency, and act[s] 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. At Little Owls we:

- Wear single-use vinyl gloves and aprons when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Wear protective rubber gloves for cleaning/slucing clothing after changing.
- Rinse soiled clothing and either bag it for parents/carers to take home for cleaning or launder it in the setting.
- Clean spills of blood, urine, faeces or vomit using mild disinfectant solution and mops and any cloths used are disposed of with the clinical waste.
- Clean any tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit using a disinfectant.

- Ensure that children do not share tooth brushes, which, if used, are also soaked weekly in sterilising solution.
- **Nits and head lice**
- Nits and head lice are not an excludable condition; although in exceptional cases we may ask a parent/carer to keep the child away until the infestation has cleared.
- On identifying cases of head lice, we inform all parents/carers ask them 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/carers if their child suffers from any known allergies. This is recorded on the Registration Form.
- **If a child has an allergy, we complete a risk assessment form (Appendix A) 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 risk assessment form is kept in the child's personal file and a copy is displayed where staff can see it.
- Parents/carers must train staff in how to administer special medication in the event of an allergic reaction.
- **If a child has a severe nut allergy Little Owls reserves the right to implement a 'no nut' policy within the setting. All parents/carers will be informed of this.**
- At all times we ensure that the administration of medication is 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:
 - 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.
 - We adhere to all risk assessment procedures for the correct storage and administration of the medication.
 - We must have the parents/carers or guardians prior written consent. This consent must be kept on file.

Life-saving Medication and Invasive Treatments:

These include 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/carer or guardian allowing staff to administer medication; and
 - **training (and proof thereof) in the administration of such medication by the child's**

parent/carer.

- 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:
- Prior written consent must be obtained from the child's parent/carer or guardian to give treatment and/or medication prescribed by the child's GP.
- The key person must have the relevant medical training/experience, which may include receiving appropriate instructions from parents/carers or guardians or who have the qualifications.

Risk assessment

Risk Assessment Template

Activity:

Company name:

Date of risk assessment:

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to control this risk?	Action by who?	Action by when?	Done