

Managing children with allergies, or who are sick or infectious. (Including reporting notifiable diseases)

Policy statement

Katey's Nursery & Pre-School provide care for healthy children and promote health through identifying allergies and preventing contact with the allergenic substance and through preventing cross infection of viruses and bacterial infections.

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.
 - Reviewed on a termly basis.
- 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.
- 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.

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".

- 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.

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.

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.

A high temperature and febrile convulsions:

Young children, especially under three-year-olds can quickly and for no apparent reason develop a high temperature. Febrile seizures (fits) can occur in children when they have a fever (a temperature of 38°C /101.3°F or above), usually when the fever is in its early stages. The seizure can often happen before you realise your child is ill and can occur as a result of an infection or inflammation. Although not common they are not particularly rare either, for this reason we provide Calpol for us to administer should your child have a temperature. However, following the nursery policy we must be able to contact you to obtain permission to administer Calpol and inform you if your baby is unwell as therefore is unable to stay at nursery. If for some reason you are not contactable on your usual phone numbers, you must leave an alternative number for that day or a contact who we will be able to reach in case you are not available.

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 calls the parents and asks 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, 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 nursery; the nursery can refuse admittance to children who have; a temperature, sickness, diarrhoea, contagious infection or disease or have been administered Calpol.

- Where children have had a temperature or have been administered Calpol or prescribed antibiotics, parents are asked to keep them at home for 24 hours before returning to the setting.
- After vomiting or diarrhoea, parents are asked to keep children home for 48 hours or until a formed stool is passed.
- The setting has a list of excludable diseases and current exclusion times. The full list is obtainable from www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf and includes common childhood illnesses such as measles.

Conjunctivitis Policy:

From the onset of any signs of conjunctivitis or general eye infection/irritation the Nursery requires the child to be seen by a Doctor.

- The Nursery requires written confirmation from the Doctor if no medication is prescribed (indicating a viral form of conjunctivitis) and the Doctor is happy for the child to attend Nursery. Providing there are less than four children with viral conjunctivitis, the Nursery will admit the child. If these numbers are exceeded, then the cases of conjunctivitis are not isolated, and the Nursery will have no option but to request the child remains at home to prevent an epidemic.
- **If medication is prescribed, the child can attend Nursery 24 hours after commencing the medication and providing the parent has signed the medication sheet with dosage and times, please note: without prior written consent we will not be able to administer medication.**
- The Nursery reserves the right to send any child home if senior staff feels that the child is not well enough to attend Nursery.

Reporting of 'notifiable diseases':

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

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/sludging clothing after changing.
- Soiled clothing is rinsed and either bagged for parents to collect or laundered in the nursery.
- 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.
- Children do not share toothbrushes.

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.

All our Policies & Procedures are crafted to ensure the highest possible standards at our setting and will be reviewed every 3 years, or sooner if necessary, in light of specific events or relevant statutory changes.