Health

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

Policy statement

We 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 – have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – the supervisor 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, 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.
- If the child’s temperature does not go down and is worryingly high, then we may give calpol or another similar analgesic, after first obtaining verbal consent from the parent where possible, this is to reduce the risk of febrile convulsions. Parents sign the medication record when they collect their child.
- In extreme cases of emergency an ambulance should be called and the parent informed.
- 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 the setting.
- After diarrhoea, parents are asked to keep children home for 48 hours or until a formed stool is
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 as suffering from a notifiable disease under the Health Protection (Notification) Regulations 2010, the GP will report this to Public Health England.
- When we/inform or are formally informed of the notifiable disease, [our manager informs/I inform] Ofsted and contacts Public Health England, 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.
- 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 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.

**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...
n 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.

- 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.
- 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.

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/my] insurance provider must be obtained to extend the insurance.
- At all times [we/I] ensure that the administration of medication is compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage.

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/my] insurance provider. Oral medications must be prescribed by a GP or have manufacturer’s instructions clearly written on them.
  - [We/I] must be provided with clear written instructions on how to administer such medication.
  - [We/I] adhere to all risk assessment procedures for the correct storage and administration of the medication.
  - [We/I] 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/my] insurance provider.

- 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).

- [We/I] 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 [our staff/me] 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 documents relating to these children must first be sent to [the Pre-school Learning Alliance Insurance Department for appraisal (if you have another provider, please check their procedures with them)]. Written confirmation that the insurance has been extended will be issued by return.

- 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 or guardian to give treatment and/or medication prescribed by the child's GP.
  - [The key person/I] must have the relevant medical training/experience, which may include receiving appropriate instructions from parents or guardians.
  - Copies of all letters relating to these children must first be sent to [the Pre-school Learning Alliance Insurance Department for appraisal (if you have another provider, please check their procedures with them)]. Written confirmation that the insurance has been extended will be issued by return.

- If [we are/I am] unsure about any aspect, [we/I] contact [the Pre-school Learning Alliance Insurance Department on 020 7697 2585 or email membership@pre-school.org.uk/insert details of your 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 have:
  - a letter from the child's GP/consultant stating the child's condition, the name of any medication if any is to be administered; how and when the drug is to be given, what training of personnel is required, if any; and any other relevant information.
  - 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 are required by our insurers.

Key worker 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.

 a letter from the child's GP/consultant stating the child's condition and health support procedures required; what training of personnel is required; what medical experience is required; and any other relevant information.

 Key worker 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 three letters relating to these children are required by our insurers.

Further guidance

 Managing Medicines in Schools and Early Years Settings (DfES 2005)

This revised policy was adopted at a meeting of Parkgate Pre-school name of setting
Held on 14 May 2018 (date)
Effective from 14 May 2018 (date)
Date to be reviewed 14 May 2019 (date)
Signed on behalf of the management committee C Hallam
Name of signatory Cassie Hallam
Role of signatory (e.g. chair/owner) Chair

Other useful Pre-school Learning Alliance publications

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

Associated forms

Risk Assessment for child with an allergy
## Change control log

<table>
<thead>
<tr>
<th>Version Number</th>
<th>Effective Date</th>
<th>Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>01-Mar-2012</td>
<td>- Initial document release</td>
</tr>
</tbody>
</table>
| 2.0            | 13-Dec-2012    | - Document renumbered in line with revised EYFS (2012). Reference to EYFS key themes and commitments removed.  
- Title of document amended slightly to place emphasis on care of sick or infectious children in line with revised EYFS and allergy section moved to second half of document. No change to content.  
- Added section on associated forms. |
| 3.0            | 04 Dec 2013    | - Policy Reviewed  
- New publication added |
| 4.0            | 03 Jan 2015    | - Policy Reviewed - amendments made in regards to reporting diseases.  
- Administering of non prescription medicine such as analgesic due to temperature  
- Cross contamination - sand and water play |
| 5.0            | 12 Jan 2017    | - Policy Reviewed |
| 6.0            | 14 May 2018    | - Policy Reviewed |