

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



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

We promote the good health of all children attending Mereworth Pre-School.

To help keep children healthy and minimise infection, we do not expect children to attend Pre-School if they are unwell. If a child is unwell, it is in their best interest to be in their home environment with adults they know well rather than at Pre-School.

### Our Procedures

In order to take appropriate action of children who become ill at Pre-School and to minimise the spread of infection we implement the following procedures:

- If a child becomes ill during the Pre-School day, we contact their parents/carers and ask them to pick up their child as soon as possible. During this time, we care for the child in a quiet, calm area with their key person, wherever possible
- We follow the guidance given to us by Public Health England and advice from our local health protection unit on exclusion times for specific illnesses, e.g. sickness and diarrhoea, measles, and chicken pox to protect other children in the Pre-School
- Should a child have an infectious disease, such as sickness and diarrhoea, they must not return to Pre-School until they have been clear of any symptoms for at least 48 hours
- We have the right to refuse admission to a child who is unwell e.g. sickness and diarrhoea, temperature, or contagious infection. This decision will be taken by the manager and is non-negotiable.
- The child's temperature is taken using a forehead thermometer strip or electronic thermometer. These are kept in the first aid box.
- In extreme cases of emergency, an ambulance is called, and the parent informed.
- Where children have been prescribed antibiotics for an infectious illness or complaint, we ask parents to keep them at home for 48 hours before returning to the setting.
- Some activities, such as self-serve snacks where there is a possible risk of cross-contamination may be suspended for the duration of any outbreak. E.g. Coronavirus pandemic.
- We have a list of excludable diseases and current exclusion times. The full list is obtainable from: [www.gov.uk/government/publication/health-protection-in-schools-and-other-childcare-facilities](http://www.gov.uk/government/publication/health-protection-in-schools-and-other-childcare-facilities) and includes common childhood illnesses such as measles.

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### *Reporting of 'notifiable diseases'*

- If a child or adult is diagnosed as suffering from 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 managers inform 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. 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.
- Bag soiled clothing for parents to take home for cleaning.
- Clear spills of blood, urine, faeces, or vomit using mild disinfectant solution and mops; 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.

### *Nits and head lice*

- Nits and head lice are not an excludable condition; although in exceptional cases we may ask a parent to keep the child away until the infestation has cleared.
- On identifying cases of head lice, we inform all parents 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 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 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, 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.

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- This risk assessment form is kept in the child's registration details and a copy is displayed where our staff can see it.
- 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 packed lunches and snack.

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

- If necessary, our insurance will 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 we ensure that the administration of medication is 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 health profession e.g. dentist.
  - We 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 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 and invasive treatments:  
These include adrenaline injections (EpiPen's) 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/care plan 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 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.
  - Written confirmation that we hold this information will first be sent to the Early Years Alliance Insurance team for appraisal. Written confirmation that the insurance has been extended will be issued by return.
- Treatments, such as inhalers or EpiPen's are immediately accessible in an emergency.

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- 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 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 or guardians.
  - Copies of all letters relating to these children must first be sent to the Early Years Alliance Insurance team 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 Insurance team on 020 7697 2585 or email [insurance@eyalliance.org.uk](mailto:insurance@eyalliance.org.uk) or insert details of your insurance provider.

### Transporting children to hospital procedure

The manager/staff member must:

- Call for an ambulance immediately in a medical emergency. All parents and or/carers have agreed for this to happen and this is part of our consent procedure
- Whilst waiting for the ambulance, contact the parent(s) and arrange to meet them at the hospital
- Re-allocate staff if necessary, to ensure there is adequate staff to care for the remaining children. This may mean temporarily grouping the children together
- Arrange for the most appropriate member of staff to accompany the child taking with them any relevant information such as registration forms, relevant medication sheets, medication and the child's comforter and toy they might like
- Inform a member of the management team immediately
- Always remain calm. Children who witness an incident may well be affected by it and many need reassurance. Staff may also require additional support following the incident

For further information regarding medicines, please see our Administering Medicines Policy.

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Date of Policy:	September 2020
Date to be reviewed:	May 2022
Signed by the Manager:	
Signed by the Committee:	
Name of signatory:	
Role of signatory:	