

Sickness, Infectious Diseases and Allergies

Providers must promote the good health, including the oral health, of the children they look after.

They must have a procedure, which must be discussed with parents and/or carers, for taking appropriate action if children are ill or infectious. This procedure must also cover the necessary steps to prevent the spread of infection

EYFS statutory Guidance page 33

Our policy for managing children who are sick, infectious or with allergies is:

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

Our procedure for managing children who are sick, infectious or with allergies is:

- If children appear unwell during the day, have a temperature, sickness, diarrhea, or pains, particularly in the head or stomach, or rash a practitioner may call the parent and ask them to collect the child, or send a known carer to collect the child on their behalf
- The child will be taken to a quiet, comfortable area and remain there with a member of staff until the parent arrives.
- If a child has a temperature above 38 degrees, they are kept cool, by removing top clothing and sponging their heads with cool water but kept away from draughts. Liquid paracetamol may be administered by a first aider to bring the initial temperature down whilst waiting for collection.
- The child's temperature is taken using a digital thermometer, kept in the first aid box
- Children are asked to remain at home until they can manage their temperature without paracetamol
- In extreme cases of emergency, the child should be taken to the nearest hospital and the parent informed
- If a child has had 3 bouts of diarrhea in nursery the parents may be asked to collect the child or known carer to collect the child on their behalf. After diarrhea, parents are asked to keep their children home for 24 hours after the last loose stool.
- If a child has a bout of sickness the parents may be asked to collect the child or known carer to collect the child on their behalf. Parents are asked to keep

their children home for 24 hours after the last episode of sickness.

- If a child has a bout of sickness and diarrhea Parents are asked to keep their children home 48 hours after the bout.
- Parents are asked to take their child to the doctor before returning them to the nursery; the nursery can refuse admission to children who have a temperature, sickness and diarrhea or a contagious infection or disease
- Where children have been prescribed antibiotics, parents are asked to begin treatment at home to ensure children have no reaction to the medication.

Monitoring attendance

- if for any reason we have not been notified of a reason for non-attendance we will attempt to contact the next of kin an hour after the child's expected arrival time. If we are unable to contact the immediate next of kin we will work through the emergency contacts list until we are able to contact someone.

Reporting of 'notifiable diseases'

- If a child or adult is diagnosed with suffering from a notifiable disease under the Health protection (notification) Regulations 2010, the GP will report this to the Health Protection Agency
- When the setting becomes aware, or is formally informed of the 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 Single-use vinyl gloves are used for cleaning/slucing clothing after changing.

- Soiled clothing is rinsed and either bagged for parents to collect or laundered in the setting.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; any 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, and children **should not** be excluded from the setting 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 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 your 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 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 your insurance provider.

- 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. It is not necessary to forward copy documents to your insurance provider.

Life saving medication and 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 provider 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
- or a community paediatric nurse. Proof of training in the administration of such medication by the child's GP, a district nurse, children's' nurse specialist
- Copies of all three documents relating to these children must first be sent to the Insurance Department for appraisal

Key person for special needs children - 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 must 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 letters relating to these children must first be sent to the Insurance Department for appraisal. Written confirmation that the insurance has been extended will be issued by return