

Promoting health and hygiene
Managing children with allergies, or who are sick or infectious

Policy statement

We 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.
- This form is kept in the child's personal file and a copy is displayed where staff can see it.
- Community nurses train staff in how to administer special medication in the event of an allergic reaction.
- No nuts or nut products are allowed within the setting.
- Parents are made aware so that no nut or nut products are accidentally brought in, for example: in a child's packed lunch or 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 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 group 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 group 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.

- In cases of life saving medication & invasive treatments - adrenaline injections (Epi-pens) 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.

Procedure for children who are sick or infectious

- As a general principle, children with any infection should be excluded from the nursery while they have symptoms or are feeling unwell.
- It is at the sole discretion of the nursery management as to whether or not a child is well enough to be at nursery.
- You will be required to exclude your child from nursery for the stated time if they have the following:
 - Any communicable disease, ie: chickenpox, mumps, impetigo etc.
 - An eye or ear discharge – we have to presume that these are infectious as they quite often are. Therefore, an eye infection must be clear of discharge before your child can return to nursery. However, if your GP informs you that it is not infectious, we will be happy for them to be at nursery as long as they are not suffering from any discomfort, pain or requiring additional extensive care and it has been 24 hours since the medication commenced.
 - Diarrhoea/vomiting – your child may return to nursery once they have been clear for 48 hours, depending on the severity of the illness and your GP's diagnosis (this may be required in writing). It is nursery policy to send children home after 3 loose nappies/bowel movements and after 1 bout of sickness. We will include in this count any loose nappies/bouts of sickness that the child may have had at home before coming in to nursery that day.
 - If they have a high temperature, or have been unwell prior to coming into nursery, we

will seek written permission to give Calpol to prevent febrile convulsions. If the child becomes unwell, we will then assess the situation using the following guidelines.

- 102°/38C and over – go home immediately
 - 37.8.0C – we will monitor the situation for 30 minutes if Calpol has been administered. If the temperature goes down below 101°F the child may be allowed to stay in nursery.*
 - Up to 37C – we will monitor the situation and keep you informed of any significant change.
- Nursery staff will consider each child on an individual basis. For example, a child with a temperature of 101°F may feel very poorly indeed and need to go home. However, on another occasion, a temperature of 101°F may not seem to bother the child and we may not have to send them home immediately.
- Only one dose of calpol will be administered in the nursery

DURING CORONAVIRUS WE WILL NOT ADMINISTER CALPOL TO ANY CHILDREN WITHIN THE SETTING UNLESS ADVISED TO DO SO BY 911 IN ORDER TO PREVENT A FEBRILE CONVULSION. ALL CHILDREN WITH A TEMPERATURE WILL BE SENT HOME IMMEDIATELY AND REQUESTED TO HAVE A TEST.

Reporting of 'notifiable diseases'

- If a child or adult is diagnosed suffering from a notifiable disease under the Public Health (Infectious Diseases) Regulations 1988, 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.
- THE LOCAL AUTHORITY WILL BE INFORMED OF ANY SUSPECTED AND CONFIRMED CASES ALONG WITH TEST RESULTS VIA THE WEEKLY DATA COLLECTION SHEETS**

WE HAVE AN ACTION PLAN IN PLACE OF PROCEDURES TO FOLLOW IF WE HAVE A CONFIRMED POSITIVE CASE OF COVID-19 IN ANY OF OUR SETTINGS

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.

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.

Persons responsible for implementing this policy:

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Review: August 2022