

## 1.05 Managing Children Who Are Sick, Infectious, Or 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. We recognise that the way to prevent and manage infectious disease in our setting is to:

- Promote immunisation
- Promptly exclude the unwell child or member of staff
- Check that effective handwashing is being carried out routinely

### Procedures for children who are sick or infectious

- If children appear unwell during the day – have a raised temperature, sickness, diarrhoea or pains, particularly in the head or stomach – the Manager or Deputy Manager calls the parents and asks them to collect the child, or send a known carer to collect their child on their behalf.
- If a child has a temperature, they are kept cool, by removing top clothing, **administering a cool water compress**, but kept away from draughts.
- Temperature is taken using a ‘fever scan’ kept **in** 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 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 to keep them at home for 48 hours before returning to the setting.
- After diarrhoea **or/and vomiting** parents/carers are asked to keep children at home for 48 hours **from last episode of sickness or/and diarrhoea, or if diarrhoea 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.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities](http://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities) and includes common childhood illnesses such as measles.

### 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.

For management of specific diseases, information can be found :

[www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities](http://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities)

### **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 **contract and starting form**.

- If a child has a diagnosed 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 if possible and appropriate.
- 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; we will check with our insurance provider to see if extended insurance is required.
- 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.

### **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 Provider must be given clear instructions by Parent/Carer on how to administer the said 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.

### **Life saving medication & invasive treatments**

Adrenaline injections (Epipens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc).

- The provider must have the three following documents
  - 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.
- Copies of all three letters relating to these children must first be sent to the Insurance Department for appraisal (if you have another provider, please check their procedures with them and advise us who this is). Confirmation will then be issued in writing confirming that the insurance has been extended.

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.
- 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 you must advise who this is, please check their procedures with them). Written confirmation that the insurance has been extended will be issued by return.

If you are unsure about any aspect, contact Ofsted.

Date to be reviewed – by end April 2024