




7.8 Managing children with allergies, or who are sick or infectious

This policy was adopted at the meeting of Little Thetford Acorns Pre-school and Children's Club. Staff failure to comply with this policy may be considered serious enough to result in the induction of disciplinary procedures.

Date of adoption	July 2018
Reviewed	June 2020
Signed (on behalf of the management committee)	
Name of signatory	Kate Hilton
Role of signatory	Chair
This policy will be reviewed	Annually
Date of next review	July 2021

7.8 Managing children with allergies, or who are sick or infectious (Including reporting notifiable diseases and dealing with a Pandemic)

Safeguarding and Welfare Requirement: Health

The provider must promote the good health of the children attending the setting. They must have a procedure discussed with parents and /or carers, for responding to children who are ill or infectious, take necessary steps to prevent the spread of infection, and take appropriate action if children are ill.

Policy Statement

We provide good quality care for healthy children by preventing cross infection of viruses and bacterial infections, and promoting health by identifying allergies and preventing contact with the allergenic trigger.

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 and on an allergy and intolerance sheet found in the kitchen.
- If a child has an allergy, a risk assessment form is completed to detail the following:
 - The allergen i.e. 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 an allergic reaction, medication to be used and how it is to be administered (e.g. EpiPen).
 - Control measures ie how the child can be prevented from contact with the allergen.
 - Review measures.
- A health care plan will also be completed.
- A copy of the risk assessment is kept in the child's personal file and medication box. A copy of the child's allergies is displayed where staff can see it.
- Advice would be sought on how to administer special medication in the event of an allergic reaction. If it is necessary, training would be provided to staff.
- 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 or lunch box.

Insurance requirements for children with allergies and disabilities

We always check with our insurance provider to see if we need to inform them of a child that has 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 the settings insurance provider must be obtained to extend the insurance.

- Treatments, such as inhalers or Epipens are immediately accessible in an emergency.

At all times the administration of medication must be 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 have manufacturer's instructions clearly written on them.
- The setting must be provided with clear, written instructions on how to administer the medication. A medication form must be filled in to ensure we have the correct information and this is to be signed by parent, key person and manager.
- All risk assessment procedures need to be adhered to for the correct storage and administration of the medication.
- The setting must have the parent's or guardian's prior written consent for administration of medicines which is kept in the child's file (please see Administering Medicines Policy).

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).
- The setting 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 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.
- The medication, risk assessment and administration instructions are stored in a plastic box with a lid, marked with a red cross, child's full name and the child's photograph. The medication cannot be stored within the setting overnight and must be taken home with the child at the end of the session.
- Copies of all three documents relating to these children must first be sent to the Pre-school Learning Alliance (PLA) Insurance Department for appraisal. Confirmation will then be issued in writing confirming that the insurance has been extended.

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/ senior staff member 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 Pre-school Learning Alliance Insurance Department 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 Pre-school Learning Alliance Insurance Department on 020 7697 2585 or email membership@pre-school.org.uk.

Procedure for children who are sick or infectious

- If children appear unwell during the day, for example, if they have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach, the manager or key person will call the parents and ask them to collect the child, or send a known carer to collect on their behalf. Whilst waiting to be collected, children may be cared for in an area away from the other children.
- If a child appears to have a temperature, parents are contacted immediately and the child is encouraged to keep cool by remove their top clothing, having a drink of water

and stay calm with their key person quietly resting. Their key person will sit with them comforting them.

- At the time of admission to the setting, parents' written permission for emergency medical advice or treatment is sought. Parents sign and date their written approval.
- In extreme cases of emergency, a member of staff should call the emergency services for an ambulance; we will always call for the emergency services first. Parents are then contacted to inform them that an ambulance has been called for.
- Parents are asked to take their child to the doctor before returning them to the setting; the setting can refuse admittance to children who have a temperature, sickness and diarrhoea, or a contagious infection or disease.
- Where children have been prescribed antibiotics for an infectious illness, parents are asked to keep them at home for 48 hours before returning to the setting.
- After sickness or diarrhoea, children are to be kept at home until they have been clear for 48 hours from their last bout of sickness and/or diarrhoea.
- 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 infectious outbreak.
- The setting has a list of excludable diseases and current exclusion times. A copy is in the parent handbook and attached to this policy. A current list is obtainable from www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947353874 and includes common childhood illnesses such as measles.

Dealing with a Pandemic

- In the event of a pandemic within our region, we will try to continue to operate as normal. We will arrange to have extra staff and helpers available to keep any possible disruption to a minimum. If we have low numbers of staff due to illness, we may have to close the setting. This decision will be taken seriously and will be made between the Committee and the remaining staff. Parents will be informed immediately; our emergency contact details are updated on a regular basis.
- We try to reduce the risk of cross-infection by following and implementing basic hygiene practices for staff and children, such as regular hand washing with soap or anti-bacterial hand gel when their hands have become soiled, before feeding, after using the toilet and after wiping noses, mouths and other objects.
- Children will be reminded the importance of good hygiene by being gently encouraged to cover their noses and mouths with a tissue when they cough or

sneeze and will be encouraged to discard their tissue into the bin. Staff will be good role models and will lead by example.

- It may become necessary to suspend certain activities during outbreaks, including sand & water play, play dough and cookery. We may also restrict toys brought in from home.
- To reduce cross-infection, staff will keep the setting environment clean by frequently cleaning touched surfaces, such as toys, with a sterilising solution.
- Staff will observe children closely, especially those showing symptoms or those with a respiratory illness.
- If any staff members show signs of the illness, they will be asked to go home immediately.
- Staff will be asked and expected to stay at home until they no longer show signs of illness and have completely recovered. Statutory sick pay will apply in the event that staff members are unable to work.
- We will seek advice from the Local Authority if there are a number of children or adults affected and the closure of the setting will depend on the advice received. All parents/carers and emergency contacts will be notified immediately if it becomes necessary to close the setting.
- Parents and staff will be kept informed at all times regarding the situation and if the need arises to close or re-open the setting, this will be done by telephone, emails and via the information point in the lobby.
- Parents will be given regular advice regarding symptoms and the treatment and control of this illness.
- We will ensure that we are up-to-date with any new guidance from the Local Authority, Early Years offices or the Government, and it is followed appropriately. This policy will be regularly updated in line with any guidance received from the Government.

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 the setting becomes aware, or is formally informed of the notifiable disease, the manager informs 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.
- 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 bagged for parents to collect.
- 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, 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.

During the COVID-19 outbreak, any child showing symptoms, such as a high temperature; a new, continuous cough; loss of taste or smell, the following sequence of actions need to be taken:

COVID 19 Update

1. Child presents with symptoms; parents are requested to collect child, return home and seek diagnosis from GP or take further advice from NHS 111 regarding testing.
2. Child's parents are requested to inform setting of outcome/diagnosis and keep child at home for the recommended exclusion period. For cases of suspected Coronavirus, staff and all service users must adhere to current Government advice regarding self-exclusion and testing, even if no symptoms are present.
3. For confirmed cases of a notifiable disease and Coronavirus, the setting must contact their local Health Protection Team (HPT) as soon as possible for further guidance. The line manager will inform the trustees/directors and retain a confidential record.
4. Acting on the advice of the local HPT, the setting will either:
 - close for a set period and undertake a deep clean

- carry on as usual but also undertake a deep clean
- 5. If a notifiable disease is confirmed, staff must inform the line manager immediately and Ofsted must be informed within 14 days. Cases of confirmed Coronavirus should be treated as a notifiable disease.
- 6. A deep clean is undertaken at the soonest opportunity following any illness outbreak. Hand hygiene messages are reinforced and staff are vigilant to any further signs of infection.
- 7. The manager continues to liaise with the HPT as required and keeps a full record of children affected, how long they are away from the setting and the date on which they return.

Other useful Pre-school Learning Alliance publications

- Good Practice in Early Years Infection Control Pre-school Learning Alliance (2009)
- Medication Administration Record (Pre-school Learning Alliance 2013)