

Promoting Health and Hygiene

Managing children with Allergies, or Who are Sick or Infectious (Including reporting notifiable diseases)

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.
- If a child has an allergy, an Allergy Care Plan form is to be completed, as well as a generic risk assessment form, which identified the risk, the level of risk, control measures and review measures. Special note is taken regarding the nature of the reaction e.g. rash, swelling etc. And the management of allergic reactions including the medication used and method.
- This form is kept in the Medication and Allergy file and a list of allergies is displayed where staff can see it.
- Generally, no nuts or nut products are used within the Setting.
- Parents are made aware so that no nuts or nut products are accidentally brought in, for example to a party or in packed lunches at the lunch club.
- When advised by parents of severe allergic reactions to certain foods, other parents are requested not to include such foods in packed lunches.
- Parents show staff how to administer medication in the event of an allergic reaction.

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 our 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 the insurance provider.

- Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them and in original packaging/bottle.
- The Setting must be provided with clear written instructions on how to assist with such medication.
- All risk assessment procedures need to be adhered to for the correct storage and administration of the medication, special care must be taken to take note of expiry dates.
- The group must have the parents or guardians' prior written consent. This consent must be kept on file.

Life Saving Medication & 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 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.



- Copies of all three letters relating to these children must first be sent to the Pre-school Learning Alliance Insurance Department for appraisal.
- 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.
- The key person responsible for these procedures will undertake their duties in a
 professional manner and have regard to the policies as laid out above, bearing in mind the
 importance of infection control with best practices such as the use of PPE.
- A child's welfare is paramount, and the Setting recognises their role in providing a positive experience when dealing with personal and intimate care. Every child is an individual and should be treated sensitively. The child should be involved in their treatment, as appropriate to their age and level of independence.
- A child's right to privacy is recognised and reiterated by the Setting.
- Children whilst in vulnerable situations such as receiving treatment are particularly vulnerable and therefore safeguarding procedures are followed with the utmost care.
- Children with long-term conditions will have a health care plan in place which takes account
 of the policies laid out here.

Procedures for Children Who are Sick or Infectious

- If children appear unwell during the day have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach - the parent is called and asks them to collect the child, or send a known carer to collect on their behalf.
- If a child has a temperature, they are kept cool, by removing top clothing, but kept away from draughts. The temperature is monitored using a digital thermometer.
- In extreme cases of emergency, an ambulance should be called and the parent informed.

Scalliwags Pre-School CIO
The Village Hall, Bush Road, East Peckham, Kent, TN12 5LL
Telephone: 01892 835980 E-mail: admin@scalliwags.org
Registered Charity No. 1179340, Registered Ofsted No. 2686577



- The pre-school can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- After diarrhoea/sickness, parents are required to keep children home for 48 hours.
- Some activities such as sand and water play may be suspended due to a recent illness of one of the children.
- The Setting has a list of excludable diseases and current exclusion times.

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 Executive 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 gloves are used for bagging clothing after changing.
- Soiled clothing is double-bagged for parents to collect.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops;
 cloths are disposed of after use using double-bagging and placing in outside bin.
- 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.

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ILLNESS

Temperature	Must be off for 24 hours after symptoms have subsided	
Vomiting	Must be off for 48 hours after symptoms have subsided	
Diarrhoea	Must be off for 48 hours after symptoms have subsided	
Antibiotics prescribed by a doctor	First 2 days at home and until symptoms have subsided	
Conjunctivitis	Kept at home for 2 days, thereafter until eyes no longer weeping	
Chickenpox	Minimum of 7 days or until blisters have scabbed over	
Measles	7 days from appearance of the rash	
Mumps	Until the swelling has subsided and in no case less than 7 days from onset	
Rubella (German Measles)	7 days from appearance of the rash	
Fifth Disease (Slapped Cheek)	Until clinically well with no fever	
Tonsillitis, scarlet fever and	In no case for less than 5 days from the start of	
streptococcal of the throat	appropriate medical treatment	
Impetigo	Until the skin is healed	
Covid-19	Children who test positive should stay away from the setting for 5 days after a positive test (returning sooner if they test negative before the 5 days are up). Children who remain unwell after the five days should stay at home until they are well enough to return to the setting. If there is a positive case in the household and your child displays symptoms, please keep them at home.	



- Children taking prescribed medication must be well enough to attend the setting.
- Generally, only prescribed medication is administered. It must be in-date and prescribed for the current condition.
- Children's medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.
- Parents give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign and complete a Medication Care Plan consent form. No medication may be given without these details being provided.
- The administration is recorded accurately each time it is given and is signed by staff and parents, to acknowledge the administration of a medicine.
- Children taking non-prescribed medication must be well enough to attend the setting. Non-prescribed medication will only be administered in exceptional circumstances, or for allergic reactions.

PLEASE DO NOT LEAVE MEDICATION OF ANY KIND IN YOUR CHILD'S BAG!

This policy was adopted at a meeting of	
Held on	(date)
Date to be reviewed	(date)
Signed on behalf of the management	
committee	
Name of signatory	
Role of signatory	