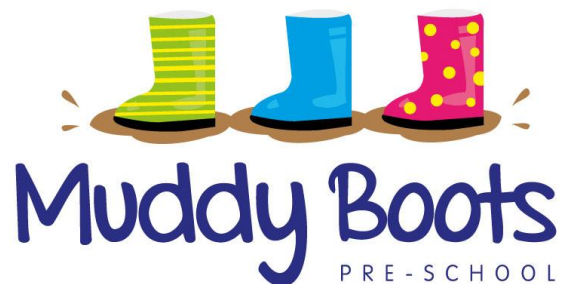


Muddy Boots Pre-School

Health –

6.2a Managing children who are sick,
infectious or with allergies



Health

Managing children with who are sick, infectious or with allergies

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.

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 manager calls the parents 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, sponging their heads with cool water, but kept away from draughts.
- If staff feel it is necessary to take a child's temperature it is taken using a 'fever scan' kept in the first aid box.
- In extreme cases of emergency an ambulance is called 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 temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics for an infectious illness or complaint, parents are asked to keep them at home for 48 hours before returning to the setting.
- After diarrhoea, parents are asked to keep children home for 48 hours following the last episode.
- 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 the outbreak.
- The setting has a list of excludable diseases and current exclusion times. The full list is obtainable from Muddy Boots staff.

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 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 virus, like other viruses such as Hepatitis (A, B and C) are spread through bodily fluids. Hygiene precautions for dealing with bodily fluids are the same for all children and adults. We:

- Wear single use vinyl gloves and aprons when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Use protective rubber gloves for cleaning/slucing clothing after changing.
- Rinse soiled clothing and bag it for parents to collect.
- Clear spills of blood, urine, faeces or vomit using mild disinfectant solution and mops; any cloths used are disposed of with the clinical waste.
- Clean any tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit using a disinfectant.
- Ensure that children do not share toothbrushes, which are also soaked in sterilising solution.

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 (a notice is displayed).

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. 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 measures.
- This form is kept in the child's personal file and full details of the allergy and appropriate actions to take are displayed where staff can see it, in various locations around the setting.
- 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 nuts or nut products are accidentally brought in, for example to a party.

Insurance requirements for children with allergies and disabilities

- If necessary, our insurance will 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 we ensure that the administration of medicine is 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.
- We must be provided with clear written instructions on how to administer such medication.
- We adhere to all risk assessments procedures for the correct storage and administration of the medication.
- We 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 our insurance provider.

Lifesaving 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).

- We 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 documents relating to these children must first be sent to our insurance provider (if required). In the event of a change to the insurance, written confirmation of the extension should be issued by the insurance provider in accordance with their procedures.

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 must be obtained from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
- Key person must have the relevant medical training/experience, which may include receiving appropriate instructions from parents or guardians.

- Copies of all documents relating to these children must first be sent to our insurance provider (if required). In the event of a change to the insurance, written confirmation of the extension should be issued by the insurance provider in accordance with their procedures.

If we are unsure about any aspect, we will contact our insurance provider for advice and guidance.

Other useful Pre-school Learning Alliance publications

- Good Practice in Early Years Infection Control (2009)
- Medication Administration Record (2013)

This policy was adopted byname of setting

Ondate

Date to be revieweddate

Signed on behalf of the committee

Name of signatory

Role of signatory