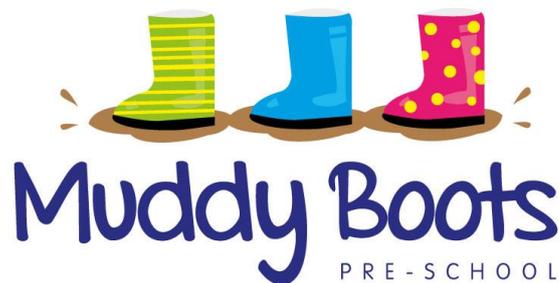


Muddy Boots Pre-School CIO

Managing children who are sick, infectious or with allergies



Review Date:

SEE COMMITTEE POLICY REVIEW SCHEDULE

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/AIDS/Hepatitis procedure

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.

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- 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 is detailed in our policy “ Allergies and food intolerances”

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.

Exceptional circumstances for administering medicines

Non-prescription medication, such as pain or fever relief (e.g. Calpol), may be administered in rare cases. These might include prevention of seizures triggered by fever, but only with prior written instruction and consent of the parent and only where there is a health reason to do so. Children under the age of 16 years are never given medicines containing aspirin unless prescribed specifically for that child by a doctor. The administering of un-prescribed medication is recorded in the same way as any other medication, and accompanied by written authority from a medical professional.

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)

