

# Managing children with allergies, who are sick or infectious

## 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, as part of the settling in process, the Key Person will ask the parents for more details, to include:
  - 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.
- This form is kept in the child's registration and a summary of children with allergies including a photograph of the child is displayed where staff can see it, in the kitchen.
- Staff receive training in how to administer special medication in the event of an allergic reaction.
- Other parents are made aware of the allergy if we are having an event where parents bring in food, an example an end of term party.
- Generally, no nuts or nut products are used within the setting, although other children may have food containing nuts in their packed lunches. If a child has a severe and life-threatening reaction, all parents will be asked to refrain from providing food items containing nuts in their child's packed lunch, to eliminate danger for the allergic child (who will not be named).
- Staff sit with children at lunch time to ensure that they do not share their lunches with each other.

## Insurance requirements for children with allergies and disabilities

- Our 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 company ????, to see if extended insurance is required.
- At all times, the administration of medication must be compliant with the Welfare Requirements of the Early Years Foundation Stage, our Administering medicines policy 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.**

- Oral medications must be prescribed by a GP and have manufacturer's instructions clearly written on them.
- The parents must provide clear instructions (which are noted on the medical consent form) on how to administer such medication.

### **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).

- 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.
  - 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 (above) relating to these children must first be sent to the Pre-school Learning Alliance Insurance Department for appraisal. 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. Written confirmation that the insurance has been extended will be issued by return.

**Pre-school Learning Alliance Insurance Department on 020 7697 2585 or email [membership@pre-school.org.uk](mailto:membership@pre-school.org.uk).**

### **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 or key person 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.
- In extreme cases of emergency an ambulance will be called and the parent informed.
- We will refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease, to protect other children, staff and parents of the setting.
- Where children have been prescribed antibiotics, parents are asked to keep them at home for 48 hours from starting the antibiotics before returning to the setting.
- After diarrhoea and sickness, parents are asked to keep children home for 48 hours.
- The setting has a list of excludable diseases and current exclusion times. The full list is obtainable from [www.hpa.org.uk](http://www.hpa.org.uk) 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 manager will report this to the Health Protection Agency and follow their advice.
- If we are advised to close the nursery, we will contact and advise Ofsted of our closure.
- We will put up a notice/email to inform all parents if we have a confirmed case of an infectious disease.
- We use information taken from NHS website to give general information. We never name the children who have been diagnosed.

### **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.
- Vinyl gloves are worn when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Vinyl gloves are used for cleaning/slucing clothing after changing.
- Soiled clothing is bagged for parents to collect or laundered in the nursery.
- Spills of blood, urine, faeces or vomit are cleared using disinfectant solution. We use the red mop for this purpose.
- 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.

### **Further guidance**

- Managing Medicines in Schools and Early Years Settings (DfES 2005)  
<http://publications.teachernet.gov.uk/eOrderingDownload/1448-2005PDF-EN-02.pdf>

This Policy was reviewed by	Gemma Finnegan
This Policy was adopted by	Staff and St Mary's Nursery Committee
Signatory (Committee Chairperson)	Samuel Pointer
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