

## **Managing Children with Allergies, or who are Sick or Infectious Policy and Procedure**

*(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.

- 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. 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.
  - Review.
- This form is kept in the child's personal file and a copy is displayed where staff can see it.
- 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 of this so that no nut or nut products are accidentally brought in, for example to a party.

### ***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 your insurance provider must be obtained to extend the insurance.

**Oral Medication**

- Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.
- The parents/guardians will need to fill in a medication form with clear instructions on how to administer such medication.
- All risk assessment procedures need to be adhered to for the correct storage and administration of the 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).

Monty's Daycare 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 our insurance provider. 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, and should receive appropriate instructions from parents or guardians, or from a qualified and relevant professional.
- Copies of all letters relating to these children must first be sent to our insurance provider. Written confirmation that the insurance has been extended will be issued by return.

### **Procedures for Children who are Sick or Infectious**

- If a child appears unwell during the day –
  - has a temperature of above 37.4, please refer to our Calpol policy
  - has 3 or more bouts of diarrhoea (the parent will be advised on the 2<sup>nd</sup> occasion by the key person to give warning that they may have to collect their child)
  - has a single bout of sickness
  - has an unidentified rash or spots
  - or has pains, particularly in the head or stomach

The key person calls the parents/guardian and asks them to collect the child, or send a known carer to collect on their behalf.
- Parents are asked to take their child to the doctor before returning them to nursery; the nursery can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- Where a child has been prescribed antibiotics, parents are asked to keep them at home for 48 hours before returning to the setting, if the child is deemed well enough to return.
- After sickness and/or diarrhoea, parents are asked to keep their child at home for 48 hours after the last time of sickness or until a formed stool is passed.
- The setting has a list of excludable diseases and current exclusion times. The full list is obtainable from [www.hpa.org.uk/servlet/ContentServer?c=HPAweb\\_C&cid=1194947358374&pageName=HPAwebFile](http://www.hpa.org.uk/servlet/ContentServer?c=HPAweb_C&cid=1194947358374&pageName=HPAwebFile) and includes common childhood illnesses such as measles.

### **Reporting of 'Notifiable Diseases'**

- If a child or adult is diagnosed as 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 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 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 disinfectant solution and mops; 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.
- Children do not share tooth brushes, and all toothbrushes are sterilised weekly in sterilising solution.

### ***Nits and Head Lice***

- Nits and head lice are not an excludable condition once treated, 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.

*This policy was reviewed at a meeting during the month of September 2015. Rachel Whitley (Nursery Director) & Emma Taylor (Nursery Manager) were present.  
(Policy to be reviewed during the Month of September 2016, Autumn term)*