



Managing children who are sick, infectious, or with allergies

At Stretton Pre-school, we aim to provide care for healthy children through preventing cross infection of viruses and bacterial infections and promote healthy through identifying allergies and preventing contact with allergenic triggers

Data protection

In the implementation of this policy, Stretton Pre-School may process personal data and/or special category personal data collected in accordance with its GDPR and data protection policy. Data collected from the point at which this policy is invoked will only inform Stretton Pre-School for the benefit of implementing this policy. All data is held securely and accessed by, and disclosed to, individuals only for the purposes of this policy. Inappropriate access or disclosure of personal data constitutes a data breach and should be reported in accordance with Stretton Pre-School's GDPR and data protection policy immediately. It may also constitute a disciplinary offence, which will be dealt with under Stretton Pre-School's disciplinary procedure.

Procedures for children who are sick or infectious

- When a child becomes unwell during the day (temperatures, sickness, diarrhoea, pain in the head or stomach) a senior member of staff will call the parents and ask them to collect the child or send a known carer to collect the child on their behalf
- The child's temperature is taken using a digital forehead thermometer which will indicate a low or high temperature. As a result, we may contact the parent/carers to discuss next steps which may include sending the child home if necessary
- When a child has a temperature we will keep them cool by removing top clothing, sponging their heads with cool water, and kept away from draughts
- 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 to the setting; we can refuse admittance to children who have a temperature, sickness and diarrhoea, loose/watery stools or a contagious infection or disease e.g. conjunctivitis, impetigo etc. to reduce the risk of spreading the infection to others.

- Where children have been prescribed antibiotics for an infectious illness or complaint, we ask parents to keep them at home for 48 hours before returning to the setting.
- After diarrhoea and/or vomiting, we ask parents keep children home for a minimum of 48 hours following the last episode.
- We have a list of excludable diseases and current exclusion times. The full list is obtainable from www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947358374 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 Health Protection (Notification) Regulations 2010, the GP will report this to the Health Protection Agency.
- When we become aware, or are formally informed of the notifiable disease, the Manager will inform Ofsted and the local Health Protection Agency, and act on any advice given.

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. We will:

- 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

Nits and head lice

- Nits and head lice are not an excludable condition; although where 'live' head lice are seen on a child we will ask the parent/carer to collect their child. We will ask the parent/carer to fully treat the infestation before the child returns to pre-school.
- On identifying cases of head lice, we inform all parents and ask them to treat their child and all the family if they are found to have head lice.

Procedures for children with allergies

- When children start at the setting we ask parents if their child suffers from any known allergies. This is recorded on the Registration Form.
- If a child has an allergy, we complete a risk assessment form 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. Epi Pen).
 - Control measures - such as how the child can be prevented from contact with the allergen.
 - Review measures.
- This risk assessment form is kept in the child's personal file and a copy is displayed where staff can see it.
- We are a 'no nuts' setting and inform parents so that packed lunches are nut free
- We check all lunchboxes and remove any item containing nuts

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 medication 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 assessment 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.

- Life-saving medication and invasive treatments:

These include adrenaline injections (e.g. Epi Pens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc.) or invasive treatments such as rectal administration of Diazepam (for epilepsy).

 - Before the child can attend pre-school 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 our 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 documents 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.

- Key person for special needs children requiring assistance 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.
 - The key person must have the relevant medical training/experience, which may include receiving appropriate instructions from parents or guardians.
 - See also our 'Anaphylaxis & Epi Pen' policy.
 - If we are unsure about any aspect, we will contact the Pre-school Learning Alliance Insurance Department on 020 7697 2585 or email membership@pre-school.org.uk/insert

This policy was adopted by

Stretton Pre-School

On

2 October 2019

Date to be reviewed

Annually

Signed on behalf of the provider

Name of signatory

Role of signatory

Chair person
