Promoting health and hygiene

1.17 Managing children with allergies, or who are sick or infectious

(Including reporting notifiable diseases)

Policy statement

We promote health through awareness of individual children's 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 pre-school they are asked if their child suffers from any known allergies. This is recorded on the admission form. If we receive notification from parents that has food allergy, we liaise with parents to gain clear information that it is an allergy and not a food intolerance. We do this by asking them to complete an 'Allergies, Food Intolerance and Special Dietary Requirements' form.
- If a child has an allergy, an Individual Care Plan (ICP) is completed (together with the allergy 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).
 - 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.
 - If medication is provided, a copy is kept in their medication box.
 - ICP and Allergy Forms are stored in the medical cupboard in the utility room so that all staff have access to them.
 - With parental consent a photograph of the child and details of their allergy are displayed in the kitchen so that all information is clearly available for the housekeeper and all staff.
 - Where necessary we complete a risk assessment for the child and share all relevant information with all staff.
 - We maintain a file containing all allergen forms and a full list that is displayed in our kitchen area. This is reviewed and updated regularly.
 - We display the 'Be Allergy Alert!' poster in the kitchen if a child is on our register that has a food allergy.

- We display daily snack boards for parents so that they can see what food has been offered at snack time. Accompanying ingredient and allergen information is also available daily for parents' information.
- We ensure that staff are trained to use epi-pens (or other brands) as required and undertake free on-line allergy training at allergytraining.food.gov.uk/English
- We discuss the provision's food and health procedures at staff meetings and check that all staff understand their responsibilities and the potential implications for children if control measures are not completed adequately.
- The housekeeper (and other staff members if necessary) is asked to complete an on-line training module found at <u>www.food.gov.uk/allergy</u>.
- Parents advise staff in how to administer medication in the event of an allergic reaction, if applicable. In the case of an epipen requirement, staff would receive specialist training.
- No nuts or nut products are used within the pre-school.
- Parents are made aware so that no nut or nut products are accidentally brought in, for example in lunch boxes.

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.

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 your insurance provider.

- Oral medications must be prescribed by a GP and have instructions clearly written on them.
- The pre-school must be provided with clear written 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.
- The pre-school 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 your insurance provider.
- For 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), the setting 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.

We would consult with our insurance company to establish which documentation they require. Confirmation must be issued in writing confirming that the insurance has been extended.

For children with special needs (ie. children requiring help with tubes to help them with everyday living e.g., breathing apparatus, to take nourishment, colostomy bags etc.), the preschool must have:

- 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. An ICP would be in place.

We would consult with our insurance company to establish which documentation they require. Written confirmation that the insurance has been extended must be issued before the child can attend.

If we are unsure about any aspect, we will contact our insurer.

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 office staff or pre-school leader calls the parents and asks them to collect the child or send a known carer to collect on their behalf.
- *Public Health England's definition that Diarrhoea is defined as three or more liquid or semiliquid stools in a 24-hour period. Therefore, unless there are other concerns, children do not need to be collected immediately after one bout of suspected diarrhoea.
- If a child has a temperature, they are kept cool, by removing top clothing, sponging their heads with cool water, if necessary. The parents are informed.
- Temperature is taken and monitored before collection by parent/guardian.
- In extreme cases of emergency an ambulance would be called and, if necessary, the child would be taken to the nearest hospital. The parents/carers would be informed.

- We can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics, parents are asked to keep them at home for a minimum of 48 hours before returning to pre-school.
- After diarrhoea (definition as above) parents are asked to keep children home for a minimum of 48 hours and a solid stool has been passed.
- After sickness, parents are asked to keep children home for a minimum of 48 hours from the first bout of vomiting or diarrhoea.
- The setting has a list of excludable diseases and current exclusion times. The full list is
 obtainable from www.hpa.org.uk/web/HPAwebFile/HPAweb_C1194947358374 and includes
 common childhood illnesses. A copy is available from the office and, in addition, is displayed
 in poster form in the utility room.
- Parents are advised of any contagious or infectious diseases of conditions that have been reported to us.
- Some activities such as sand and water play, play dough and self-serve snacks where there is a risk of cross contamination may be suspended for the duration of any outbreak.

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 Public Health England.
- When the setting becomes aware, or is formally informed of the notifiable disease, the Administration Manager informs Ofsted and acts on any advice given by the Health Protection Unit.
- The Health Protection Unit are informed if a significant number of cases of sickness, diarrhoea or infectious illnesses are reported.

HIV/AIDS/Hepatitis

• HIV virus, like other viruses such as Hepatitis, (A, B and C) are spread through bodily fluids.

Hygienic Procedures for Dealing with Bodily 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 gloves are used for cleaning/sluicing clothing after changing.
- Soiled clothing, when necessary, is rinsed and bagged for parents to collect or dispose of.
- Spills of blood, urine or faeces are cleared using an antibacterial solution and mops; cloths used are disposed of. Vomit is covered with cat litter and then cleared with a designated scoop, placed in a double bag and disposed of.

 Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using an appropriate cleaning solution.

Nits and head lice

- Nits and head lice are not an excludable condition.
- When head lice are detected a parent or carer is informed and advised to treat as early as possible to avoid spreading to other children or staff.
- We would suggest that all members of the family are treated if they are found to have head lice. Information leaflets are available in our parent room and reception area.

This policy was adopted at a meeting of	Cullompton Pre-School	name of setting
Held on	23 rd March 2011	(date)
Date to be reviewed	March 2012	(date)
Signed on behalf of the management		
committee	Emma Jones	
Name of signatory	Emma Jones	
Role of signatory (e.g. chair/owner)	Chairperson	

This policy now has a bi-annual review period and, as such, will be reviewed and signed off at a management committee meeting of Cullompton Pre-School each year, as shown below.

Previously reviewed on:-	24 th April 2013	by	Michael Hall
			Chairperson
Previously reviewed on:-	10 th February 2014	by	Michael Hall
			Chairperson
Previously reviewed on:-	22 nd February 2016	by	Sarah Lush
			Chairperson
Previously reviewed on:-	26 th February 2018	By	Owen Jones
			Chairperson
Previously reviewed on:-	22 nd November 2022	By	Hannah Tilley
			Chairperson

Reviewed by Staff on:	18 th September 2024
Reviewed by Committee on:	20 th September 2024
Date of next review:	October 2026
Signed on behalf of the Management Committee:	Naomi Cook
Name of Signatory (printed):	Naomi Cook
Role of Signatory (e.g. Chairperson)	Secretary