

MANAGING CHILDREN WHO ARE SICK, INFECTIOUS, OR WITH ALLERGIES

We create healthy environment for children and staff 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, e.g have a temperature, rash, sickness, diarrhoea or pains, particularly in the head or stomach – the Management team or the child's Key person calls the parents (emergency contact if main carers are not available) and asks them to collect the child.
- After diarrhoea and/or sicknesses, parents must keep children home for 48 hours **after** last episode of vomiting. Setting will ask to collect the child as soon as possible and usually after second loose stool but this is not definite.
- The child's temperature is checked if child seems unwell; if child has a temperature, they are kept cool, by removing top clothing, sponging their heads with cool water, but kept away from draughts.
- Temperature is taken using a thermometer that is kept in the first aid box.
- In extreme cases of emergency, if the child should be taken to the nearest hospital the parent will be informed ASAP. Child will be accompanied to hospital (only if possible), most likely by child's key person or anyone from the setting's team.
- Parents are asked to take their child to the doctor before returning them to nursery/pre-school; Springwood will refuse admittance to children who have a temperature, sickness and diarrhoea, have contagious infection or disease, or appear not well or have been not well the day before and have not been seen by medical professional.
- Springwood will not administer any form of paracetamol (e.g. Calpol, Ibuprofen etc.) in any form or any pain relief medicines if they are not prescribed – there is exception from this rule and for more information please refer to Administrating Medicines Policy.
- Where children have been prescribed antibiotics or other medication for the first time, parents are asked to keep them at home for 24 hours after 1st dose before returning to the setting.
- The setting has a list of excludable diseases and current exclusion times and will use it as a non-statutory guidance along with NHS guidance. Springwood will adapt the guidance to maintain/ its own health and safety policy. The full list is obtainable from <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>
- In high breakouts of sickness Springwood, reserves the right to change this policy and procedures to act in the best interest of the children and staff. We always seek advice from Health Protection Agency, Environmental Heath, and any other agency where appropriate.
- Information - poster about the ongoing notifiable disease, head lice, sickness bug etc. will be displayed for parents for a week, and longer if the disease is continuing to spread.

Reporting of 'notifiable diseases'

List of *notifiable diseases* can be found here : <https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report>

If a child or adult is diagnosed suffering from a notifiable disease under the Public Health (Infectious Diseases) Regulations 1988, the GP should report this to the Health Protection Agency.

When the setting becomes aware, or is formally informed of the notifiable disease the setting Manager or Manager Deputy will inform local Health Protection Team (HPT) and acts on any advice given by them. No children's or staff's personal details must be passed to local HTP (child's and staff's sex and age is acceptable). **Contact details for local HPT can be found here** <https://www.gov.uk/guidance/contacts-phe-health-protection-teams>

Ofsted will not be informed - Unless there is a number of cases in a short period of time. Any incident or accident e.g. fatal accident, broken bones, food poisoning, which affected more than two children etc. must be reported to Ofsted

as soon as reasonably practicable, but in any event within 14 days of the incident.– for more detailed guidance please refer to Early Years Compliance Handbook May 2018

Springwood Notifiable Disease Record

Full Name of Notifiable Disease and date of conformation	Child details: gender/age	Action Taken and by Who	Additional Notes
EXAMPLE Scarlet Fever 11.03.2012	Female 3 year old	11.03.12 Z rang HPT confirmed via email – cleaning advice given	Continue deep clean every week

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, aprons and goggles 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/sluicing clothing after changing.
- Soiled clothing is not usually rinsed and either bagged for parents to collect or binned.
- Spills of blood, urine, faeces or vomit are cleared using mild 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.

Head lice

- Nits and head lice are not an excludable condition, and child can be back at preschool **after** receiving first treatment. In exceptional cases, for example child is in much distress; 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.

Children with allergies

- Springwood is a Nut Free provision. No nuts or nut products are used within the setting.
- Parents are made aware so that no nut or nut products are accidentally brought in, for example to a party or in lunch box.
- 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, below points will be discussed with the parents/carers prior to the child starting:
 - 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, how it is to be used and storage space (e.g. for Epipen).
- Control measures – such as how the child can be prevented from contact with the allergen.

▪ **Parents fill out an Administrating Medicine form for any form of medication that We Would Have to Use for allergic reaction. The Setting must be informed about any allergic reaction that is likely to occur even if there is a very small chance of it.**

Insurance requirements for children and staff with allergies, disabilities, long or short term injuries or illnesses

- The insurance will usually 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; severe allergies, cancer, HIV etc. written confirmation from our insurance provider must be obtained to extend the insurance unless the insurance already covers it. Insurance provider will be contacted with Any doubts by Owner, EY Advisor or Manager.

Any letters required by Insurer will be requested from parents/carers.

Any letters required by Springwood will also be requested from parents/carers.

Oral medication

Asthma inhalers are 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 (prescription label attached) and have manufacturer's instructions clearly written on them.
- Springwood must be provided with clear written instructions on how to administer, storage, doctor's name etc for such medication. Please see the Administrating Medicine form.
- We have the parents/guardians written consent (which is on Medication Record for Prescription Medicine only form). It is not necessary to forward copy documents to our insurance provider.

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 provider must phone the Insurer informing about the child's condition and if not different follow the below procedure:
 - 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(Administrating Medicine form); 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 the Pre-school Learning Alliance

Insurance Department for approval. Confirmation will then be issued in writing confirming that the insurance has been extended.

Permanent, Long/Short Term and Temporary Condition/Injuries.

- We always make sure that our provision is suitable and safe for all the children and staff. We will make every effort to adjust the provision to suit each child's needs. If for any reason we cannot offer the right environment, we will discuss the facts with the family.
- Permanent, Long Term or Temporary Condition are circumstances where a child's health **condition(s)**, either physical or mental, have impact on a person's life, and may require short or ongoing care and support (broken or fractured limbs, Haemophilia, Cancer, RAS- Reflex Anoxic Seizures, Severe Allergy, HIV, etc.).
- Springwood will inform its insurer about the condition and will follow the advice given.
- The Manager and child's key person will have a meeting with medical staff (patient's nurse), most likely on premises, to discuss the risks, hazards and to create a Individual Risk assessment and an Individual Healthcare Plan following the Healthcare Needs and Critical Incident Guidance for Early Years Settings.