**Managing children and staff who are sick, infectious, or with allergies policy **

We aim to provide care for healthy children through preventing cross infection of viruses and bacterial infections and promote health through identifying allergies and preventing contact with the allergenic trigger.

**Procedures for children who are sick or infectious**

* If children appear unwell during the day – for example, if they have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – our manager call the parents and ask them to collect the child, or to send a known carer to collect the child on their behalf.
* If a child has a temperature, they are kept cool, by removing top clothing and sponging their heads with cool water, but kept away from draughts.
* The child's temperature is taken using a digital thermometer kept in the first aid box.
* If the child’s temperature does not go down and is worryingly high, then we may give them Calpol or another similar analgesic, after first obtaining verbal consent from the parent where possible. This is to reduce the risk of febrile convulsions, particularly for babies. Parents sign the medication record when they collect their child.
* 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 them to the setting; 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 for an infectious illness or complaint, we ask parents to keep them at home for 48 hours before returning to the setting.
* After diarrhoea, we ask parents keep children home for 48 hours following the last episode.
* Some activities, such as sand and water play, and self-serve snacks where there is a risk of cross-contamination may be suspended for the duration of any outbreak.
* We a list of excludable diseases and current exclusion times displayed in the entrance hall set by Public Health England. The full list is obtainable from

www.hpa.org.uk/webc/HPAwebFile/HPAweb\_C/1194947358374 and includes common childhood illnesses such as measles.

* Children that present signs of COVID 19 will be kept separate from all other children and their parent/carer called for **immediate collection**.
* When children present with a rash their parent will be contacted to collect them and seek appropriate medical advice.

*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 we become aware, or are formally informed of the notifiable disease, our manager informs Ofsted and contacts Public Health England, and acts 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:

* Wear single-use vinyl gloves and aprons when changing children’s nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
* Bag soiled clothing for parents to take home for cleaning.
* 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 in exceptional cases we may ask a parent to keep the child away until the infestation has cleared.
* On identifying cases of head lice, we inform all parents asking them to collect their child and obtain treatment for their child and all the family.

*Procedures for children with allergies*

* When children start at the setting, we ask their 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. Epipen).
	+ 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 our staff can see it.
* **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.

*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/my] insurance provider.
* Life-saving medication and invasive treatments:

These include 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:
* written consent from the parent or guardian allowing our staff to administer medication
* a care plan for the child

*Pandemic*:

* During a pandemic the Nursery will follow their protective measures risk assessment to keep all safe and prevent transmissions whilst on site.
* Parents will not be permitted to enter the Nursery building to prevent cross contamination.
* Staff, parents and carers will wear protective face covering to prevent possible transmissions of the disease whilst on site. Persons that are exempt will be offered a face visor by the setting to wear whilst dropping off and collecting their child. If a face covering are not worn staff and parents must keep a distance of two metres away from each other. Parents will drop their children’s belonging at a safe distance and staff will retrieve them, if a child cannot carry their belongings themselves. If the 2 metre ruling is not adhered to; parents will be given different session times for their child to enable further safety of staff and other parents or the child will be asked to remain at home until safe to return.
* Should a child display symptom of a virus such as Covid 19, the parent will be called to collect them immediately. Until the parent collects one practitioner will wear full PPE and look after the child away from others in a safe place. The child must take a test and if it returns positive, they must remain at home until they are well enough to return and have not got a temperature. If it is negative and the child is well they can return to the Nursery.
* Staff must not come into work if they display symptoms of a virus, i.e. Covid 19.They must take a test; if it returns positive they must isolate until well enough to return. If it is negative and the staff member is well they can return to the Nursery to work.

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| Policy reviewed and adopted on 19/04/2023 by Culverstone Green Nursery |  |
| Susie Whymark  |  |
| Committee Chairperson  |