

PROMOTING HEALTH AND HYGIENE – ALLERGY POLICY

Managing children, who are sick, infectious or with allergies

(Including reporting notifiable diseases)

Policy statement

We 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 substance.

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 manager or deputy manager calls the parents and asks them to collect the child, or 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 forehead thermometer strip, kept in the first aid box.
- In extreme cases of emergency, the child should be taken to the nearest hospital and the parents informed.
- Parents are asked to take their child to the doctor before returning to the setting; we will refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- After diarrhoea, parents are asked to keep children home for 48 hours 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/webc/HPAwebFile/HPAweb_C/1194947358374 and includes common childhood illnesses such as measles.

The following procedures must be adhered to:

- **Gastric Upsets** – Children must be excluded from the preschool for 48 hours after the last attack of diarrhoea or sickness.
- **Conjunctivitis** – Children must not return to the preschool before the course of treatment has finished and the eye/s are clear from infection.
- **Fever/throat infections** – 24 hours after the fever has gone down.
- **Hand Foot and Mouth** – Children cannot return until treatment has been given and the spots have cleared.
- **Impetigo** – Children must not return to the preschool until there is no more blistering or crusting, or until 48 hours after antibiotic treatment has been started.
- **Chicken Pox** – Minimum period of exclusion is 5 – 7 days from the onset of rash. All spots must be dry and scabbed over before children return.
- **Verrucae** – children do not need to be excluded, but the verruca must be covered with a rubber sock, waterproof plaster or clear nail varnish when the foot is going to become wet or damp.
- **Threadworms** – Children can return to the preschool once they have started treatment.
- **Measles** – Minimum period of exclusion is five days after the rash first appears.
- **Mumps** – Children must be excluded until 5 days after the parotid gland begins to swell.
- **Whooping cough** – children can return to the preschool as soon as they feel well enough.

All infectious illnesses must be reported to the preschool leader who will advise on the exclusion period necessary and inform other parents. (This also applies to staff)

This particularly applies to German Measles, as this can be extremely harmful to expectant mothers.

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 the setting becomes aware, or is formally informed of the notifiable disease, the manager informs OSTED and acts on any advice given by the Health Protection Agency.

HIV/IDS/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/slucing clothing after changing.
- Soiled clothing is rinsed and bagged for parents to collect.
- Spills of blood, urine, faeces or vomit are cleaned 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.

Nits and head lice

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

Procedures for children with allergies

- 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 so that no nut or nut products are accidentally brought in, for example to a party.

Insurance requirements for children with allergies and disabilities

- Our insurance policy covers children with allergies and disabilities under the public liability section (for special conditions please see our insurance schedule and ring insurance for advice if the special conditions do not state the allergies or the disability)

At all times the administration of medication must be compliant with the Statutory Framework for the Early Years Foundation Stage (2017) and follow procedures based on advice given in Managing Medicines in Schools and Early Years Settings (DfES 2005)

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 or have manufacturer’s instructions clearly written on them.
- The group 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.
- Prior written consent from the child’s parent or guardian to give treatment and/or medication prescribed by the child’s GP.

Lifesaving medication and 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 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.

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, which may include those who have received appropriate instructions from parents or guardians, or who have qualifications.

June 2018
This policy was adopted on: _____
June 2019
Date to be reviewed: _____
<i>Karen Richardson (Treasurer)</i>
Signed on behalf of the Committee: _____

Changes Made Y/N