

### **Safeguarding and Welfare Requirement: Health**

The provider must promote the good health of children attending the setting. They must have a procedure, discussed with parents and/or carers, for responding to children who are ill or infectious, take necessary steps to prevent the spread of infection, and take appropriate action if children are ill.

## **Managing children with allergies or who are sick or infectious**

### **(including notifiable diseases)**

We provide care for healthy children and promote health through identifying 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 register 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).
  - All practitioners are required to complete the allergy awareness training when beginning at the nursery
  - 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.
- 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.
- If a child has an allergic reaction to food, a bee or wasp sting, plant etc. a first-aid trained member of staff will act quickly and administer the appropriate treatment, where necessary. We will inform parents and record the information accordingly.
- If an allergic reaction requires specialist treatment, e.g. an EpiPen, then at least two members of staff working directly with the child and the manager will receive specific medical training to be able to administer the treatment to each individual child.

### **Food Information Regulations 2014**

From 13 December 2014, we will incorporate additional procedures in line with the Food Information Regulations 2014 (FIR).

- We will display our weekly menus on the Parent Information Board

### **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 the administration of medication must be compliant with the Welfare Requirements of the Early Years Foundation Stage 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 and have date and manufacturer's instructions clearly written on them and in the original containers/packaging.
- The setting 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 group 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.
- The nursery reserves the right to refuse to administer a medicine to a child whilst they are in our care.

### **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.
- Copies of all three letters relating to these children must first be sent to the setting's insurance company for appraisal. Confirmation will then be issued in writing confirming that the insurance has been extended.

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.
- Copies of all letters relating to these children must first be sent to the setting's insurance company<sup>6</sup> for appraisal (if you have another provider, please check their procedures with them). Written confirmation that the insurance has been extended will be issued by return.

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

- If children appear unwell during the day – have a temperature above 38.5°C, sickness, diarrhoea or pains, particularly in the head or stomach – the manager or senior member of staff calls the parents and asks them to collect the child, or send a known carer to collect on their behalf.
- If a child has a temperature, they are kept cool, by removing top clothing, but kept away from draughts.
- Temperature is taken using a forehead thermometer kept near to the first aid box.
- In extreme cases of emergency the child should be taken to the nearest hospital and the parent informed.
- Parents are asked to take their child to the doctor before returning them to nursery; the nursery can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- When a child has been sent home from nursery due to an illness other than sickness/diarrhoea they will be excluded from the setting for a period of 48 hours (sickness and Diarrhoea) 24 hours since the lapse of a temperature.
- Where children have been prescribed antibiotics o parents are asked to keep them at home for a minimum of 48 hours from the start of taking the medication before returning to the setting or until they are well enough to return and cause no infection to other children and staff.
- If a child whilst in nursery has 3 loose nappies in any 1 day, parents will be contacted and requested to take the child home.
- After diarrhoea or sickness, parents are asked to keep children home for a minimum of 48 hours until after the last episode of sickness 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.patient.co.uk](http://www.patient.co.uk) and includes common childhood illnesses such as measles.
- Should a child develop an illness at Nursery we will attempt to contact the parent or use the emergency contact.
- The Manager or senior member of staff reserves the right to call for emergency help and if there is a need remove a child to hospital for medical attention.

## Reporting of 'notifiable diseases'

- If a child or adult is diagnosed suffering from a notifiable disease under the Public Health (Infectious Diseases) Regulations 1988, 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 Ofsted and acts on any advice given by the Health Protection Agency.

## 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 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/sluicing clothing after changing.
- Soiled clothing is rinsed and either bagged for parents to collect.
- 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.

## Nits and head lice

- 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 before they return to nursery.
- In exceptional cases a parent may be asked to keep their child away until the infestation has cleared.

This policy was adopted at a meeting of

Held on

Date to be reviewed

Signed on behalf of the Trustees

Name of signatory

Smart Kids Childcare

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1<sup>st</sup> October 2017

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1<sup>st</sup> October 2018

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Lynda Hayes

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