

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

(Including reporting notifiable diseases)

### **Policy statement**

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. In December 2014, the new guidelines for Food Allergies were introduced; people with food allergies have to be extremely careful about what they eat. Food labelling is therefore very important to those with food allergies as there can be potentially serious consequences from eating food that they are allergic to. It is now practice that all places that deal with food must clearly state/display what is in the food they use/cook with. This needs to be in **Bold** so people can clearly see what allergens are present. In the setting, we write down the possible allergens that are present in the foods that we eat/ cook with. This is displayed in a food allergy book which parents can access.

### **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) (Only to be used after professional training)
  - Control measures – such as how the child can be prevented from contact with the allergen. In the case of nut allergies then parents are advised not to allow their children to eat peanuts in the setting)
  - Daily snacks are recorded: - including brand names. Images of packaging for cooking ingredients are kept in allergy folder.
- This form is kept in the child's personal file and a copy is displayed where staff can see it.
- We keep allergy information of children and staff displayed in the kitchen with a photo of the child or adults face on it so all staff are aware of the sufferers.
- Parents, doctor or nurse 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.
- Cooking activities are recorded with list of ingredients used.

*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 or have manufacturer's instructions clearly written on them.
- The staff 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 staff must have the parents or guardians prior consent. This consent must be kept on file. It is not necessary to forward copy documents to your insurance provider.
- If a parent does not give prior written consent, then a verbal consent over the phone can be taken and recorded on the medication form for the parent to sign. Staff have to note the time and date they spoke to the parent and get the parent to initial by it when they sign the form.

***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, emergency consultant.

**Special needs children** – All staff helping to look after some child/children requiring help will have training 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.
- Medical training must be received from the child's nurse/doctors/ or other medical professional who has experience/involved with the child. This may include those who have received appropriate instructions from parents or guardians, or who have qualifications.
- If you are unsure about any aspect, contact the Pre-school Learning Alliance Insurance Department on 020 7697 2585 or email [membership@pre-school.org.uk](mailto:membership@pre-school.org.uk).

### **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- staff can call the parents and ask them to collect the child, or send a known carer to collect on their behalf. Our policy is **72 hours** clear after the last episode of sickness/diarrhoea before a child is allowed to return to the setting.
- If a child has a temperature, they are kept cool, by removing top clothing, sponging their heads with cool water, but kept away from draughts. If the child has a continuous high temperature, we would like the child to be kept at home for 24 hours or until the temperature has passed.
- 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.
- The setting has a list of excludable diseases and current exclusion times. The full list is found on the parent board.
- **If a child has a persistent high temperature or fever whilst at nursery, we advise parents to keep them off for 24hrs to ensure they are fully recovered before they return. A high temperature means the body is trying fight something and children need rest to ensure they recover.**

### ***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.

- Vinyl gloves are worn when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit (aprons are available also).
- Protective gloves are used for cleaning/slucing clothing after changing.
- Soiled clothing is 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***

- 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.
- Please can parents treat the hair for 7 days continuously. Please repeat the steps until there is no remaining eggs.
- Please be sure that all bedding is washed daily because head lice can survive off the body for 3 days.

The policy was adopted on the 15 September 2011

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