

**Promoting health and hygiene**  
**Managing Children with Allergies, or who are Sick or Infectious** (Including reporting notifiable diseases)



**Policy statement**

At Rudgwick Pre-School we aim to keep all the children in our care healthy through preventing cross infection of viruses and bacterial infections and promote health through identifying allergies and preventing contact with the allergenic trigger.

**EYFS key themes and commitments**

A Unique Child	Positive Relationships	Enabling Environments	Learning and Development
1.2 Inclusive practice 1.4 Health and well-being	2.2 Parents as partners 2.4 Key person	3.2 Supporting every child	

**Characteristics of Effective Learning**

Playing and Exploring Engagement	Active Learning Motivation	Creating and Thinking Critically - Thinking
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**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:
  - 1.The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc.)
  - 2.The nature of the allergic reactions e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
  3. What to do in case of allergic reactions, any medication used and how it is to be used (e.g. EpiPen).
  4. Control measures – such as how the child can be prevented from contact with the allergen.
  5. Review - any improvements that could be made to the risk assessment.
- \* This form is kept in the child’s personal file and a list of allergies is displayed where staff can see it.
- \* Parents demonstrate to staff how to administer special medication in the event of an allergic reaction if applicable.
- ✓ The risk assessment form is kept in the child’s personal file and a copy is displayed where all staff can see it.

- ✓ A health care plan will also be completed.
- ✓ We are a nut free pre-school, (see our Nut Free Policy). Parents are made aware of this so that no nut or nut products are accidentally brought in, for example to a party. If nut products are mistakenly bought in they are removed and substituted by staff.

### **Insurance requirements for children with allergies and disabilities**

Our insurance cover 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 our insurance provider will be obtained to extend our insurance.

### **At all times the administration of medication must be compliant with the Safeguarding and 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 our insurance provider.
- ✓ Oral medications must be prescribed for the child by a GP or have the manufacturer's instructions clearly written on them.
- ✓ 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. Inhalers kept on the premises are clearly named and kept in individual 1<sup>st</sup> aid bags also named, they are checked regularly to ensure they are in date and stored out of reach of the children during sessions and locked away at other times.
- ✓ The setting 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.

**Life-saving medication & invasive treatments** e.g. - 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:

1. a letter/care plan from the child's GP/consultant stating the child's condition and what medication if any is to be administered;
2. written consent from the parent or guardian allowing staff to administer medication and;
3. proof of training in the administration of such medication if not covered in first aid training, by the child's GP, a district nurse, children's' nurse specialist or a community paediatric nurse.

- ✓ Copies of letters/evidence of all three of the above relating to these children must be available to the Pre-School's Insurance Company if requested. A letter must be sent to the insurance company to have the policy extended to cover these children. Confirmation needs to be issued in writing confirming that the insurance has been extended.
- ✓ Treatments, such as inhalers or Epipens are immediately accessible in an emergency.
- ✓ Key person for special needs children requiring assistance with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc.:
  - Prior written consent must be obtained from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
- ✓ Keyperson to have the relevant medical training/experience, which may include receiving appropriate instructions from parents or guardians.

If we are unsure about any aspect, we will contact the Insurance Company – Pre-School Learning Alliance through Royal & Sun Alliance on 020 7697 2585 or email [insurance@eyalliance.org.uk](mailto:insurance@eyalliance.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 – the keyperson will call the parents and ask 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, made comfortable, keeping them away from draughts and parents/carers called to collect then.
- ✓ Temperature is taken using a 'fever scan' kept in the first aid box.
- ✓ In extreme cases of emergency, an ambulance will be called and the parents/carers informed.
- ✓ After diarrhoea or vomiting, parents are asked to keep children at 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 have a list of excludable diseases and current exclusion times. The full list is obtainable from [www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities](http://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities) and includes common childhood illnesses such as measles.

### **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 Public Health England.
- ✓ When the setting becomes aware, or is formally informed of the notifiable disease, the Supervisor informs Ofsted and acts on any advice given by Public Health England, County Hall, Horsham.

## **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 are worn 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 tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit using a disinfectant.

## **Head lice (nits)**

- ✓ 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.

## **Further guidance**

- Managing Medicines in Schools and Early Years Settings (DfES 2005)
- [www.education.gov.uk/publications](http://www.education.gov.uk/publications)
- Public Health England

This policy was adopted at a meeting Rudgwick Pre-school

of

Held on 12<sup>th</sup> May 2022

Date to be reviewed 12<sup>th</sup> May 2024

Signed on behalf of the management committee

Name of signatory William Baldwin

Role of signatory Chairperson

## **Useful Pre-school Learning Alliance publication**

- Good Practice in Early Years Infection Control (2009)
- Medication Administration Record (Pre-school Learning Alliance 2013)