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 Rated Good March 2023

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

**Policy statement**

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 and kept away from draughts.
* The child's temperature is taken using a NON CONTACT forehead 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 written/verbal consent from the parent where possible. This is to reduce the risk of febrile convulsions. Parents sign the medication record when they collect their child.
* In extreme cases of emergency, an ambulance is called, and the parent informed. A member of staff will always accompany a child in the ambulance or follow behind and await the arrival of the parent/guardian to inform them of the situation and to assure the child where necessary.
* 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 or sickness, 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 have 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.

**Coronavirus SARS 2 (Convid 19) 2020.**

Should a child show any of the signs of Convid 19 (new sustained cough, high temperature loss of sense of smell), the child will be isolated to a 2m exclusion zone with only 1 person remaining close by but outside this 2m area, closer proximity may be allowed should the child become distressed however the member of staff must wear full PPE, The parent/Carer will be called and the child will be taken from the setting, once the child has left the area will be cleaned and disinfected, any possible contamination to belongings will require them to be sealed in plastic and sent home with the child, should there be any contamination to nursery resources they will be isolated and sealed awaiting confirmation that the child has been infected with the SARs 2 virus, these resources will be handed to the team from the government who will attend to the nursery to carry out the track and trace procedure. Staff will not have to isolate until confirmation has been received, they will then follow the guidance of the track and trace team. Whilst remaining vigilant for the virus this section is now suspended due to the need to live with this virus within the community. 2024

***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 act[s] 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/I]:

* 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.
* Ensure that children do not share toothbrushes, which are also soaked weekly in sterilising solution or sent home to parents for the weekend,
* **Procedures for children with suspected Meningitis**
* If Meningitis is suspected, it is important to seek medical assistance as soon as possible. Call NHS 111 for medical advice. Someone with bacterial meningitis and septicaemia needs rapid admission to hospital and urgent treatment (see procedure for extreme illness)
* **After Meningitis and septicaemia**
* After effects are common, survivors can be left with lifelong disabilities including deafness, epilepsy, brain damage, limb loss, learning difficulties and behaviour problems. We will work along with parents and outside agencies to ensure appropriate planning is incorporated to suit an individual’s needs.
* If additional support is needed, we can also refer to:
* Meningitis Helpline: 0808 80 10 388(uk)
* [www.meningitisnow.org](http://www.meningitisnow.org)
* Our Local Health Protection Team in England
* PHE South London Health Protection Team
* Floor 3C Skipton House, 80 London Road
* London
* SE1 6LH
* Telephone: 0344 326 2052
* Phe.slhpt@nhs.net; slhpt.oncall@phe.gov.uk

***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 ask them to treat their child and all the family if they are found to have head lice.

***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.
* Their picture and allergen is added to both of the meal time allergen/ intolerance and food preference boards situated within the kitchen and the eating area.
* 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*

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

These include adrenaline auto 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:
* 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 our 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 documents relating to these children must first be sent to [the Pre-school Learning Alliance Insurance Department for appraisal. Written confirmation that the insurance has been extended will be issued by return.
* 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.
* The key person must have the relevant medical training/experience, which may include receiving appropriate instructions from parents or guardians.
* Copies of all letters relating to these children must first be sent to the Pre-school Learning Alliance Insurance Department for appraisal.
* If we are unsure about any aspect, we contact the Pre-school Learning Alliance Insurance Department on 020 7697 2585 or email membership@pre-school.org.uk/insert.

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| This policy was adopted by | The Chelsfield Nursery |  |
| On | September 2024 |  |
| Date to be reviewed | September 2025 |  |
| Signed on behalf of the provider |  |
| Name of signatory | Gary Carter |
| Role of signatory (e.g. chair, director or owner) | Director |

**Other useful Pre-school Learning Alliance publications**

* Good Practice in Early Years Infection Control (2009)
* Medication Administration Record (2013)



 The Chelsfield pre-school nursery

 Windsor drive community centre

 Windsor drive Chelsfield BR6 6HD