**Promoting Health and Hygiene**

3.45. Managing children with allergies, or who are sick or infectious (including reporting notifiable diseases)

**Policy Statement**

We provide care for health 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 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, as part of the setting in process, the key Person will ask the parents for more details, to include:
* 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 reaction e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
* Control measures – such as how the child can be prevented from control with the allergen.
* This form is kept in the child’s Learning Journal and a summary of children with allergies including a photograph of the child is displayed where staff can see it, in the kitchen.
* A whiteboard in the kitchen will display clear information saying what the child’s allergy is, and emergency contact details for the parents are displayed.
* Parents train staff in how to administer special medication in the event of an allergic reaction.

 No nuts or nut products are used within the setting, and we have a no nut policy for pack lunches – we do also specify no nuts or nut products at time of registration.

Staff sit with children at lunch time to ensure that they do not share their lunches with each other.

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

Our 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; we will check with our insurance company, to see if extended insurance is required. At all times the administration of medication must be complaint with the Welfare Requirements of the Early Years Foundation Stage (2024), our Administering medicines policy and follow procedures based on advice given in Managing Medicines in schools and Early Years Settings (DfES 2014).

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

**Antibiotics** – each time a child has a new prescription for antibiotics they will not be able to attend the nursery until 24 hours after the first dose. This is in case there is a reaction to the medicine.

Please note that in the case of antibiotic eye drops or cream prescribed for the treatment of conjunctivitis the first dose must be administered at home. Children may then attend the pre-school as usual.

In addition, where antibiotic cream is prescribed for the treatment of skin conditions the first dose must be applied at home. Children may then attend the nursery as usual providing that the exclusion period for the condition has been observed where necessary – please see the ‘Infection Control Table’ for details.

**Calpol – we are a ‘non- Calpol’ Preschool.**

This means that we will not administer Calpol or Nurofen to a child unless the child has a prescription for it from the doctor or in individual extreme circumstances which are discussed with the parents.

If you have administrated Calpol to your child, they should not attend Preschool for 24 hours from the time when the medicine was ingested. This is because Calpol can mask the effects of illness which could then be passed on to other children.

If a child becomes ill at Mayfield Preschool we will immediately call the parents/carers and ask them to come and collect their child. We will try and make the child as comfortable as we can until they are collected.

**Diarrhoea and sickness -** in line with the Infection Control Table which forms part of this policy, children cannot come into the nursery within 48 hours of having an episode of either diarrhoea or vomiting.

This includes days when your child is not due in nursery and therefore if they have had either diarrhoea or vomiting when they are at home, your child needs to be free of them for 48 hours before returning to nursery. In addition, if your child has been vomiting they also need to be able to keep food down before returning.

If your child has had either diarrhoea or vomiting it is advisable to contact the nursery to check when they will be able to return.

**Piriton syrup –** Piriton syrup may be administered in an emergency whilst your child is at Preschool. Upon joining the Preschool parents will be asked to sign a form to give permission to administer Piriton syrup for children aged 1 year and above. Where possible, parents will be contacted to give verbal permission prior to the medicine being given. Once Piriton has been administered in the Preschool, staff will monitor the child and will contact parents accordingly. If a child has been given Piriton before arriving at Preschool, staff will monitor the child and will contact parents accordingly.

**Respiratory Infection including COVID-19 -**

Symptoms of COVID-19, flu and common respiratory infections include:

* continuous cough
* high temperature, fever or chills
* loss of, or change in, your normal sense of taste or smell
* shortness of breath
* unexplained tiredness, lack of energy
* muscle aches or pains that are not due to exercise
* not wanting to eat or not feeling hungry
* headache that is unusual or longer lasting than usual
* sore throat, stuffy or runny nose
* diarrhoea, feeling sick or being sick (48-hour exclusion from Preschool after last sickness or diarrhoea).

We asked all children displaying any symptoms from above to stay off Preschool until feeling well in themselves.

If a child should develop any symptoms at Preschool, we will take the child’s temperature with an ear thermometer and call parents accordingly.

Children and young people who usually go to school, college or childcare and who live with someone who has a positive COVID-19 test result **should continue to attend as normal.**

The Preschool has a legal and professional duty to follow Government and Local authorities guidance, act in accordance with this as well as maintaining the health and wellbeing of children, their families, and staff.

[People with symptoms of a respiratory infection including COVID-19 - GOV.UK (www.gov.uk)](https://www.gov.uk/guidance/people-with-symptoms-of-a-respiratory-infection-including-covid-19)

**Seizures and convulsions** – to safeguard the health and wellbeing of children who have had a seizure or convulsion, either at or outside of the Preschool, children will need to be assessed medically and remain at home for 24 hours following the seizure or convulsion. At the Preschool Manager’s discretion, on seeing a note from the hospital or doctor which states that the child is fit to return to the setting, the child may attend the Preschool.

* The Preschool has a list of excludable diseases and current exclusion times. The full list is available on the link below.

[Guidance\_on\_infection\_control\_in schools\_poster.pdf (hscni.net)](https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf)

Oral Medication

Asthma inhalers are now regarded as “oral medication” by insurers.

* Oral Medication must be prescribed by a GP and have manufacturer’s instructions clearly written on the.
* The parents must provide clear instruction (which are noted on the medical consent form) on how to administer such medication).
* Inhalers and Epi pens will need to remain on the Preschool premises.

Life-saving medication and invasive treatments

Adrenaline injections (EpiPens) for anaphylactic reactions (caused by allergies to but, 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 parents or guardian allowing staff to administer medication.
* 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 (above) relating to these children must first be sent to the Pre-school Alliance Department for appraisal. Written confirmation that the insurance has been extended will be issued by return.

Pre-School Learning Alliance Insurance Department:

020 7697 2585 or email: membership@pre-school.org.uk

* 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.

Reporting of ‘notifiable diseases’

* If a child or adult is diagnosed suffering from a notifiable disease under the Public Health (Infectious Diseases) Regulation 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 Procedures**

* 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, blood, urine, faeces or vomit.
* Vinyl gloves are used for cleaning/sluicing clothing after changing.
* Soiled clothes is double bagged for parents to collect.
* Spills of blood, urine, faeces or vomit are clearer using disinfectant solution. We use the red mop for this purpose.
* Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using disinfectant.

**Headlice**

* Headlice are not an excludable condition, although in exceptional cases a parent may be asked to keep the child off until the infestation has cleared.
* On identifying cases of headlice, all parents are informed and asked to treat their child and all the family if they are found to have headlice.

 **Further guidance**

[Supporting pupils at school with medical conditions (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf)

[Guidance\_on\_infection\_control\_in schools\_poster.pdf (hscni.net)](https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf)

[Safe at home infographic (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1065735/AG232_Safe_at_home_infographic.pdf)

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Ben Pearce – Chair of Committee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_