



6.10

Managing Children with Allergies, or who are Sick or Infectious

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 – have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – the manager 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, sponging their heads with cool water, but kept away from draughts.
- The child's temperature is taken using a thermometer appropriate to the child's age (ear, forehead strip or underarm). These are kept in the first aid kits.
- If the child's temperature does not go down and is worryingly high, then [we/I] may give them Calpol, (applicable to children under 5 years) after first obtaining verbal consent from the parent where possible. This is to reduce the risk of febrile convulsions, particularly for babies. Parents sign the medication record when they collect their child.
- 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.
- Where children have been prescribed antibiotics, parents are asked to keep them at home for 48 hours before returning to the setting.
- After sickness or diarrhoea, parents are asked to keep children home for 48 hours following the last episode of sickness or diarrhoea.
- Some activities, such as sand and water play, 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.

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 Health Protection Agency.
- When we become aware, or are formally informed of the notifiable disease, our manager informs Ofsted and contacts Public Health England and acts 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:
- Wear single use vinyl gloves and aprons when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Use protective rubber gloves for cleaning/slucing clothing after changing.
- Rinse soiled clothing and bag it for parents to collect.
- 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.

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, we inform all parents and ask them to treat their child and all the family if they are found to have head lice.

Procedures for children with allergies

- When parents start their children at the school they are asked if their child suffers from any known allergies. This is recorded on the 'medical record' form.
- If a child has an allergy, a risk assessment form is completed if appropriate 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.
- This form is kept in the child's personal file and a copy is displayed where staff can see it.
- Parents train staff in how to administer special medication in the event of an allergic reaction.

- The school has a no nuts or nut products used within the setting policy.
- 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

- Our insurance will include children with any disability or allergy, but certain procedures must be strictly adhered to as set out below.

At all times the administration of medication must be compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage.

Oral Medication:

- Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.
- The group 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.
- We must have the parents or guardians prior written consent. This consent must be kept on file.

Life-saving medication & treatments

These include adrenaline injections (Epi-Pens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc.) or invasive treatments such as rectal administration of Diazepam (for epilepsy).

- We request an individual health-care plan from the child's parents. (See Appendix 1)
- We must also 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.

Key person for special needs children

This refers to children requiring help 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 our Insurance provider. Written confirmation that the insurance has been extended will be issued by return.
- If we are unsure about any aspect, we contact our Insurance Provider

This policy was adopted by	Silverhill School
Date	January 2018
Review Date	January 2019
Name of signatory	Jenifer Capper
Role of signatory	Head Mistress

Appendix 1

Individual Health Plan

This form must be used alongside the individual child's registration form which contains emergency parental contact and other personal details.

Date completed: _____ Review date: _____

Child's details:

Full name: _____ Date of birth: _____

Address: _____

Allergies: _____

Medical condition/diagnosis _____

Medical needs and symptoms: _____

Daily care requirements: _____

Medication details (inc. expiry date/disposal) _____

Storage of medication: _____

Procedure for administering medication: _____

Names of staff trained to carry out health plan procedures and administer medication:

Other information: _____

Date risk assessment completed: _____

Risk assessment details: _____

Describe what constitutes an emergency for the child, what procedures will be taken if this occurs and the names of staff responsible for an emergency situation with the child:

Child's main carer(s):

1. Name: _____ Relationship to child: _____

Contact number(s): _____

2. Name: _____ Relationship to child: _____

Contact number(s): _____

General Practitioner's details:

Name: _____ Contact number: _____

Address: _____

Clinic of Hospital details (if app):

Name: _____ Contact number: _____

Address: _____

Declaration

I have read the information in this health plan and have found it to be accurate. I agree for the recorded procedures to be carried out:

Name of parent: _____ Date: _____

Signature: _____

Name of key person: _____ Date: _____

Signature: _____

Name of manager: _____ Date: _____

Signature: _____

Date: _____

For children requiring life-saving or invasive medication and/or care, for example, rectal diazepam, adrenaline injectors, Epi-Pens, Ana-Pens, Jext-Pens, maintaining breathing apparatus, changing colostomy or feeding tubes, you must receive approval from the child's GP/consultant, as follows:

I have read the information in this Individual Health Plan and have found it to be accurate.

Name _____ of _____ Date: _____
GP/consultant: _____
Signature: _____

To be reviewed at least every six months, or as and when needed.

Copied to parents and child's personal file (with registration form)