Promoting health and hygiene

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.

EYFS key themes and commitments

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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 information is recorded.
- If a child has a serious allergy, an individual 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).
  - Control measures – such as how the child can be prevented from contact with the allergen.
- This form is kept in the child’s personal file and a copy is displayed where staff can see it.
- Staff will receive training from the parent and or school nurse in how to administer special medication in the event of an allergic reaction.
- Generally, no nuts or nut products are used within the school.
• 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**
• 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 our insurance provider will be obtained to extend the insurance.

**At all times the administration of medication will 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 our insurance provider.
• Oral medications must be prescribed by a GP or have manufacturer’s instructions clearly written on them.
• The school should 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 school should have the parents or guardians prior written consent. This consent must be kept on file.

**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.

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.

Copies of all letters relating to these children should be sent to the insurer.

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 will call the parents and asks them to collect the child, or send a known carer to collect on their behalf.
- **Temperature:** 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 temperature is taken using an external thermometer which is kept in the Daycare medicine cabinet in the bathroom. Parents are asked to take their child to the doctor before returning them to school and keep the child at home until their temperature has returned to normal for at least 24 hours.
- In extreme cases of emergency the child will be taken to the nearest hospital and the parent informed.
- The school can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- **Diarrhoea:** Parents are asked to keep children at home for a minimum of 48 hours until a formed stool is passed.
- **Conjunctivitis:** Children may return to school after medication has been administered, except when there is an outbreak of infections when 24 hours exclusion will be required.
- **Chicken Pox:** Usually children may return to the school 5 days after onset, however in severe cases children should remain away until the last spot has formed a scab.
- **Impetigo:** Children may return to school once they are being treated with antibiotics (orally or cream) and the infected area is dry.
- The school has a list of excludable diseases and current exclusion times. The full list is obtainable from www.hpa.org.uk/servlet/ContentServer?c=HPAweb_C&cid=1194947358374&pagename=HPAwebFile and includes common childhood illnesses such as measles.
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 school becomes aware, or is formally informed of the notifiable disease, the Headteacher or Daycare manager will inform Ofsted and act 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.
- 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.
- Protective rubber gloves are used for cleaning/sluicing 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, 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)

This policy was ratified by the Governing body on..........................................................