

(To be accepted at Committee, July 2010, replacing section in H&S policy)

1.17 Sick Child Policy, also managing allergies or health conditions

(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.

Please see also our Equality and Diversity Policy and Special Education Needs Policy.

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	

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, or show signs of an infectious condition – the manager or key person will call the parents and ask them to collect the child, or send a known carer to collect on their behalf.
- The ill child is removed from the main group into a quiet corner and a member of staff will sit with them until an adult has arrived to collect them
- 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. Their temperature can be taken using a forehead scan which are kept in the first aid boxes. A high temperature will be noted on an incident form to be shared with the parents on arrival.
- We do not give general oral medicines such as calpol unless this has been authorised in writing by the parent. Normal procedures apply (named bottle, authorisation and acknowledgement in medicine book required).

- In emergency cases the manager or senior member of staff will call 999 for an ambulance and the parent will be informed.. Parents will have signed a consent form allowing this action when the child started at the setting.
- Staff can use their discretion to refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease, or are known to have had diarrhoea and/or vomiting in the last day. Parents are asked how the child is on arrival at the setting and may be asked to take their child home.
- Where children have been prescribed antibiotics for an infectious condition, parents are asked to keep them at home for 48 hours before returning to the setting.
- After diarrhoea and vomiting, parents are asked to keep children home for 48 hours after the symptoms have passed. This also applies to adults, including staff.
- The setting has a list of excludable diseases and current exclusion times which includes common childhood diseases such as measles and is used as a guideline, but staff retain discretion to ask parents to collect a child if they feel they are unwell or infectious.

Reporting of 'notifiable diseases'

- If a child or adult is diagnosed as 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 setting becomes aware, or is formally informed of the notifiable disease, the 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.
- Staff may or may not have been informed of the illness; therefore it is vital that good hygiene procedures are fulfilled at all times.
- 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.
- Single use vinyl gloves are used for cleaning/slucing clothing after changing.
- Soiled clothing is rinsed and bagged for parents to collect.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution or powder and the red mops; red cloths used are disposed of with the clinical waste. The red mop is disinfected with chlorine tablets daily. In the case of a large amount of blood or vomit, the mop head will be bagged and disposed of.
- Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.

Nits and head lice

- Children with headlice are not excluded, but must be treated to remedy the condition.
- Parents are notified if there is a case of headlice in their child's group.

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 in their 'All About Me' pack.
- If a child has an allergy, an ICP (Individual Care Plan) 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.
 - Review.
- This form is kept in the child's personal file and a copy is displayed where staff can see it.
- Parents or a health visitor 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 regardless of no known nut allergies being reported, all of our paperwork (for example healthy lunch leaflet, welcome pack) tells parents that nuts must not be included in food brought to the setting, and our cake sale posters and advertisements warn against using nuts. Families are continually reminded throughout the year of this rule.

Insurance requirements for children with allergies and disabilities

- Pre-school Learning Alliance 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 must be obtained to extend the insurance.

At all times the administration of medication must 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

- Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them and be clearly labelled with the child's name and the correct dosage
- The group must be provided with clear written instructions by the parents or GP or health visitor 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 medications are kept in the cupboards above the sinks in each room (out of reach of the children but easily accessible to staff), unless they require refrigeration, in which case they will be kept in a sealed box on the top shelf of the fridge, They must not be kept in the child's bag.
- On arrival at the setting, the key person or another adult will ask the parent how the child is and whether any medicine has already been given that day.
- The group must have the parents' or guardians' prior written consent. This consent must be kept on file. If the medicine has been administered, the medicine book must be up-dated and the parent will be asked to sign to acknowledge this.
- Asthma inhalers are regarded as "oral medication" by insurers (documents do not need to be forwarded to our insurance provider).

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.
- Copies of all three letters relating to these children must first be sent to the Pre-school Learning Alliance Insurance Department for appraisal Confirmation will then be issued in writing confirming that the insurance has been extended.

Other non-oral medication: In the rare event that other invasive medication may be required (for example, suppositories), this must be discussed with the manager or group leader. If it is agreed that staff could administer this medication, then the family will need to request that their GP or other health professional provides the training to the staff.

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 is required from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
- Key person needs to have the relevant medical training/experience, which may include appropriate instructions from parents or guardians or medical staff, or a staff member who holds the relevant qualifications (eg. a qualified nurse)
- Copies of all letters 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.

For advice: Pre-school Learning Alliance Insurance Department on 020 7697 2585 or email membership@pre-school.org.uk.

Further guidance

- Managing Medicines in Schools and Early Years Settings (DfES 2005)
<http://publications.teachernet.gov.uk/eOrderingDownload/1448-2005PDF-EN-02.pdf>

Useful Contact details:
Ofsted 0300 1231231

Emergency: 999

Local Health Protection Unit: **Cambridgeshire Office**
Kingfisher House, Kingfisher Way, Hinchingsbrooke Business Park, Huntingdon
Cambridgeshire PE29 6FH
Tel: 01480 398607
phpu@cambsphn.nhs.uk

Drafted June 2010, to be discussed at committee meeting in July 2010; current procedures within Health and Safety policy