



# Managing children with allergies, or who are sick or infectious Policy & Procedure

## (Including reporting notifiable diseases)

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We provide care for healthy children and promote health through identifying allergies and preventing contact with allergenic substances and through preventing cross infection of viruses and bacterial infections.

At Millie's we are conscious that every child is likely to get ill at some point, however, we do our utmost to protect the children by cleaning the toys and the premises. We do request that the parents/carers help us to protect the children from illnesses by keeping sick children at home until they are fully recovered and infectious free.

### **NURSERY IS NOT A PLACE FOR A SICK CHILD**

It is important that parents/carers are aware that by bringing an ill child to nursery they are risking the health of not only their child but of all the other children and staff.

We will administer Nurofen or Calpol for children who develop temperatures whilst at nursery but only if we have the parent/carers written consent. We endeavour to contact the parent/carer before administering the medication but, in the event, we are unable to reach them we will administer the medicine to help bring the temperature down if we feel not doing so puts the child at risk. The parents/carers or emergency contact will be called to collect their sick child.

### **Procedures for children with allergies**

When parents start their children at the nursery they are asked if their child suffers from any known allergies. This is recorded on the required form with the family. Piriton will be administered in an emergency, according to the instructions on the box and consent will be obtained prior to administering

If a child has an allergy, a risk assessment form & or a 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. Epi pen).
- Control measures – such as how the child can be prevented from contact with the allergen.

### **Review**

- This form is kept in the children's file and a copy is placed into a box with the medicine where staff can see and or access it if this seems necessary.
- Parents train staff in how to administer special medication in the event of an allergic reaction.
- Generally, no nuts or nut products are used within the setting.
- Parents are made aware so that no nuts or nut products are accidentally brought in, for example to a party.
- A place card can be made up for the child and put on the table at all mealtimes so that all staff are aware of allergies or served first and on a different coloured plate.

### **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.

At all times the administration of medication must be compliant with the Welfare Requirements of the Early Years Foundation Stage within the statutory framework. DfE and Department of health (March 2021, effective Sept 2021) - managing medicine in schools and early years settings can be used to support.

### **Oral Medication**

- Asthma inhalers are now regarded as "oral medication".
- Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.
- The staff must be provided with clear 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 nursery must have the parents or guardian's prior written consent. This consent must be kept on file. It is not necessary to forward copy documents to your insurance provider.
- Inhalers and spacers may be kept in the room or somewhere where there is direct access to them in the event of an emergency.
- Inhalers and spacers must be taken out on trips/outings
- All inhalers and spacers must be clearly labelled and kept safely in a box/container

### **Life saving medication & invasive treatments**

- Adrenaline injections (Epi-pens) for anaphylactic shock reactions (caused by allergies) OR
- Invasive treatments such as rectal administration of Diazepam (for epilepsy).

### **Nursery must have or seek to get with parents' support:**

- 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, or an official course to support the medication that will need to be given & invasive treatments.

### **Key person assigned 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 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.

Insurance company to be notified.

### **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 them on their behalf.
- If a child has 3 loose nappies/diarrhoea, then parents will be contacted and ask to collect the child or send a known carer to collect them on their behalf.
- If a child has a temperature, they are kept cool, by removing top clothing, but kept away from draughts. The temperature will be taken every 10 minutes and recorded on the relevant form
- Temperature is taken using a 'fever scan/thermometer' kept in the first aid box. 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.
- Millie's can and will refuse admittance to children who have a temperature, sickness and diarrhoea, a contagious infection or disease or if parents have administered Calpol or Nurofen prior to them coming into nursery. Except when given for mild pain relief, such as teething or for after immunisations.
- Where there has been a case of a sickness bug, a contagious infection or disease then all families within that room will be contacted and informed via Famly
- Where children have been prescribed antibiotics, parents are asked to keep them at home until the fifth day of their antibiotics before returning to the setting. This is to ensure the infection has cleared properly and that the child has had a chance to

recuperate before coming back and possibly getting more ill, if their immune system is low and still trying to recover.

- After sickness & diarrhea and a temperature, parents are asked to keep children home for 48 hours from the last bout or high temperature. This is to prevent the child from passing on anything to either the staff or other children as well as to stop them becoming ill again.
- For conjunctivitis, the child can still attend nursery, however, the eyedrops must be obtained from a GP for a child under 2 or over 2 from a pharmacist. The first dose must be administered at home, ideally 24 hours prior to coming back into nursery. The drops must be labelled showing the expiry date.
- In an emergency Piriton will be administered according to the instructions on the box once consent has been obtained by a parent; for example, if a child has had an allergic reaction.

The setting has a list of excludable diseases and current exclusion times. The full list is obtainable from

<https://www.gov.uk/government/organisations/public-health-england>

### **Reporting of 'notifiable diseases'**

If a child or adult is diagnosed suffering from a notifiable disease under the Health Protection (Notification) Regulations (March 2020), a full list can be found here:

<http://www.legislation.gov.uk/ukxi/2010/659/schedule/1/made>.

GP's will report this to the Health Protection Agency, or we can.

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 procedure**

- HIV virus, like other viruses such as Hepatitis, (A, B and C) 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/slucing clothing after changing.
- Soiled clothing is rinsed and either bagged for parents to collect or laundered in the nursery where possible.
- 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.
- Children do not share toothbrushes.

### **Nits and head lice**

Nits and head lice are not an excludable condition, although in exceptional cases and re-occurring cases a parent may be asked to keep the child away until the infestation has cleared.

On identifying cases of head lice, all parents are informed and asked to treat their child and all the family if they are found to have head lice. This must include the following advice on bedding around the family home.

### **Further guidance**

- Statutory Framework (4 January 2024) pg.33
  - BMA prescribing over the counter medicines in nurseries and schools
- Health protection in Children and Young People settings, including education (12/9/24)