

### **Safeguarding and Welfare Requirement: Health**

The provider must promote the good health of children attending the setting. They must have a procedure, discussed with parents and/or carers, for responding to children who are ill or infectious, take necessary steps to prevent the spread of infection, and take appropriate action if children are ill.

## **6.2 Managing children who are sick, infectious, or with allergies**

### **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 – for example, if they have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – our manager call the parents and ask them to collect the child, or to send a known carer to collect the child on their behalf.
- If a child has a temperature, they are kept cool, by removing top clothing and sponging their heads with tepid water if we feel this will be a comfort to them, but kept away from draughts.
- The child's temperature is taken using a digital ear thermometer with a disposable cover kept by the first aid box in either our main room or our second playroom kitchen area, or our forehead thermometer kept in the First Aid box in the main room. Our thermometer is occasionally stored in our 'outdoor trolley' to ensure easy access and monitoring of temperatures in our outdoor area as that is where we spend the majority of most sessions.
- If the child's temperature does not go down and is worryingly high, then we may give them Calpol or another similar analgesic, after first obtaining verbal consent from the parent where possible (written consent given on Registration forms). This is to reduce the risk of febrile convulsions, particularly for babies. Parents sign the medication record when they collect their child. This will only happen in emergency situations eg when temperature will not go down and parent/carer is a fair distance away from collecting the child.
- In extreme cases of emergency, an ambulance is called and the parent informed.
- Parents are asked to take their child to the doctor before returning them to the setting; we can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics for an infectious illness or complaint, we ask parents to keep them at home for 48 hours before returning to the setting. This is to ensure there are no adverse reactions to any medication prescribed.
- Children who arrive at the setting with an unknown rash or symptoms where the cause is not known may not be allowed to stay. Parent's/Carer/s will be asked to seek medical advice from a doctor and once a condition has been confirmed as not contagious or infectious then the child will be able to return to the setting. We may ask for evidence from a doctor if we are concerned about a rash or other symptoms.
- After diarrhoea and/or sickness, parents are to keep children home for 48 hours following the last episode to minimise the spread of infection.

- Some activities, such as sand and water play, and self-serve snacks where there is a risk of cross-contamination may be suspended for the duration of any serious outbreak.
- We hold a list of excludable diseases and current exclusion times in the office (called the 'Spotty Book'). We use this alongside guidance from Public Health England to decide on exclusion periods. Sometimes we may recommend a period of exclusion that differs from that advised to help minimise the spread of infection within nursery due to the nature of caring for very young children.

#### *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 Public Health England.
- 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 gloves when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit. Single-use aprons will be used in severe cases such as diarrhoea/blood.
- Bag soiled clothing for parents to take home for cleaning.
- Clear spills of blood, urine, faeces or vomit using mild disinfectant solution and mops; any cloths used are disposed of.
- 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 some cases we may ask a parent to keep the child away until the infestation has cleared.
- On identifying cases of head lice, we inform all parents ask them to collect their child and treat them at home before returning to the setting.

#### *Procedures for children with allergies*

- When children start at the setting we ask their parents if their child suffers from any known allergies. This is recorded on the Registration Form.
- If a child has a diagnosed allergy, we complete a risk assessment form (Individual Health Plan) 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 measures.

- The Individual Health plan must be signed by a doctor or other appropriately trained professional (eg health visitor, nurse) before the child starts the setting.
- This risk assessment form is kept in the child's personal file and all staff are made aware of the allergy and any important information surrounding it.
- An allergy list is displayed in the kitchen areas and snack area outside as well as a copy kept in the registers to ensure staff have access to allergy information at all times.
- Generally, no nuts or nut products are used within the setting.
- All parents are made aware to avoid nut or nut products being accidentally brought in, for example when providing cakes to celebrate a birthday or in children's lunch boxes.

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

- If necessary, our insurance will 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 we ensure that the administration of medication is compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage.
- 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.
  - We must be provided with clear written instructions on how to administer such medication.
  - We adhere to all risk assessment procedures 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. It is not necessary to forward copy documents to our insurance provider.
- Life-saving medication and invasive treatments:
 

These include 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).

  - 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 and or a Health Care Plan signed by a doctor;
    - 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. When none of these are possible, the setting may be able to arrange appropriate training for staff by a qualified provider (eg epi pen training)
  - Copies of all three documents 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.
- Key person for special needs children requiring assistance 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 or other appropriate member of staff 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 the Pre-school Learning Alliance Insurance Department for appraisal. Written confirmation that the insurance has been extended will be issued by return.
- If we are unsure about any aspect, we contact the Pre-school Learning Alliance Insurance Department on 020 7697 2585 or email [membership@pre-school.org.uk/insert](mailto:membership@pre-school.org.uk/insert)

This policy was adopted by	Daffodils Outdoor Nursery Ltd	<i>(name of provider)</i>
On	<u>22<sup>nd</sup> February 2018</u>	<i>(date)</i>
Date to be reviewed	<u>February 2019</u>	<i>(date)</i>
Signed on behalf of the provider	_____	
Name of signatory	_____	
Role of signatory (e.g. chair, director or owner)	_____	