

General Welfare Requirement: Safeguarding and Promoting Children’s Welfare

The provider must promote the good health of the children, take necessary steps to prevent the spread of infection, and take appropriate action when they are ill.

Promoting health and hygiene

1.16 Managing children with allergies, or who are sick or infectious

(Including reporting notifiable diseases)

Policy statement

At Fellowship House Children’s Centre, 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

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 with allergies

- When parents start their children at the setting they are asked if their child suffers from any known allergies. This is recorded on the registration form.
- If a child has an allergy, a 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.
 - Advice would be sought from the parent and there would be discussion as to how to prevent accidental contact e.g. at mealtimes having a suitable space between other

children or sitting next to the adult in charge of their table. Using alternative materials for activities.

- 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.
- 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

- The insurance which is with RSA will automatically include children with any disability or allergies, 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 the insurance provider RSA 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

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.
- The Nursery staff are 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 guardians' prior written consent for medication which is taken on a regular basis. This consent must be kept on file, and it is not necessary to forward copy documents to RSA.
- 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), such treatment would only be carried out after in depth discussion with the parent and thorough training given for giving these treatments.
- The nursery 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. must have

- 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.
- Notification should be made to RSA and written confirmation that the insurance has been extended should be issued.

If unsure about any aspect, contact to RSA should be made.

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 will call the parents and ask 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 outer layer of clothing, wipe down with cool water using a flannel, but kept away from draughts, providing previous permission has been sought and given by the parent, Calpol is given to the child, this permission is given by way of a form in the parent pack when the child starts nursery.
- Temperature is taken using a 'digital thermometer' kept in the office.
- In extreme cases of emergency, the child will 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 24 hours before returning to the setting.
- After diarrhoea, parents are asked to keep children home for 24 hours after a formed stool is passed.
- The setting has a list of excludable diseases and current exclusion times. The full list is obtainable from www.patient.co.uk 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 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) 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 vinyl gloves are used for cleaning/sluicing clothing after changing.
- Soiled clothing is rinsed and either bagged for parents to collect or laundered in the nursery.
- Spills of blood, urine, faeces, or vomit are cleared using mild disinfectant solution and mops; cloths used are disposed of.
- Tables and other furniture, furnishings or toys affected by blood, urine, faeces, or vomit are cleaned using a disinfectant.
- Gloves are available around the nursery and aprons are kept on the changing units and children's toilets.

Nits and head lice

- Nits and head lice are not an excludable condition unless left untreated, 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, all parents are informed and asked to treat their child and all the family. Treatment of the condition is required before the child is permitted to return to nursery.

Further guidance

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

This policy was adopted at a meeting of

Fellowship House Children's
Centre

Held on

15th January 2018

Date to be reviewed

15th November 2023

Signed on behalf of the management
committee

Name of signatory

Reshma Ahmed

Role of signatory

Manager
