

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.

Promoting health and hygiene

Managing children with allergies, or who are sick or infectious

(Including reporting notifiable diseases)

Policy statement

Nursery provides care for healthy children through preventing cross infection of viruses and bacterial infections and promotes health through identifying allergies and preventing contact with the allergenic trigger.

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.
 - Review measures:
- The Risk Assessment form is kept in the child's personal file and a copy is displayed where staff can see it (in the kitchen and on the snack / lunch trolley)
- In addition a warning is placed on the children's table mats to alert staff to children who have known allergies,
- 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 especially when a child known to have an allergy is attending. Children's packed lunches may contain allergens and children are discouraged from sharing food and are supported to clean hands and face after meals.
- The staff review meal time procedures to assess and minimise risks around food allergies and discuss, at a developmentally appropriate level, the risk some foods can pose to some people.

- Parents are made aware so that no nut or nut products are accidentally brought in, for example to a party. However, not all allergens can be excluded from the setting environment.
- A health care plan is also be completed, either as a separate document, or as part of the Risk Assessment

Insurance requirements for children with allergies and disabilities

- The 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 the Nursery insurance provider must be obtained to extend the insurance before a child can be left at the setting.

At all times the administration of medication must be 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 the Nursery insurance provider.

- Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.
- Nursery must 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 setting must have the parents or guardians prior written consent. This consent must be kept on file. It is not necessary to forward copy documents the setting's 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).

- Nursery must have:
 - a letter / care plan 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, childrens' nurse specialist or a community paediatric nurse.
- Written confirmation that we hold this information will first be sent to the Early Years Alliance Insurance team for appraisal. Written confirmation that the insurance has been extended will

be issued by return.

- Treatments such as inhalers or Epipens are immediately accessible in an emergency in a place known to all 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 from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
- The key person must 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 must first be sent to the Early Years Alliance Insurance team for appraisal. Written confirmation that the insurance has been extended will be issued by return.

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If Nursery is unsure about any aspect, we contact the Early Years Alliance Insurance team on 020 7697 2585, email insurance@eyalliance.org.uk

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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 or Administrator calls the parents and asks them to collect the child, or 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 cool water, but kept away from draughts..
- The child's temperature is taken using a forehead thermometer strip, **[kept in the plasters and wipes box]**. Staff are aware that forehead thermometers only give an approximate reading and use their judgement to assess a child's condition.
- *If the child's temperature does not go down and is worryingly high then 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; the setting 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 48 hours before returning to the setting.

- After diarrhoea, parents are asked to keep children home for **48 hours or until a formed stool is passed.**
- 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 outbreak.
- Nursery has a list of excludable diseases and current exclusion times. The full list is obtainable from:
www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities
, and includes common childhood illnesses such as measles.

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 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 rubber gloves are used for cleaning/sludging clothing after changing.
- Soiled clothing is bagged for parents to collect or thrown away. It is not washed on the premises or processed in the kitchen
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; any cloths used are disposed of **with clinical waste.**
- Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.
- Ensure that children do not share toothbrushes, which when kept on the premises will be soaked in sterilising solution weekly.

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, all parents are informed and asked to treat their child and all the family if they are found to have head lice.

This policy was reviewed at a meeting of Lake Street Nursery and name of setting
Pre-School CIO

Held on 8th November 2021 (date)

Review date November 2022 (date)

Signed on behalf of the management
committee

Name of signatory Catherine Morey

Role of signatory (e.g. chair/owner) Manager and Trustee

Further guidance

- Good Practice in Early Years Infection Control (2009)
- Medication Administration Record (2013)