**TRING STEPPING STONES PRE-SCHOOL**

**Health Procedures**

**04.05 Poorly children.**

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

(Including reporting notfiable diseases)

**Policy statement**

We 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 – have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – the manager calls the parents and asks them to collect the child, or send a known carer to collect on their behalf. Where possible the ill child would be kept away from the other children and comforted by a member of staff until their parent arrived.

 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. A child’s temperature is taken and checked regularly using a digital forehead thermometer.

 In extreme cases of emergency the emergency services should be contacted and the child taken to the nearest hospital, accompanied by a staff member and the parent informed.

 Pre-school 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. If they require a new form of treatment the exclusion period will begin again once the required doses of the new treatment has begun.

 After sickness and/or diarrhoea, parents are asked to keep children home for 48 hours following the last episode.

* Some activities, such as play dough, sand and water play, where there is a risk of cross-contamination may be suspended for the duration of any outbreak. We will also deep clean the toys.
* The setting has a list of excludable diseases and current exclusion times as advised by the Health Protection Agency. We have compiled a list of pre-school requirements for childhood illness and diseases:

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| **Type of disease/illness** | **Response / Exclusion Period** |
| Vomiting / diarrhoea | Children must stay at home for 48 hours from the last episode. |
| Antibiotics | If child is prescribed antibiotics by the doctor they should stay at home for 48 hours after the first dose is administered to ensure they do not have a reaction. |
| Chickenpox | Children should stay at home fr at least 5 days after the appearance of the spots and until all the spots are scabbed over and the child is well enough to return. |
| Conjunctivitis | Child should stay at home until they have had a full day of treatment, or if no treatment is to be given they should remain at home until eyes have stopped leaking fluid. |
| Coughs / Colds | Children should stay at home if they have a very heavy cold or if they feel unwell, lethargic or are distressed by the symptoms. |
| COVID 19 | If a child tests positive for covid 19 and is displaying symptoms they should stay at home. As with any illness pre-school will call a parent / carer to collect the child if they feel child is not well enough to attend pre-school or they are displaying symptoms of concern. |
| Croup | Children should stay at home until the symptoms have cleared and they are well enough to return. |
| Ear Infection | Children should stay at home for 48 hours after antibiotics treatment has begun. Their ears must no longer be leaking any fluid. We do spend long periods outside each day. |
| Hand Foot & Mouth | Children should stay at home until all the spots have scabbed over fully, at least 5 days from appearance of spots. |
| Headlice | Children should stay at home until the first treatment and headlice comb has been completed. |
| Scarlet Fever | Children should stay at home for 48 hours after the first antibiotic dose and they are well enough to return to pre-school. |
| Temperature | Children should stay at home for 24 hours after the temperature has returned to normal naturally without paracetamol. |
| Impetigo | Children should stay at home until 48 hours after first dose of antibiotics or until all the lesions are crusted and healed. |
| This list is not exhaustive, we have included the illnesses that are most common at pre-school. Please seek medical advice if you are unsure, contact your GP or NHS 111 .  We will inform all parents by email of any infectious diseases such as chicken pox if we have a case, although we will not identify the child suffering from the illness. We will send out the link to NHS advice. | |

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.
* The setting manager has a list of notifiable diseases and contacts Public Health England (PHE) and Ofsted in the event of an outbreak.
* If staff suspect that a child who falls ill whilst in their care is suffering from a serious disease that may have been contracted abroad such as Ebola, immediate medical assessment is required. The setting manager or deputy calls NHS111 and informs parents.

 When pre-school becomes aware, or is formally informed of the notifiable disease, the leader informs Ofsted and contacts Public Health England, and acts on any advice given.

The setting manager notifies the chairperson if there is an outbreak of an infection (affects more than 3-4 children) and keeps a record of the numbers and duration of each event.

*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 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/sluicing clothing after changing.

 Soiled clothing is bagged for parents to collect. Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and disposable paper towels, cloths used are disposed of.

 Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.

* Any waste is disposed of straight away in the black bins outside.

*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.

**Procedures for children with allergies and food intolerances**

 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. We also ask parents to fill out a health care plan and medicine book detailing the allergy and medication used.

 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).

* Procedure to follow for each child if an epi pen is to be administered e.g. call parents to collect child, dial 999 and inform them of situation, when epi pen was administered and how child is now. The process will vary for each child the allergic reaction may be severe or less severe, clarity should be sought from parents based on the advice of their doctors to ensure we act in the correct way for each child and this should be documented in the doctors letter which accompanies the health care plan

Control measures – such as how the child can be prevented from contact with the allergen.

This form is kept in the child’s personal file and details of the allergy are displayed on the staff notice board. Any volunteer or parent helper is also made aware of the allergy if they are involved in snack time. The information on the form is reviewed termly by the parents.

 All parents are asked to review the details termly to ensure we are kept informed of any allergies that develop after the child has started pre-school.

 Parents or health care professionals 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. The staff check all food products for details such as “may contain nuts or traces of nuts”. Parental advice is also sought as some children are able to eat foods labelled “produced in a factory which does contain nuts”; this information is also listed on their medical form.

Parents are made aware so that no nut or nut products are accidentally brought in, for example to a party or lunch club.

In accordance with new government guidelines we display a list of the 14 recognised allergens on our pre-school noticeboard and in our snack cupboard. We will also keep a list of the food stuffs we offer for snack with a list of allergens they may contain for parent/carers information.

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; written confirmation from your 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

In some cases we are able to administer medication that has been prescribed (recommended) by a pharmacist or nurse without a written prescription but with full written permission from the parents as detailed below. However we are only able to administer medicines containing aspirin when they have been prescribed by a doctor.

Asthma inhalers are now regarded as "oral medication" by insurers and so documents do not need to be forwarded to your insurance provider.

 Oral medications must be prescribed by a GP and should have child’s name, expiry date and exact dosage written on them. Pre-school 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.

 Pre-school must have the prior written consent of the parent or guardian. This consent must be kept on file. It is not necessary to forward copy documents to our insurance provider.

***Children's prescribed medicines are stored in their original containers, it must be in-date and prescribed for the current condition and have the child’s name, expiry date and exact dosage labelled on it.***

We have a separate Administering medicines policy which explains in detail how we administer medicine to children.

Lifesaving 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). These must be prescribed by a GP.

Pre-school 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. 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.

If an epi pen is to be administered and stored by pre-school then as part of the health care plan we should ask the parent to check with their doctor whether 1 epi pen is sufficient to deal with the allergic reaction and the process to be followed once the epi pen has been administered e.g. should we dial 999 or call the parents and ask them to collect their child from pre-school. The GP should specify in the letter the process to follow after the epi pen has been administered by pre school as it is not uncommon for the effects of the first epi pen to wear off in a severe allergic reaction. If we are to dial 999 then we should notify the paramedics the type of reaction and timing of when the epi pen was administered.

Treatments, such as inhalers or Epipens are immediately accessible in an emergency.

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.

 All staff to 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 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 can contact the Pre-school Learning Alliance Insurance Department on 020 7697 2585 or email [membership@pre-school.org.uk](mailto:membership@pre-school.org.uk)

**Further guidance**

[Good Practice in Early Years Infection Control](https://portal.eyalliance.org.uk/Shop#!prod/43aaf2a6-7364-ea11-a811-000d3a0bad7c/curr/GBP) (Alliance 2009)

[Medication Administration Record](https://portal.eyalliance.org.uk/Shop#!prod/3a3f4ad6-7564-ea11-a811-000d3a0ba8fe/curr/GBP) (Early Years Alliance 2019)

Guidance on infection control in schools and other childcare settings (Public Health Agency) <https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf>

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| This policy was adopted at a meeting of | Tring Stepping Stones |  |
| Held on |  |  |
| Date to be reviewed | January 2024 |  |
| Signed on behalf of the management committee |  |  |
| Name of signatory |  |  |
| Role of signatory (e.g. chair/owner) |  |  |

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| --- | --- | --- |
| Staff Name | Staff Signature | Date the policy was read. |
| Lucy Brittain |  |  |
| Nicola Poulton |  |  |
| Nicola Reynolds |  |  |
| Kim Smith |  |  |
| Nicke Cooke |  |  |
| Jo Davis |  |  |

September 2012 review- added a statement saying “Children's prescribed medicines are stored in their original containers, it must be in-date and prescribed for the current condition and have the child’s name, expiry date and exact dosage labelled on it.”

November 2013 review- added that ill children would be kept away from other children and comforted by staff until a parent arrives.

Procedure to follow for each child if an epi pen is to be administered e.g. call parents to collect child, dial 999 and inform them of situation, when epi pen was administered and how child is now. The process will vary for each child the allergic reaction may be severe or less severe, clarity should be sought from parents based on the advice of their doctors to ensure we act in the correct way for each child and this should be documented in the doctors letter which accompanies the health care plan

Jan 15

Welfare statement

48 hours after last episode rather than 48 hours or after passing a formed stool.

Taken out that we will inform Oftsed and RIDDOR and replaced with Ofsted and Public Health England.

Added line about displaying 14 allergens on noticeboard and list of snacks.

Taken out further guidance

April 17- no changes

March 2018 – no changes

March 2019- taken out we check temperature with forehead thermometer

* March 2020- Treatments, such as inhalers or Epipens are immediately accessible in an emergency.

March 2022 –

If they require a new form of treatment the exclusion period will begin again once the required doses of the new treatment has begun

If staff suspect that a child who falls ill whilst in their care is suffering from a serious disease that may have been contracted abroad such as Ebola, immediate medical assessment is required. The setting manager or deputy calls NHS111 and informs parents.

Added “food intolerances” to the heading “Procedures for the children with allergies and food intolerances”

New table of exclusions for common diseases and illnesses

January 2023 – added line child’s temperature is taken and checked regularly using a digital forehead thermometer. Added Further Guidance recommendations