

## General Welfare Requirement: Safeguarding and Promoting Children's Welfare

Glebe House School Early Years Staff 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

### 1.17 Managing children with allergies, or who are sick or infectious

(Including reporting notifiable diseases)

#### Policy statement

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. We strongly recommend that all children in our setting have the appropriate NHS childhood immunisations, unless they are advised otherwise by NHS.

#### EYFS Key themes and commitments

A Unique Child	Positive Relationships	Enabling Environments	Learning and Development
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#### 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.
  - This form is kept in the child's personal file and a copy is displayed where staff can see it.
- Community Nurses and Parents train staff in how to administer special medication in the event of an allergic reaction.
- 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 or in packed lunches or teas from home.
- We abide by Foods Standards Agency for allergy advice/legislation to ensure everyone is aware of potential allergens, and the allergens are displayed on weekly menus and snack lists.

#### *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 Safeguarding and 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 your insurance provider.

- Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.
- Parents must provide us 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.
- We must always gain parents or guardians prior written consent. This consent must be kept on file. It is not necessary to forward copy documents to your 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).
- 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;
  - 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.
- Copies of all three letters relating to these children must be stored in the child's file and sent to the Insurance Company if necessary. Confirmation may then need to be issued in writing confirming that the insurance has been extended.

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.
- 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.
- Copies of all letters relating to these children may need to be sent to our Insurance Company for appraisal. Written confirmation that the insurance has been extended will be issued by return.

If you are unsure about any aspect, contact the Bursar or Headmaster who will contact the School's Insurance Company, QBE UK Limited.

### **Procedures for children who are sick or infectious**

- During initial visits to nursery parents are made aware of the importance of keeping children at home when they are ill and the need to refer to the communicable disease guidance
- If children appear unwell during the day – have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – the manager/head of room calls the parents and asks them to collect the child, or send a known carer to collect on their behalf.
- Please see health and safety policy 3.2 regarding safe disposal of body fluids.
- If a child has a temperature, they are kept cool, by following the latest advice from current paediatric training.
- Temperature is taken using a 'fever scan' or 'ear probe' kept near to the first aid box or in the nursery kitchen
- In extreme cases of emergency the child should be taken to the nearest hospital and the parent or emergency contact person will be informed, as soon as possible by the senior member of staff on duty
- 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 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.
- The setting has a list of excludable diseases and current exclusion times. The full list is obtainable from [www.hpa.org.uk/webc/HPAwebFile/HPAweb\\_C/1194947358374](http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947358374) and includes common childhood illnesses such as measles.

- Communicable Disease Guidance Sheets are displayed on the parents notice board and given to all new parents/carers for guidance
- Signs are placed on the door/walls notifying parents/carers/visitors of any health concerns so if their children or family members are not appropriately immunised or have low immune systems, they can make the choice whether to enter nursery or not.

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

- If a child or adult is diagnosed 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/slucing 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 with the clinical waste.
- Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.

#### *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.

#### **Further guidance**

- Supporting pupils at school with medical conditions (December 2015)
- Communicable health disease guidance sheet – <https://www.publichealth.hscni.net/publications/guidance-infection-control-schools-and-other-childcare-settings-0>
- A link to health protection agency as above
- Statutory Framework for Early Years Foundation Stage 2019
- [food.gov.uk/allergy](http://food.gov.uk/allergy)

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This policy was adopted at a meeting of	Glebe House School Nursery	name of setting
Held on	<hr/> October 2019	(date)
Date to be reviewed	<hr/> October 2020	(date)
Signed on behalf of the management committee		
Name of signatory	<hr/> Susie Pull	
Role of signatory (e.g. chair/owner)	<hr/> Setting Manager	