

Sick, infectious or Children with allergies policy

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/supervisor or key person will 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 cool water, but kept away from draughts.
- The child's temperature is taken using a thermometer, kept in the first aid box.
- 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.

After diarrhoea, we ask parents keep children home for 48 hours following the last episode.

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.

There have a list of excludable diseases and current exclusion times. The full list is obtainable from www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947358374 and includes common childhood illnesses such as measles.

Illness	Minimum exclusion period
Antibiotics prescribed	First 48 hours at home
Temperature	If sent home ill, off for 24 hours
Vomiting	48 hours from last bout
Diarrhoea	48 hours from last bout
Conjunctivitis	None
Chickenpox	Until all vessels have crusted over
Scarlet Fever	Child can return 24 hours after starting appropriate antibiotic treatment
Impetigo	Until lesions have crusted over/48 hours after starting appropriate antibiotic treatment
Lice	Until treated
Ring worm of the scalp	Until treatment commenced
Ring worm of the body	Not necessary to exclude as long as treatment is given
Scabies	Can return after first treatment
Measles	At least 4 days from the onset of rash
German measles	At least 4 days from the onset of rash
Mumps	5 days from the onset of swollen glands

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 we become aware, or are formally informed of the notifiable disease, our manager informs Ofsted and the local Health Protection Agency, and act[s] 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 vinyl gloves and aprons when changing children's pull-ups, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Use protective rubber gloves for cleaning/sluicing clothing after changing.
- Rinse soiled clothing and bag it for parents to collect.
- 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 exceptional 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 treat their child and all the family if they are found to have head lice.

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 an allergy, we complete a risk assessment form 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. Epi-pen).
- Control measures - such as how the child can be prevented from contact with the allergen.
- Review measures.
- This risk assessment form is kept in the child's personal file and a copy is displayed where our staff can see it.
- 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.

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 (Epi-pens) 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:

- 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.

Copies of all 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.

If we are unsure about any aspect, we contact the Early Years Alliance Insurance Department on 020 7697 2585 or email membership@eyalliance.org.uk.

This policy was reviewed by Kingfisher Kindergarten Ltd

Date to be reviewed

Annually

Signed on behalf of the provider

La-Ryne van der Westhuizen

Role of signatory

Owner