



# Childrens Learning Centre

Managing children with allergies, or who are sick or infectious

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**Owner: Barry Easton**

## **Document Currency**

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

### 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 the Children's Learning 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

| A Unique Child | Positive Relationships | Enabling Environments | Learning and Development |
|----------------|------------------------|-----------------------|--------------------------|
|                |                        |                       |                          |

#### 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 a serious 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.

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

- 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.

### *Oral Medication*

Asthma inhalers are now regarded as "oral medication"

- Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.
- The Centre 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 Centre must have the parents or guardians prior written consent. This consent must be kept on file.

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).

- The setting 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
  - adequate training, via DVD or first aid training must be completed by all relevant staff before child attends with Epipen.
  - Proof of training in the administration of all other invasion 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.

- Prior written consent from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
- Key person/manager to have the relevant medical training/experience, which may include those who have received appropriate instructions from parents or guardians, or who have qualifications.

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

### 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 – a manager or senior must be informed and a member of staff calls the parents and asks them to collect the child, or send a known carer to collect on their behalf. Examples of when your child may need to be sent home:
  - If your child is unwell, has become a 1:1 and is showing obvious signs they are not themselves.
  - If your child's temperature reaches 38°C or above as this is classed as a fever.
- If a child has a temperature, they are kept cool, by removing top clothing, and applying a cool cloth to their head or shoulders, while keeping away from draughts.
- As a last resort, if there is a delay in the child being collected and the situation worsens calpol may be administered with parental permission.
- In extreme cases of an emergency the child should 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 for the very first time, parents are asked to keep them at home for 24 hours before returning to the setting, as a reaction may occur.
- After diarrhoea, parents are asked to keep children home for a minimum of 48 hours and then only if a formed stool is passed before returning to nursery.
- After vomiting, parents are asked to keep children home until they have been free of symptoms for 48 hours and only when they feel well, may they return to nursery.
- In the case of a flu or other pandemic the advice of the HPA will be followed.
- The setting has a list of excludable diseases and current exclusion times. The full list is obtainable from the Health Protection Agency 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.

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

### *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 appropriately for parents to collect.
- 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, however on identifying cases of head lice, all parents are informed and asked to take their child home to be treated.
- Once clear the child may return the same day.
- We also advise that all family members receive treatment for head lice.

### **Further guidance**

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