

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.

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

(Including reporting notifiable 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 substance.

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 new persistent cough – the manager or deputy manager calls the parents and asks them to collect the child, or send a known carer to collect the child on their behalf. The child will be supported by a member of staff in an area away from other children if possible and if necessary, the staff member where will wear appropriate PPE (e.g. if Covid 19 is suspected, child is vomiting). This can be found in the PPE box stored on the shelves in the craft room.
- If a child has a temperature, they are kept cool, by removing top clothing and sponging their heads with cool water (but not cold), but kept away from draughts.
- The child's temperature is taken using a remote forehead thermometer.
- In extreme cases of emergency, the child should be taken to the nearest hospital and the parent informed. Emergency services will be called in this instance.
- The setting will not accept a child that requires Calpol or similar before attending as this can mask a temperature.
- Where children has had a temperature, parents are asked to keep the child at home for 24hrs after the last episode.
- 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 or sickness, parents are asked to keep children home for 48 hours after the last episode.
- Children and young people who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test

- The setting has a list of excludable diseases and current exclusion times. The full list is obtainable from:

https://witchfordpreschool.co.uk/wp-content/uploads/2022/05/Exclusion-table-GOV.UK_.pdf

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.

Procedures

- 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/sluicing clothing after changing.
- Soiled clothing is rinsed and bagged for parents to collect.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; any 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.

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 to prevent the child coming into 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, normally near the snack area.
- No nuts or nut products are used within the setting.
- Parents are made aware of any allergen products are accidentally brought in, for example to a party.

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.
- The setting 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 in our care plan forms.

Life saving medication and 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 provider 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 documents relating to these children must first be sent to the Early Years Alliance Insurance Department for appraisal. Written confirmation that the insurance has been extended will be issued by return.

If you are unsure about any aspect, contact the Early Years Alliance Insurance Department on 020 7697 2585 or email.

Covid 19 Preventative Measures:

The setting cleans frequently used touch points twice daily. We have windows open to provide ventilation and CO2 monitors are used to measure the quality of the air. Children and staff are encouraged to wash hands frequently especially after coughing/sneezing. There are supplies of anti-bacterial/anti-virus sprays and gels in each room. Contingency plans are in place if the number of positive cases in the setting increase and the local authority and public health will be contacted if numbers raise beyond 5. The resources are steamed at least once a week and this will be increased to daily if we are aware of a positive case within the setting.

Legal framework

The Human Medicines Regulations (2012)

Further guidance

- Managing Medicines in Schools and Early Years Settings (DfES 2005)