

**Portreath Pre-School**

**Promoting health and hygiene**

**Managing children with allergies, long term medical conditions or who are sick or infectious**

**Policy statement**

We provide care for healthy children and promote health through identifying allergies and preventing contact with the allergenic substance, through supporting families to manage long term medical conditions and through preventing cross infection of viruses and bacterial infections.

**Procedures for children with allergies and long term medical conditions**

* When parents start their children at the setting they are asked if their child suffers from any known allergies. This is recorded on the admission form.
* If a child has an allergy, a risk assessment form is completed by the parents 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.
* Parents and medical professionals train staff in how to administer special medication in the event of an allergic reaction.
* Peanut butter is used within the setting for occasional snack times (children on the allergy list do not have peanut butter). However if a child had a severe nut allergy we would not use this as a snack product. All parents would be made aware if we had a child in the setting with such an allergy so that no nut or nut products are accidentally brought in, for example, in a packed lunch.
* Parents are asked to fill in a Health Care Plan on admission if their child has a long term medical condition (e.g. asthma, eczema, coeliac disease), and a meeting is held where this is discussed with their key person. This will give them the opportunity to explain how to manage their child’s long term medical condition. The key person will ensure all members of staff know the information on the Health care plan.
* If management of a child’s allergy requires an epipen then training would be sought to ensure that staff are able to administer it correctly.

*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 would be obtained from our insurance provider 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*

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.
* Parents must provide 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 ensure we obtain 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 & 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 would obtain:
* 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 first be sent to the Pre-school Learning Alliance Insurance Department for appraisal. Confirmation would then 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 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.

**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.
* 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.
* Temperature is taken using an ear/forehead thermometer kept near to the first aid box.
* In extreme cases of emergency an ambulance called and the parent informed.
* Parents are asked to take their child to the doctor before returning them to Pre-school; the 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.
* 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 <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/children-and-young-people-settings-tools-and-resources>

*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.

# *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.
* Single use vinyl gloves are used for cleaning/sluicing clothing after changing.
* Soiled clothing is rinsed and either bagged 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, 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**

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

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| This policy was adopted at a meeting of | Portreath Pre-School |  |
| Held on | 06.06.2018 |  |
| Last reviewed and amended | 24.06.24 |  |

**Other useful Pre-school Learning Alliance publications**

* Good Practice in Early Years Infection Control (2009)