

# Thanet Early Years Project

## Managing Children Who Are Sick, Infectious, or with Allergies

### Statement of Intent

TEYP recognises the importance of keeping all children in our care healthy and well. We provide care for healthy children through minimising the risk of cross infection of viruses and bacterial infections and by promoting good health through the identification of allergies and by preventing contact with the allergenic substance.

### Procedures for children who are sick or infectious

- If children appear unwell during the day, for example, they have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach, the manager will call the parent/carer and request that the child is collected either by them or by an authorised adult.
- If a child has a temperature, they will be kept cool. This is achieved by removing top clothing, sponging their heads with tepid water, and being kept away from draughts.
- The child's temperature is taken using a thermometer. This information is recorded to pass onto the parent/carer.
- In extreme cases of emergency an ambulance will be called. Parents/carers will be informed and notified of which hospital their child may have been taken to. The child will be accompanied by a member of staff in the absence of the child's parent/carer.
- If a child is ill or has been collected due to an illness, parents are asked to take their child to the doctor before returning them to nursery. The nursery may refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease or who need Calpol to control their temperature.
- Where children have been prescribed antibiotics parents/carers are asked to administer the first dose, then the child may return to the setting.
- The administration of Calpol is at the managers discretion, should the manager agree to give Calpol, this will not be given until 4 hours after the child has arrived at the setting, this is to ensure children are not overdosed due to time discrepancies, e.g. children not having more than one dose within 4 hours.
- If the child is having Calpol, parents need to consider if the child should be at nursery and any signs of a temperature within 4 hours as above, Calpol will not be administered. And the child will be sent home.

- The setting has a list of excludable diseases and current exclusion times. The full list is obtainable in the manager's office.

(Please refer to parental contract and prospectus for more information).

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

- If a child or adult is diagnosed as suffering from a notifiable disease under the Public Health (Infectious Diseases) Regulations 1988, their own GP will report this to the Health Protection Agency.
- When the setting becomes aware, or is officially informed of the notifiable disease, the setting manager will inform Ofsted and act 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 both children and adults.
- Disposable gloves and PVC 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 cleaned using mild disinfectant solution and disposable cloths; these 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 or Milton.

(See Aids/HIV Policy)

#### *Head lice*

- 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. Parents might be contacted and asked to collect the child to enable them to treat the child, once the child has been treated the child may return the nursery.
- On identifying cases of head lice in the nursery, the nursery will inform all parents by way of notices displayed in the setting and asked to treat their child and all other family members if they are found to have head lice. This may include members of the extended family who have regular contact with the child/ren.

#### **Procedures for children with allergies**

- When parents start their children at the setting, they are asked if their child has any known allergies. This is recorded on the registration form.
- If a child has an allergy, a Care Plan 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, for example, a rash, reddening of skin, swelling, breathing problems and/or anaphylactic shock reaction.
  - What to do in case of allergic reactions, any medication used and how it is to be used, for example, an EpiPen.
  - Contact plan IE Ambulance first, parents/carers second.
  - Control measures – such as how the child can be prevented from having contact with the allergen.
  - The Care Plan is reviewed no more than termly and/or when changes in care take place.
  - The Care Plan is kept in the register so that all staff can quickly access it.
  - The allergy or medical condition will be displayed on the child's placemat and on the allergy list to enable staff to be fully aware of the child's allergy or condition.
  - In some cases, a nurse/medical professional or experienced parents will need to train staff in how to administer special medication in the event of an allergic reaction, for example, an Epi-pen

#### *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 our insurance provider will be obtained to extend the insurance.

#### *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 pharmacist and have manufacturer's instructions clearly written on them.
- Prescribed Oral medication must show the original Label clearly stating the child's full name.
- The setting will write the child's name in bold on the medication box to ensure all staff can clearly identify the correct child's medication.
- 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 carers prior written consent before administering any medication. This consent must be kept on file.
- Staff will record the date, time and quantity of medication given. This is signed by the staff member administering the medication, a staff witness and on collection by the parent/carer.
- When the child has finished the medication, a line must be put through the medication form and it must clearly stated "FINISHED". This form will then be stored in the child's personal file.

#### *Life saving medication & invasive treatments*

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).

- 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;
  - an individual Care Plan, 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.

Where a child receives augmented support due to the child having additional needs, the provider will ensure that:

- Children requiring help with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc are supported appropriately.
- Prior written consent from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP is in place.
- Staff working with the child will be provided with any relevant medical training/experience required to support the child fully, if this is available by the medical team.
- **At all times the administration of medication must be compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage 2021-2023**

### **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.
- Providers must have and implement a policy, and procedures, for administering medicines. It must include systems for obtaining information about a child's needs for medicines, and for keeping this information up-to-date.
- Training must be provided for staff where the administration of medicine requires medical or technical knowledge.
- Prescription medicines must not be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor).
- Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that medicine has been obtained from the child's parent and/or carer.
- Providers must keep a written record each time a medicine is administered to a child and inform the child's parents and/or carers on the same day, or as soon as reasonably practicable.