



## **MANAGING CHILDREN WITH ALLERGIES, OR WHO ARE SICK OR INFECTIOUS (INCLUDING REPORTING NOTIFIABLE DISEASES)**

Promoting health and hygiene

### **Policy statement**

At Rainbow's End Pre-school we provide care for children and promote health through identifying allergies and preventing contact with the allergenic substance and through preventing cross infection of viruses and bacterial infections.

### **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:

1. The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc.).
2. The nature of the allergic reactions e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
3. What to do in case of allergic reactions, any medication used and how it is to be used (e.g. EpiPen).
4. Control measures – such as how the child can be prevented from contact with the allergen.
5. Review - any improvements that could be made to the risk assessment.

This form is kept in the child's personal file and will be updated as and when advised by parents/carers. In addition, each child with an allergy will have a card providing:

**Their name and photo.**

**Name of any medication, along with information about its purpose, dosage and when to be administered.**

**List of known triggers and reaction the child may have, e.g. rash, breathing problems.**

**Procedure in the case of an allergic reaction.**

This card will be visibly displayed within the setting where staff can access it alongside a list of all staff qualified to administer the appropriate medication.

Parents demonstrate to staff how to administer special medication in the event of an allergic reaction if applicable.

All food on the premises will be checked to ensure no known allergens are present. This includes items to be used in messy play and the investigation tray.

We are a nut free pre-school. Parents are made aware of this so that no nut or nut products are accidentally brought in, for example to a cake sale. If nut products are mistakenly bought into the setting they will be removed.

### **Insurance requirements for children with allergies and disabilities**

Our insurance cover 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 our 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 Supporting Children in Schools with medical conditions (DfES 2014).

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 for the child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor) and have the child's name, doctor's name, dose and expiry date, as well as the 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. Inhalers kept on the premises are clearly named and kept in individual 1st aid bags also named, they are stored out of reach of the children during sessions and locked away at other times.

The setting 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 your insurance provider.

Life-saving medication & invasive treatments e.g. - 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:

1. A letter from the child's GP/consultant stating the child's condition and what medication, if any, is to be administered;
2. Written consent from the parent or guardian allowing staff to administer prescribed medication;
3. Proof of training in the administration of such medication if not covered in first aid training, by the child's GP, a district nurse, children's nurse specialist or a community paediatric nurse.

Copies of letters/evidence of all three of the above relating to these children must be available to the pre-school's Insurance Company if requested. A letter must be sent to the insurance company to have the policy extended to cover these children. Confirmation needs to 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.

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.

If you are unsure about any aspect, contact the Insurance Company – Pre-School Learning Alliance through Royal & Sun Alliance on 020 7697 2585.

### **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 parents will be called and asked 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, made comfortable and parents/carers called to collect them.

Temperature is taken using a 'fever scan' kept in the first aid box.

In extreme cases of emergency, the child should be taken to the nearest doctor's surgery or hospital and the parent informed.

The setting can refuse admittance to children displaying visible signs of infection, guidance for this is taken from 'Public Health England'.

After the last bout of diarrhoea or vomiting, parents are asked to keep children home for 48 hours.

Where children have been prescribed any antibiotic for the first time, parents are asked to keep them at home for 48 hours from the start of the medication, before returning them to the setting in case of a reaction.

The setting has displayed a list of excludable diseases and current exclusion times.

### **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 PHE.

When the setting becomes aware, or is formally informed of the notifiable disease, the Supervisor informs Ofsted and acts on any advice given by Public Health England, County Hall, Horsham.

HIV/AIDS/Hepatitis - 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.

Soiled clothing is bagged for parents to collect.

Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops.

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.

### **Administering medicines**

While it is not our policy to care for sick children, who should be at home until they are well enough to return to the setting, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness.

In many cases, it is possible for children's GP's to prescribe medicine that can be taken at home before and after pre-school. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the setting. We request that if a child has not had a medication before, that the parent keeps the child at home for the first 48 hours to ensure there are no adverse side effects as well as to give time for the medication to take effect.

These procedures are written in line with current guidance in 'Managing Medicines in Schools and Early Years Settings; the manager is responsible for ensuring all staff understand and follow these procedures.

Each child's keyperson is responsible for the correct administration of medication to their children. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. In the absence of the keyperson, the supervisor is responsible for the overseeing of administering medication.

### **Procedures**

Children taking prescribed medication must be well enough to attend the setting. Only medication prescribed by a doctor (or other medically qualified person) is administered. It must be in-date and prescribed for the current condition. Please note, we cannot administer 'calpol or neurofen' type medicines but will always call a parent/carer if we feel a child is in pain or unwell. Children's prescribed medicines are stored in their original containers, are clearly labelled, are given directly to staff and kept inaccessible to the children at all times.

Parents give prior written permission for the administration of medication. The staff member receiving the medication must ask the parent to sign a consent form stating the following information. No medication may be

given without these details being provided: - full name of child and date of birth; - name of medication and strength; - who prescribed it and what it's for; - dosage to be given in the setting; - how the medication should be stored and expiry date; - any possible side effects that may be expected should be noted; and - signature, printed name of parent and date. - It will be keypersons responsibility to get consent form completed. The administration is recorded accurately each time it is given and is signed by 2 members of staff. Parents sign the form to acknowledge the administration of a medicine. The medication record form records: - name of child; - date, time and dosage medicine last administered by parent - name and strength of medication; - the date and time of dose; - dose given and method; and is - signed by keyperson/ supervisor; and is - verified by parent signature at the end of the day.

We use the Pre-School Learning Alliance's publication Medication Record for recording administration of medicine and comply with the detailed procedures set out in that publication.

### **Storage of medicines**

All medication is stored safely in a clearly marked container in the refrigerator (where appropriate)

The child's keyperson is responsible for ensuring medicine is handed back at the end of the day to the parent.

For some conditions, medication may be kept in the setting. Keypersons check that any medication held to administer on an as and when required basis, or on a regular basis, is in date and returns any out-of-date medication back to the parent. If the administration of prescribed medication requires medical knowledge, individual training is provided for the all staff by a health professional. No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their keyperson what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication. Children who have long term medical conditions and who may require ongoing medication.

A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the supervisor alongside the keyperson. Other medical, social care personnel or TSS advisor may need to be involved in the risk assessment. Parents will also contribute to a risk assessment. They should be shown around the setting, understand the routines and activities and point out anything which they think may be a risk factor for their child. For some medical conditions, key staff will need to have training in a basic understanding of the condition as well as how the medication is to be administered correctly. The training needs for staff is part of the risk assessment.

The risk assessment includes vigorous activities and any other pre-school activity that may give cause for concern regarding an individual child's health needs. The risk assessment includes arrangements for taking medicines on outings and the child's GP's advice is sought if necessary where there are concerns. A health care plan for the child is drawn up with the parent; outlining the keyperson's role and what information must be shared with other staff who care for the child. The health care plan should include the measures to be taken in an emergency. The health care plan is reviewed every six months or more if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc. Parents receive a copy of the health care plan and each contributor, including the parent, signs it.

### **Managing medicines on trips and outings**

If children are going on outings, staff accompanying the children must include the keyperson or supervisor for the child with a risk assessment, or another member of staff who is fully informed about the child's needs and/or medication. Medication for a child is taken in a first aid bag clearly labelled with the child's name. Inside the bag is a copy of the consent form and a card to record when it has been given, with the details as given above. On returning to the setting the card is stapled to the medicine record book and the parent signs it.

If a child on medication has to be taken to hospital, the child's medication is taken in a first aid bag clearly labelled with the child's name. Inside the bag is a copy of the consent form signed by the parent. As a precaution, children should not eat when travelling in vehicles. This procedure is read alongside the outings procedure.

### **Legal framework**

Medicines Act (1968) Further guidance Managing Medicines in Schools and Early Years Settings (DfES 2005)

**Policy Review**

As part of Rainbows End Pre-School monitoring of child protection and safeguarding this policy will be subject to periodic review.

Policy adopted by: Rainbow's End Pre-School

Date: 01.01.2024

Policy Review Date: 31.12.2024 (or sooner if required)