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

(Including reporting notifiable diseases)

Policy statement

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.

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 and all staff are made aware.
- 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 the child can be prevented from contact with the allergen.
  - Review date.
- This form is kept in the child's personal file and a copy is displayed where staff can see it.
- Parents train staff in how to administer special medication in the event of an allergic reaction.
- We have a no nut policy within the setting.
- Parents are made aware so that no nut or nut products are accidentally brought in, for example to a party.
- Staff have regular training in Food Allergy Awareness.

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 your insurance provider must be obtained 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 your insurance provider.

- Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.
- The group must be provided with clear written instructions on how to administer such medication.
- The group 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.
- All risk assessment procedures need to be adhered to for the correct storage and administration of the medication.

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
  - 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 be kept in their medical file.
- Our insurance policy with Morton Michel covers us in these circumstances as long as we have consent from parent and GP to administer the medication in an emergency.

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 our insurance provider. 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 session – have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – a member of staff, with permission from senior staff 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.
- The child's temperature is taken using a digital non contact head thermometer.
- A child may be administered Calpol if it has been authorised by the parent, but this is only done whilst waiting for a parent to come and collect them.
- In extreme cases of emergency an ambulance is called and the child should be taken to the nearest hospital and the parent informed.
- Playgroup can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics they haven't had before, parents are asked to keep them at home for 48 hours before returning to the playgroup
- After vomiting, parents are asked to keep children at home for 48 hours.
- 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
  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 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 Public Health England.

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 are worn when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Single use gloves are used for cleaning/sluicing clothing after changing.
- Soiled clothing is rinsed and bagged for parents to collect when they collect the child.
- Spills of blood, urine, faeces or vomit are cleared using anti-bacterial solution and cloths; cloths used are disposed of safely.
- Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using an anti-bacterial solution.

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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.

This policy was adopted at a meeting of	St Christopher's Playgroup	name of setting
Held on	September 2026	(date)
Date to be reviewed	September 2027	(date)
Signed on behalf of the management committee	KJCookes	
Name of signatory	Karen Cookes	
Role of signatory (e.g. chair)	Playgroup Manager	