

**Lechlade Little Learners policy for managing children who are sick, infectious, or with allergies and procedure in the event of an accident/incident in a child/ adult**

**(Including reporting notifiable diseases)**

**Policy statement**

We provide care for all children through preventing cross infection of viruses and bacterial infections and promote health through identifying allergies and preventing contact with the allergenic substance. We have clear guidance on our exclusion periods and what our procedures are in the event of accident/ incident in a child or adult.

**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 the child on their behalf.
- If a child has a temperature, they are kept cool and hydrated. Staff will monitor the child for any signs of dehydration or deterioration.
- The child's temperature is taken using a digital forehead thermometer which is kept in the first aid cupboard.
- In extreme cases of emergency, the child should be taken to the nearest hospital and the parent informed.
- Parents are asked to take their child to the doctor before returning them to the setting; 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 sickness or diarrhoea, parents are asked to keep children home for 48 hours after the last episode of sickness or diarrhoea.
- The setting has a list of excludable diseases and current exclusion times. The full list is obtainable from:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/789369/Exclusion\\_table.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/789369/Exclusion_table.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.

### **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.
- Protective rubber gloves are used for cleaning/slucing clothing after changing.
- Soiled clothing is rinsed and either bagged for parents to collect or laundered in the setting.
- 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:

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.
- This form is kept in the child's personal file and a copy is kept in the medical profile file.
  - Staff have training on how to administer medication and if needed the manager will provide extra training.
  - Generally, no nuts or nut products are used within the setting.
  - Parents are made aware so that no nut or nut products are accidentally brought in, for example to a party.

### **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 the insurance provider might be required before the child can attend the setting.

**At all times the administration of medication must be compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage and the Lechlade Little Learners administration of medications policy.**

### **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. This consent must be

kept on file. It is not necessary to forward copy documents to your insurance provider.

### **Lifesaving medication and invasive treatments**

Adrenaline injections (Epipens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or diazepam medications both oral and rectal.

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.

Our insurer will need to be informed if children in attendance may need the above procedures.

### **Key person for special needs children - children requiring assistance with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc.**

- Prior written consent must be obtained from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
- The key person must have the relevant medical training/experience, which may include those who have received appropriate instructions from parents or guardians, or who have qualifications.

As above our insurer may require notification of the above and extension of our insurance cover.

### **Procedure following a serious accident or urgent medical problem affecting either a child or adult at Lechlade Little Learners:**

#### *Accident or urgent medical problem – Child*

The staff will administer first aid, make the area safe and call the emergency services, when it is safe to do so the parents/carers or emergency contacts will then be contacted. In the event that no parents/emergency contacts can be obtained a decision will be made by the staff in the child's best interest without any liability to the Pre-School staff. The other adults will reassure the rest of the children. If the child needs to go to hospital a member of staff will go with the child if the parents are not present. The person in charge will try to contact another member of staff who could come in at short notice so that adult: child ratios are at the correct level.

*Accident or urgent medical problem – Adult*

The other staff member will administer first aid, make the area safe, call the emergency services and try to contact another staff member for help so that adult:child ratios are kept at the correct level. The emergency contact for the staff member will be telephoned.

The manager/deputy manager and chair should be made aware of any incidents immediately.

In the event of an urgent medical problem whilst on an outing the above procedures will apply.

All accidents/incidents are recorded in the accident and incident books and reported if necessary.

**Review**

At its inception the policy was reviewed by all committee members and all employees.

It will be reviewed annually as per the policy review schedule, added to , or modified from time to time and may be supplemented in appropriate cases by further statements and procedures relating to the work of the particular group of workers.

A copy of the final policy statement will be issued to all employees, parents and committee members and will be made available within the setting.

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**Version History**

<b>Version Number</b>	<b>Date</b>	<b>Changes</b>	<b>Published to</b>
1.3	Oct 2020	Policy review – no changes	Committee Members All existing & new staff Displayed in policy folder