



## **The Colourful Caterpillar Preschool (TCC Preschool)**

### **Managing Children with Allergies, or Who are Sick or Infectious**

(Including reporting notifiable diseases)

#### **Policy Statement**

We provide care for healthy children through preventing cross infection of viruses and bacterial infections and promote health through identifying allergies and preventing contact with the allergenic substance.

In the interest of all who attend the Preschool, children who are unwell should be kept at home. This includes symptoms such as stomach ache, head ache or being generally out of sorts, young children's health can deteriorate rapidly so a child who appears unwell should remain at home to reduce the risk of infection to other children and adults. We reserve the right to refuse admittance to any child we feel is not well enough to attend the Preschool or who may pose a risk of infection to others.

Parents / carers should notify the Preschool if their child has an infectious illness, such as Chicken Pox, Measles, Scarlett Fever etc. Exclusion periods of these illnesses are listed below as well as displayed on the notice board in the Preschool cloakroom.

Whilst any child is attending the Preschool, parents / carers must ensure that they, or another carer, can be contacted in case of an emergency. Parents / carers must notify the Preschool with any changes in the child's registration details relating to contact number or medical history.

## **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 or Deputy 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.
- In extreme cases of emergency an ambulance should be called and the parent informed. Parents are asked to take their child to the doctor before returning them to Preschool.
- The Preschool 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 and 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 which is attached.

### *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 Preschool becomes aware, or is formally informed of the notifiable disease, the Manager informs Ofsted and RIDDOR and acts on any advice given. RIDDOR – [www.hse.gov.uk/riddor/index.htm](http://www.hse.gov.uk/riddor/index.htm)

### *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 bagged in a nappy sack for the parents/carer 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.

#### **Procedures for Children with Allergies**

- When children start at the Preschool parents are asked if their child suffers from any known allergies. This is recorded in the register as well as on the registration form.
- 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 instruct staff in how to administer special medication in the event of an allergic reaction.
- 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 for Lunch Club.

**PRESCHOOL ARE NOT HELD RESPONSIBLE FOR ANY ITEMS OF FOOD THAT IS SUPPLIED BY PARENTS FOR LUNCH CLUB THAT CONTAINS NUTS.**

#### *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.
- Medication should be given in the box/container with the child's name on it and in date.
- 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.

#### *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 aim to have all staff First aid trained in the administration of Epipens.

The Preschool 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.

Copies of all letters relating to these children must first be sent to the Preschool Learning Alliance Insurance Department for appraisal. Confirmation will 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 Preschool Learning Alliance Insurance Department for appraisal. Written confirmation that the insurance has been extended will be issued by return.

This policy was adopted at a meeting of	The Colourful Caterpillar Preschool
	on 4 <sup>th</sup> July, 2017
Date to be reviewed	July, 2020
Signed on behalf of the Preschool committee	
Name of signatory	C Lock
Role of signatory (e.g. chair/owner)	Chairperson

## **EXCLUSION TABLE**

<b>Infection or complaint</b>	<b>Recommended period to be kept away from Preschool</b>	<b>Comments</b>
Athlete's Foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox	Five days from onset of rash	Infectious period is 48 hours before rash appears to 5 days after the onset of rash. Children should be kept away from school for at least 5 days from onset of rash (and not developing new lesions).
Cold Sores (Herpes simplex)	None	Avoid kissing and contact with sores. Cold sores are generally mild and heal without treatment.
Conjunctivitis	None	
Diarrhoea and vomiting	48 hours after the last symptoms	
Diphtheria*	Exclusion is essential.	Preventable by vaccination.
Cryptosporidiosis	Excluded until 48 hours after symptoms have stopped.	Incubation period is between 1 and 12 days.
Flu (influenza)	Until recovered	
Glandular Fever	None	
German Measles* (Rubella)	Four days from onset of rash	Preventable by vaccination (MMR x2). Avoid infection in pregnant women.
Hand, foot and mouth	None	Exclusion may be considered in some circumstances e.g. a large group are infected
Head lice	None	Treatment recommended only when live lice seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of Hepatitis A
Hepatitis B, C, HIV*	None	Hepatitis B, C and HIV are blood borne viruses that are not infectious through casual contact.
Impetigo	Until lesions are crusted/healed or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash and recovered	Preventable by vaccination (MMR x2) Avoid infection in pregnant women.
Meningococcal meningitis/ Septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination.
Meningitis* due to other bacterial	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination.
Meningitis* viral	None	Milder illness than bacterial meningitis.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning are important to minimise spread.
Mumps*	Five days after onset of swelling	Preventable by vaccination
Ringworm	Not usual required	Treatment is needed
Scabies	Child can return after first treatment	Household and close contacts require treatment at the same time.

Scarlet fever*	Exclude until 24hours of appropriate antibiotic treatment completed	A person is infectious for 2-3 weeks if antibiotics are not administered.
Slapped cheek/fifth disease. Parvovirus B19	None (once rash has developed)	Avoid infection in pregnant women - consult GP or midwife
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. Avoid infection in pregnant women.
Threadworms	None	Treatment recommended for child and household
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment
Tuberculosis (TB)	With infectious TB, can return after 2 weeks of treatment if well enough to do so and as long as they have responded to anti-TB therapy. If non-pulmonary TB do not require exclusion as long as they are well enough.	
Warts and Verrucae	None	Verrucae should be covered in swimming pools, Gymnasiums and changing rooms
Whooping cough (pertussis)*	Two days from starting antibiotic treatment or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks.