**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.
* 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.

* 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.
* 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 or as part of their other child’s lunch.

*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.
* All risk assessment procedures need to be adhered to for the correct storage and administration of the medication.
* Parents are asked to take their child to the doctor before returning them to playgroup; the 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, parents are asked to keep them at home for 48 hours before returning to the setting.
* After diarrhoea or sickness, 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: www.hpa.org.uk/servlet/ContentServer?c=HPAweb \_ C&cid=119494735837 4&pagenam e=HPAwebFile 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 Public Health (Infectious Diseases) Regulations 1988, the GP will report this to the Health Protection Agency.
* When the setting becomes aware, or is formally informed of the notifiable disease, the pre-school leaders inform 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 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; 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.
* 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.

***Further guidance***

* Managing Medicines in Schools and Early Years Settings (DfES 2005)

This policy was adopted at a meeting of:

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Held on:

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Date to be reviewed:

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Signed on behalf of the management committee:

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Name of signatory:

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Role of signatory (e.g., chairperson):

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