



Christchurch Kindergarten Children's Nursery Limited

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Promoting health and hygiene

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

(Including reporting notifiable diseases)

Policy statement

At **Christchurch Kindergarten** 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.
- 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.
- A picture of the child and the allergy they have is displayed in the kitchen area for all staff to be aware of.

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.
- 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.
- 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 first be sent to the 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 Pre-school Learning Alliance Insurance Department for appraisal (if you have another provider, please check their procedures with them). Written confirmation that the insurance has been extended will be issued by return.

If you are unsure about any aspect, contact the Pre-school Learning Alliance Insurance Department on 020 7697 2585 or email membership@pre-school.org.uk.

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 Deputy or Manager 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.
- Temperature is taken using a 'fever scan' kept near to the first aid box.
- 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 nursery; the nursery 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, 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.patient.co.uk and includes common childhood illnesses such as measles.
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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 nursery.
- 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.
- Children do not share tooth brushes which are also soaked weekly in sterilising solution.

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.

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 manager informs Ofsted and acts on any advice given by the Health Protection Agency

The Christchurch Kindergarten is obligated to ensure the Health and Safety of the children that use its service, along with its employees. To ensure that children and employees (staff) are not subjected to any risk from other individuals, attendance at the Nursery will be dictated by whether there is a definite risk of spreading illness. All nursery staff are trained and qualified in Paediatric First Aid, which is renewed when required. If a child became ill whilst attending Nursery, the Nursery Manager would investigate the symptoms by using NHS Direct. The Nursery Manager reserves the right to exclude a child from Nursery, if it is felt that the child is ill or deemed unfit to remain in Nursery, and/or may require medical attention. Employees and children should not attend the nursery when they have a condition or illness that can be deemed to be infective and could bring harm to others.

These include:

Conjunctivitis

This is an infection of the eye or eyes and is generally caused by bacteria, which is spread by hand to eye contact, or by viruses associated with a cold. The symptoms include redness, discomfort and discharge from the affected eye. Attention to scrupulous hand hygiene can prevent spreading of the infection.

Chicken Pox

This is a common infectious disease, which is characterised by a rash and slight fever. The disease is spread by airborne droplets and can be infectious until the rash has scabbed and dried.

Gastroenteritis (D & V)

This is an inflammation of the stomach and intestines caused by any of a variety of bacteria, viruses and other small organisms that have contaminated food or water. Symptoms include appetite loss, nausea, vomiting, cramps and diarrhoea. The affected individual can spread the illness when attention is not paid to personal hygiene, including hand washing.

Measles

This is a viral illness spread by airborne droplets. The chief symptom is inflammation and swelling of the parotid glands just inside the angle of the jaw. This disease can be spread to others for about a week before and up to two weeks after the symptoms appear.

Scabies

This is a skin infestation caused by mites, which burrow into the skin. The mite's burrow can be seen on the skin as scaly swellings usually between the fingers and on the wrist. The infestation causes itching. Scabies is highly contagious during close physical contact. Specific treatment is required and 24 hours after treatment individual can attend nursery.

Impetigo

Impetigo is highly contagious. Sensible hygiene precautions prevent the spread of bacteria and reduce the risk of other people catching it. Impetigo has a characteristic look to it, with inflamed red lumps leaking pus to form thick yellow crusts. It spreads very quickly. It is common on the hands and around the mouth and nose. Severe infections can affect the whole body. To prevent the impetigo returning, keep skin clean and ensure that any condition causing broken skin (e.g. eczema, nappy rash) is treated early.

Whooping Cough

This is caused by bacteria, which is spread by airborne droplets. Child is seen as infectious when presenting with cough (Which can have a characteristic whoop), sneezing nasal discharge, fever and sore eyes.

Hand, Foot & Mouth

Hand, foot and mouth disease is a common infectious disease, caused by coxsackie virus. It is a disease mainly of children, especially of toddlers, and is not at all serious. The disease is most prevalent during summer and autumn. The disease is usually mild and only lasts a few days. It

features many small blisters in the mouth and on the palms of the hands and the soles of the feet. These may also appear on the other parts of the body. There may be some difficulty in swallowing a slight fever and occasionally vomiting.

Scarlet Fever

The disease often starts with a sore throat or a skin infection about 12 hours before the main symptoms appear. The characteristic symptom of scarlet fever is a fine rash on the body that feels like sandpaper to touch. It may start in one place, but soon spreads to many parts of the body, commonly the neck, chest, elbows, inner thighs and groin. The rash does not normally spread to the face, but the cheeks become flushed and the area just around the mouth stays quite pale. The overall impression of someone with a flushed, red face is what the disease its name. Other symptoms include:- high temperature, headache, whit coating on tongue (Which peels a few days later, leaving the tongue looking red and swollen – known as strawberry tongue) , and a general feeling of discomfort. Scarlet Fever is infectious. It is spread through close physical contact or by contact with the mucus from an infected person. Very severe infections may cause high fever, feeling sick and vomiting. Scarlet Fever is a notifiable disease. This means that your doctor must report any cases to the local health authorities, so they can monitor the spread of the disease.

Tonsillitis

Tonsillitis, whether due to a virus or bacteria, is spread from person to person by saliva, hand contact or airborne droplets. The incubation period between picking up the infection, and its onset is usually between 2 and 4 days. Children may have a sore throat, pain on swallowing, headache, a feeling of discomfort, fever, which may be very high in young children. Constipation and earache are also common. The tongue may well be furry and breath unpleasant. It may be difficult to open mouth and speech may be thickened. Tonsillitis caused is streptococcal bacteria responds well to antibiotic treatment.

Swine Flu

The swine flu virus is particularly affecting children and young adults. Children may shed the virus in greater amounts and for longer than adults so early years settings provide an environment where it is easier for it to spread. In the majority of cases of swine flue the disease is generally mild and most people make a quick recovery, but it is also proving severe in a small minority of cases. The typical symptoms of swine flu are:

- A high temperature (38 degrees centigrade/ 100.4 degrees Fahrenheit or above).
- A sudden cough or shortness of breath.

Other symptoms may include:

- Headache
- Tiredness.
- Chills
- Aching Muscles
- Limb or joint pain
- Diarrhoea or stomach upset
- Sore throat
- Runny nose
- Sneezing
- Loss of appetite.

Aliment/Illness	Exclusion period/Treatment
Conjunctivitis	Must take to doctor to confirm and treat. Infection must be clear before a child can attend Nursery
Chickenpox	7 days from outset of rash, until sores have dried and scabbed over
Gasroenteritis/gastric disorders	One clear week since last episode.
Measles	7 days from outset of rash.
Mumps	10days from outset of swollen glands
Scabies	24hrs after full course of treatment/until infection has cleared.
Impetigo	Children with impetigo should be kept from nursery until spots have dried up and no longer leaking fluid. With use of antibiotics, impetigo usually heals within a week.
Whooping Cough	5 days from commencing antibiotic
Diarrhoea	After a minimum of 3 soiled nappies exclusion 48 hours.
Vomiting	After 48 hrs from onset.
High Temperature	Infant suspension can be administered to bring a temperature down, if we cannot maintain a safe temperature, a child will need to be collected for his/her own safety.
Hand, Foot and Mouth	No treatment is required for hand, foot and mouth disease, mild painkillers may be given to relieve discomfort from the blister, recovery occurs within one week.
Scarlet Fever	Common treatment is a short course of antibiotics, Paracetamol can be used to bring down the fever. Children should be excluded for five days after the start of treatment, and kept away from other children as much as possible.
Tonsillitis	Antibiotic treatment required exclusion until infection clear.
Swine Flu	The most important advice is that children who have symptoms of flu-like illness should stay away from nursery and not mix with others outside the home until they have recovered and are free of symptoms. This is to avoid spreading the infection as much as possible.

