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| Author: R Ravat/Medical Department | Receiver: Teaching staff    |
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## EYFS Managing Children who are Sick, Infectious or with Allergies Policy

# ***“Strength of Mind, Strength of Values, Strength of Purpose”***

## **Our Mission Statement**

*With Christ at the centre of our learning, we:*

- *Help young people to achieve their greatest potential*
- *Guide their intellectual growth, nurture their God-given talents, and inspire them to live in service to others*
- *Aim to develop honest, confident, responsible and compassionate members of society, based on the educational values of Blessed Antonio Rosmini*

## **Rationale**

In line with the School’s Mission Statement we aim to help students develop their gifts and talents: spiritual and social; intellectual and emotional; aesthetic and physical through the provision of a broad and balanced curriculum, which is responsive to, and supportive of, their needs and aspirations, fosters intellectual curiosity and academic achievement, and motivates them to grow to their full potential. Our Mission Statement is distilled into our Vision Statement, and our aim is to develop our children, pupils and students so that they have “Strength of Mind, Strength of Values, Strength of Purpose”.

## **Aim**

We provide care and education for healthy children. We will take measures to keep them healthy (as far as it is possible) by preventing cross-infection of viruses and bacterial infections. We promote health through identifying allergies and preventing contact with the allergenic substance.

On induction to the Nursery School, parents are required to complete a medical form detailing emergency contact details and any past or current medical history that the school needs to be aware. A consent form is signed to allow the administration of non-prescription medication, such as mild analgesia and first aid as necessary.

- Children who are unwell should not be brought to Nursery. This includes children who have a heavy cough or cold.
- If parents bring children who are unwell to Nursery, they will be asked to take them home again.
- Parents who are unable to care for their own child when they are unwell must have adequate alternative arrangements in place.
- Parents must notify staff if their child has been unwell at the weekend or in the night, and if they have been given any medicine prior to coming to Nursery.
- Any child who has had sickness or diarrhoea must not return to Nursery until at least 48 hours have elapsed from the last bout of sickness or diarrhoea and they are eating normally.

- Where children have been prescribed antibiotics for Tonsillitis or Conjunctivitis, parents are asked to keep them at home for 48 hours before returning to the setting.

### **Children who become ill whilst they are in the setting**

- When a child becomes ill at Nursery, every effort will be made to contact the parents, who will be requested to collect their child as soon as possible or send an authorised carer to collect the child on their behalf.
- Parents must ensure that the Nursery is able to contact them, or a person nominated by them, at all times.
- The child's temperature is taken using a digital ear thermometer.
- If the child's temperature is raised, children are given Calpol to prevent febrile convulsion.
- In extreme cases of emergency, the child should be taken to the nearest hospital and the parent informed.
- If a parent is called to collect their child because they become unwell whilst at the setting, the child should be kept at home on the following day. In some instances staff may ask parents to take their child to see a doctor before returning to the setting.

### **Reporting notifiable diseases**

- If a child or adult is diagnosed as suffering from a notifiable disease under the Health Protection Regulations 2010, the GP will report this to the Health Protection Agency.
- When the Nursery 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/Hepatitis**

HIV virus, like other viruses such as Hepatitis A, B and C, is spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults. Therefore:

- Single-use vinyl gloves are worn when changing children's pants and clothing that is soiled with blood, urine, faeces or vomit.
- Protective rubber gloves are used for cleaning/sluicing 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 and cloths used are disposed.
- Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.

### **Head lice**

- Parents will be asked to keep their child away until the infestation has been treated.
- 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.

## Conjunctivitis/pink eye

Conjunctivitis is an inflammation of the conjunctiva, a membrane covering the inner eyelid and front of the eye. It is often called pink eye, as the white of the eye appears pink or red. There are several types of conjunctivitis:

- bacterial: pink eye, with yellow or greenish discharge from the eye, usually resulting in crusting of the eyelids after sleep.
- viral: pink eye, with a waterier discharge, often accompanied by symptoms of a respiratory tract infection, such as runny nose, sore throat, fever.
- allergic conjunctivitis: pink watery eyes, with severe itching, caused by an irritant or allergic reaction.

Both viral and bacterial conjunctivitis are extremely infectious. Bacterial conjunctivitis is transferred by touching eyes and surfaces that are contaminated. Viral conjunctivitis can also be spread by droplets in the air, through sneezing and coughing.

## Treatment

- Bacterial conjunctivitis will need to be treated with antibiotic drops or cream.
- Viral conjunctivitis will not be cured with cream; the virus will run its course and the body's natural immunity will cure it within 4 to 14 days. Although antibiotics do not cure viral conjunctivitis, it is often advised to use them, to stop the development of a secondary bacterial infection.
- Children often get runny or 'gungy' eyes when they have colds. This is not conjunctivitis, which is characterised by the pink/redness of the white of the eye.
- **Due to the extremely infectious nature of this condition, children with pink eyes, and a thick or watery discharge, must be kept away from Nursery.**
- Children will be able to return to Nursery 48 hours after commencing treatment as long as the full course of treatment is continued **and** the condition is showing significant signs of improvement. It is important that the child is also feeling well in themselves. Nursery and the Medical Department must be informed that the child has had conjunctivitis.
- Antibiotic drops can be purchased over the counter from a pharmacist; however, we advise that where possible children are seen by a qualified doctor.

## Procedures for children with allergies

- When parents start their children at the Nursery they are asked if their child suffers from any known allergies. This is recorded on the child's medical form.
- If a child has an allergy, there is a form to be 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 reaction, 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
- Where a child has an Epipen, parents must ensure that the Nursery has an in-date Epipen at all times.
- This form is kept in the child's personal file and a copy is displayed where staff can see it.

- Lunchtime staff on duty have a register with any special dietary requirements of a child, this includes children with food allergies.
- Staff are trained in how to administer special medication in the event of an allergic reaction.
- Medication is always with the child. Therefore, a bag with medication is taken across to the Refectory at lunch time or the Preparatory School for a Music or P.E. lesson.
- Nuts or nut products are not used within the setting.
- Parents are made aware so that no nut products are accidentally brought in, for example to a party.

### **Insurance requirements for children with allergies and disabilities**

The Nursery's 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 our insurance provider will be obtained to extend the insurance.

**At all times the administration of medication must be compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage and follow procedures based on advice given in Managing Medicines in Schools and Early Years Setting (DfES 2005).**

### **Oral medication**

- Oral medication must be prescribed by a GP or have manufacturer's instructions clearly written on them.
- The Nursery 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 Nursery must have the parent's or guardian's prior written consent to administer the medication. This consent must be kept on file. It is not necessary to forward a copy document to our insurance provider.
- Asthma inhalers are now regarded as 'oral medication' by insurers, so documents do not need to be forwarded to the insurance provider.

### **Life-saving medication and invasive treatments**

These include adrenaline injection (Epipen) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc.) or invasive treatments such as rectal administration of Diazepam (for epilepsy).

- We 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
  - 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 documents relating to these children must first be sent to the insurance provider.

**Links to other policies:**

EYFS Administering Medication Policy

EYFS Special Educational Needs Policy

EYFS First Aid Policy

Anaphylaxis and Epipen Policy

First Aid Policy

Managing Children who are Sick or Infectious Policy

Safeguarding and child protection Policy

**Review**

This policy is reviewed annually by the Head of EYFS and Medical Department.