

General Welfare Requirement: Safeguarding and Promoting Children's Welfare

The provider must promote the good health of the children, take necessary steps to prevent the spread of infection, and take appropriate action when they are ill.

Promoting health and hygiene

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

(Including reporting notifiable diseases)

Policy statement for St Joseph's Pre-school

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.

Some activities that staff may be required to perform are known as 'Clinical Tasks'. These require additional training and we will ensure that staff have received this training before they undertake any of the tasks detailed in the child's care plan. Clinical Tasks care falls into 3 main categories:

- (a) acceptable care tasks, ie. tasks which just require additional training, eg application of ointments;
- (b) complex care, eg. application of splits or treatments like assisting with the administration of oxygen; and
- (c) emergency care procedures; eg. anaphylactic pens (ie. Epipens).

Procedures for children with allergies

- When parents start their children at St Joseph's Pre-school they are asked if their child suffers from any known allergies. This is recorded on the setting's "Notification of Allergies Action Plan" and on the child's "Enrolment" form.
- "Notification of Allergies Action Plan" are periodically reviewed¹ to ensure the information they contain is up to date.
- 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 Pre-school.
- Parents are made aware so that no nut or nut products are accidentally brought in, for example to a party.

¹ Minimum review period - annual

- If a child appears to be having an allergic reaction it may be appropriate for staff to administer a one off dose of Piriton whilst awaiting collection by their parent/guardian provided consent has been obtained, as per policy 1.17².

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 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 “Supporting pupils at school with medical conditions” (DfE Dec 2015).

Oral Medication

Asthma inhalers are now regarded as "oral medication" by insurers and so documents do not need to be forwarded to our insurance provider.

- Oral medications must be prescribed by a GP/paediatrician or have manufacturer's instructions clearly written on them.
- The parent/carer must provide the Pre-school 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 Pre-school 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 our 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).

- St Joseph's Pre-school 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 Pre-school's insurers via Morton Michel Insurance department (broker) 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/ paediatrician.
- 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

² Administering Medicine

qualifications.

- Copies of all letters relating to these children must first be sent to the Pre-school's insurers via Morten Michel Insurance Department (broker) for appraisal. Written confirmation that the insurance has been extended will be issued by return.

Procedures for children who are sick or infectious

Child must remain at home for a minimum of 24 hours from the peak temperature.

Depending on additional symptoms and amount of illness in the setting, practitioners have the right to extend this to 48 hours from the peak temperature. Practitioners have the right to check temperatures dependent on illnesses within the setting and the appearance of the child.

If children appear unwell during the day – have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – the Lead Practitioner 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 may be given Paracetamol if consent has been given by parents, as per Policy 1.17.
- 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, calling 999 if appropriate, 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.
- After vomiting, parents are asked to keep children home for 48 hours. The child can return to the Pre-school 48 hours after the last sickness bout.
- The setting has a list of excludable diseases and current exclusion times. This list is displayed in the kitchen area of the Pre-school and copies are given to parents/carers on registration.

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 Office for Standards in Education, Children's Services and Skills (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/sluicing clothing after changing.
- Soiled clothing is rinsed and doubled bagged for parents to collect.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; cloths used are doubled bagged and disposed of.

- 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/carer 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.

Tasks – not to be performed by staff in any circumstances

Generally any task which is invasive or requires a member of Pre-school staff to make a judgement without the guidance of a health professional is unacceptable³.

Emergency procedures

If a staff member is seriously concerned about a child's physical condition and they have the appropriate first hand training from a qualified trainer in emergency procedures and feel confident of intervening in an emergency situation, they can do so only as a first aid measure, and whilst ensuring that an ambulance is called through the 999 emergency service.

Further guidance

- [Supporting pupils with medical conditions at school](#) (DfE latest update)

Associated policies and procedures

- 1.17 Administering medicines
- 1.22 First Aid
- "Notification of Allergies Action Plan"

Version Number	Author	Purpose of change	Date
1.0	K Coupe	Comprehensive review, page numbered & referenced	Sept 2014
2.0	Committee member	Reviewed and updated as necessary	Oct 2016
3.0	K Coupe	Reviewed, updated, version controlled	23/01/2019 Cttee Mtg
4.0	K Coupe & N Powers	Updated with regards to 'Clinical Tasks'	16/01/2020 Cttee Mtg
5.0	A Hitchings	Reviewed and updated as necessary. Removal of sentence about use of toothbrushes as not relevant to setting. Updated in light of COVID-19	01/07/2021 Cttee Mtg
6.0	A Hitchings & K Coupe	Reviewed and updated. • administration of Paracetamol; • Inclusion of "Associate policies and procedures" section as per EY services safeguarding audit (175/157 section) 2022	03/05/2022 Cttee Mbr (M Montgomery)
7.0	K Coupe	Reviewed and updated to reflect current pre-school practices	01/05/2024 Cttee Mbr

³ For example: the administration of medicines through a nebuliser for acute or emergency conditions, apart from administration of emergency medication

Version Number	Author	Purpose of change	Date
		<ul style="list-style-type: none"> • references to COVID action plan and risk assessment deleted; • removal of the word “generally” re the setting’s requirement that no nut or nut products should be brought to the setting; • confirmation of how long a child should remain away from the setting with regards to peak temperature • inclusion of hyperlink to DfE guidance 	(J McFarling)
8.0	K Coupe	Inclusion of reference to “Notification of Allergies Action Plan”, as advocated by the DfE that settings must have ongoing discussions with parents/carers regularly to enable them to manage known allergies and intolerances.	5 May 2025 Committee Member (B Wheeler)