

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 intolerances¹, 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 individual 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 splints or treatments like assisting with the administration of oxygen; and
- (c) emergency care procedures; eg. anaphylactic pens (ie. EpiPens).

In the UK, there are 14 food allergens that are recognised as the most common ingredients that can cause allergic reactions. They are:

- **celery, cereals containing gluten** (ie. wheat, barley and oats), **crustaceans** (ie. prawns, crabs and lobsters), **eggs, fish, lupin², milk, molluscs** (ie. mussels and oysters), **mustard, peanuts, sesame, soyabeans, sulphur dioxide and sulphites** (if the sulphur dioxide and sulphites are at a concentration of more than ten parts per million), and **tree nuts** (ie. almonds, hazelnuts, walnuts, brazil nuts, cashews, pecans, pistachios and macadamia nuts).

Early Years staff have received up to date allergy awareness through completing Paediatric First Aid training and Food Allergy Training, Early Years Version Level 2 (The Safer Food Group).

Procedures for children with allergies or intolerances

- 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 Plan³" and on the child's "Enrolment" form.
- We will complete one form for each condition, to avoid confusion.
- "Notification of Allergies Action Plan" are periodically reviewed⁴ to ensure the information they contain is up to date.

¹ Allergy = immune system reaction, eg. coeliac disease; Intolerance = digestion or sensitivity problem, eg. lactose intolerance

² [Fact sheet on lupin allergy](#)

³ ie. BSACI Allergy Action Plan

⁴ Minimum review period - annual

- If a child has an allergy or intolerance, 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) and 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.

Or

- The intolerance (i.e. milk allergy, caffeine sensitivity, reactions to soft cheeses etc) and the nature of the intolerance reactions e.g. bloating, stomach pain, diarrhoea, headaches etc.
- Control measures – monitor what is eaten/available to eat as many tolerances are dose-dependent.
- These forms are 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.
- It is the parent's responsibility to ensure all medication is in date. However, the Lead Practitioner will check medication kept at the setting on a termly basis and send a reminder to parents if medication is nearing expiry.
- Children are always within sight and hearing of a member of staff whilst eating. Staff sit facing children whilst they eat so they can prevent food sharing and be aware of any unexpected allergic reactions.
- 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.
- All food-related activities are supervised.
- 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 1.17⁵.

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 latest version).

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

⁵ Administering Medicine

- 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.
- The parent must supply the medication in a suitable container clearly labelled with the child's name. The child's storage container should contain:
 - **two** AAls⁶, ie EpiPen® or Jext®;
 - an up-to-date allergy action plan;
 - antihistamine as tablets or syrup (if included on allergy action plan);
 - spoon if required;
 - asthma inhaler (if included on allergy action plan).
- The child's medication/anaphylaxis kit will be easily accessible, ie. available within 5 minutes, and never locked away, thus being accessible to all staff at all times.
- It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled. However, the Lead Practitioner will check medication kept at the Pre-school on a termly basis and send a reminder to parents if medication is approaching expiry.

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 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.

Managing allergies on trips⁷ and outings

- All activities on a Pre-school trip or outing will be risk assessed to see if they pose a threat to allergic children and alternative activities will be planned to ensure inclusion.
- Staff leading trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all children with medical conditions, including allergies, carry their medication. Children must not leave the setting without staff carrying the child's medication.
- For trips which involve parents, the onus is on the parent to ensure that they have their child's medication with them. The trip leader will always have an emergency pack with them.
- This procedure is read alongside the outings procedure⁸.

⁶ AAls are kept at room temperature, protected from direct sunlight and temperature extremes

⁷ Trips are classed as any time the children leave the Pre-school for any length of time; for example, a nature walk is considered a trip.

⁸ Policy 1.8 Supervision of children on outings and visits

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/slucing 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/carers 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 unacceptable⁹.

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)
- www.anaphylaxis.org.uk

Associated policies and procedures

- 1.8 Supervising children on outings and visits
- 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	September 2014
2.0	Committee member	Reviewed and updated as necessary	October 2016
3.0	K Coupe	Reviewed, updated, version controlled	23 January 2019 Committee Meeting
4.0	K Coupe & N Powers	Updated with regards to ‘Clinical Tasks’	16 January 2020 Committee Meeting
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 July 2021 Committee Meeting
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 May 2022 Committee Member (M Montgomery)
7.0	K Coupe	Reviewed and updated to reflect current pre-school practices • references to COVID action plan and risk assessment deleted;	01 May 2024 Committee Member (J McFarling)

⁹ 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"> • 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 	
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)
9.0	K Coupe	Reviewed and updated as follows: <ul style="list-style-type: none"> • new section “Managing allergies on trips and outings” • removal of “Oral Medication” section; • inclusion of anaphylaxis website link in “Further Guidance” • Inclusion of 1.8 Supervision of children on outings and visits under “Associated Policies and Procedures” • Inclusion of more information on the 14 most common allergens recognised in the UK 	11 April 2026 Committee Member (S Long)
10.0	K Coupe	Inclusion of reference to intolerances together with confirmation of training completed by EY staff	18 May 2026 Chair (A Hitchings)